COMMUNITY-BASED DIGITAL LITERACIES: A CYBERFEMINIST ANALYSIS OF LITERACY PRACTICES IN BIRTH WITHOUT FEAR

By

LORI BETH DE HERTOGH

A dissertation submitted in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

WASHINGTON STATE UNIVERSITY
Department of English
DECEMBER 2015

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To the Faculty of Washington State University:

The members of the Committee appointed to examine the dissertation of LORI BETH DE HERTOGH find it satisfactory and recommend that it be accepted.

______________________________
Kristin Arola, Ph.D., Chair

______________________________
William Francis Condon, Ph.D.

______________________________
Wendy Michelle Olson, Ph.D.
COMMUNITY-BASED DIGITAL LITERACIES: A CYBERFEMINIST ANALYSIS OF LITERACY PRACTICES IN BIRTH WITHOUT FEAR

Abstract

by Lori Beth De Hertogh, Ph.D.
Washington State University
December 2015

Chair: Kristin Arola

This dissertation develops the concept of community-based digital literacies, a term that refers to the rhetorical, civic, and technological knowledge and literacy practices communities sponsor and employ for civic action. This concept builds off of, yet departs from, other literacy scholars’ work in that it pays special attention to the relationship between online communities and the digital literacies they sponsor and employ for civic action. As this project illustrates, literacy studies, feminist theory, and medical rhetorics lack scholarship that examines how and why communities sponsor and employ digital literacies and how this process can empower groups and individuals. Community-based digital literacies addresses this gap and offers a new lens for analyzing this complex relationship. Highlighting these connections helps illustrate how and why communities sponsor digital literacies that can change social and technological systems, thereby empowering individuals and their communities.

To demonstrate this process, I argue that the online natural birthing community, Birth Without Fear, sponsors and employs community-based digital literacies to engage in cyberfeminist activism that empowers women within technical and medical systems and to rewrite rhetorics regarding women’s experiences with pregnancy and childbirth. I draw on
literacy, feminist, and medical rhetorical theories and methodologies to investigate the diverse ways in which Birth Without Fear sponsors and employs community-based digital literacies for cyberfeminist activism.

Ultimately, this dissertation argues that Birth Without Fear’s sponsorship of community-based digital literacies helps women engage in cyberfeminist activism that increases women’s health literacy and helps them create rhetorical agency within healthcare systems. Understanding this process is important as medical systems physically and discursively construct and mediate women’s bodies. It is therefore essential that women have access to and sponsor literacy practices that allow them to critically analyze, resist, and reform medical and cultural infrastructures that shape women’s experiences with pregnancy and childbirth.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>iii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>vi</td>
</tr>
<tr>
<td>Dedication</td>
<td>viii</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Chapter One: Empowering Women as Users of Technical Systems</td>
<td>10</td>
</tr>
<tr>
<td>Chapter Two: Reclaiming Women's Health Literacy</td>
<td>35</td>
</tr>
<tr>
<td>Chapter Three: Reinscribing a New Normal</td>
<td>59</td>
</tr>
<tr>
<td>Chapter Four: Reconstructing Childbirth</td>
<td>83</td>
</tr>
<tr>
<td>Chapter Five: Afterward &amp; Implications</td>
<td>110</td>
</tr>
<tr>
<td>References</td>
<td>124</td>
</tr>
</tbody>
</table>
# List of Figures

1. Figure 1; Diagram of Community-Based Digital Literacies ........................................ 18
2. Figure 2; About a Week Ago ............................................................................................. 25
3. Figure 3; At the Park ......................................................................................................... 31
4. Figure 4; Does Facebook allow ...................................................................................... 32
5. Figure 5; Healing Hospital VBAC Picture ....................................................................... 41
6. Figure 6; That Moment ..................................................................................................... 45
7. Figure 7; Chemo while pregnant ...................................................................................... 49
8. Figure 8; I loved your birth story ..................................................................................... 50
9. Figure 9; Coffee Saved My VBAC .................................................................................. 51
10. Figure 10; VBAC: What ACOG Really Says .................................................................. 54
11. Figure 11; The point of this article ................................................................................ 54
12. Figure 12; Maternal Death and the United States ........................................................... 56
13. Figure 13; This was a very healing birth ....................................................................... 69
14. Figure 14; I am strong because I labored ....................................................................... 70
15. Figure 15; Cesarean Birth Trauma ................................................................................ 71
16. Figure 16; Almost twelve hours ..................................................................................... 72
17. Figure 17; A License to Rape .......................................................................................... 75
18. Figure 18; I labored with pit ........................................................................................... 76
19. Figure 19; You seem to lurk ........................................................................................... 78
20. Figure 20; Birth is not a competition .............................................................................. 79
21. Figure 21; Obstetrical manikins ..................................................................................... 87
22. Figure 22; I am dilated ................................................................................................... 93
23. Figure 23; Natural Breech Birth.................................................................94
24. Figure 24; What an amazing young woman..................................................97
25. Figure 25; This mama used Hypnobabies.......................................................100
26. Figure 26; Wow!......................................................................................102
27. Figure 27; I am NOT happy.........................................................................104
28. Figure 28; An Intense Home Birth.................................................................105
29. Figure 29; Personal Photo, Post-Hurricane Katrina.....................................110
30. Figure 30; My Breech Twin..........................................................................112
31. Figure 31; Double-Entry Notes....................................................................117
Dedication

This dissertation is dedicated to my husband, Charles Radcliffe, and to my family,
for their love and support.
Introduction

I argue in this project that the online natural birthing community, *Birth Without Fear*, sponsors and employs community-based digital literacies to engage in cyberfeminist activism that empowers women within technical and medical systems and to rewrite rhetorics regarding women’s experiences with pregnancy and childbirth. This project, therefore, is situated within and contributes to conversations about literacy, feminism, and medical rhetorics and is created for scholars, teachers, healthcare professionals, and birth advocates.

The primary community this dissertation centers on is *Birth Without Fear*, a multi-faceted online community devoted to exploring diverse birthing options—from at-home, non-medicated births to planned Cesarean sections. I describe *Birth Without Fear* (BWF) as a “natural” birthing community as it promotes the idea that pregnancy and labor are part of natural female processes and experiences. The community’s founder, January Harshe, explains that it began “as a simple passion to let women know they have choices in childbirth. It then evolved to become an inspiration and support to women and their families through their trying to conceive, pregnancy, birth and post partum journeys” (“About BWF”). In addition to the blog, BWF consists of an affiliated Facebook site, Twitter feed, Pinterest board, and Instagram page, and currently reaches over a quarter million people. These Web 2.0 spaces, and the individuals who inhabit them, make up what I call the “BWF community.” In each of these spaces, content (e.g., status updates, blog posts, videos, etc.) is largely user-generated, although initial posts and status updates on the BWF Facebook page are created by January and her support staff.

As this project illustrates, online communities like *Birth Without Fear* are important yet often understudied and undervalued sites that sponsor and employ community-based digital
literacies for cyberfeminist activism that helps women create and sustain rhetorical agency within technical and medical systems. Much ink has been spilled over the role men play in shaping civic movements that intersect with technology (Way, 2012; Wajcman, 2010), but little attention is paid to how women use digital literacies for civic activism, particularly within healthcare systems. Moreover, while feminist scholars such as Marika Seigel (2014), Tasha Dubriwny (2013), Mary Lay (2000), Estela Kennen, Linda Martin, and Terry Davis (2004), and Amy Koerber (2013; 2006; 2001), among others, address a range of issues regarding rhetorics of perinatal care and feminism, the fields of literacy studies, feminist theory, and medical rhetorics lack scholarship that examines how and why communities sponsor and employ digital literacies and how this process can empower women within healthcare systems. My project begins to address this shortcoming while demonstrating that online birthing communities shape rhetorics of pregnancy and influence women’s experiences within healthcare systems and beyond.

While my analysis of how Birth Without Fear sponsors and employs community-based digital literacies to engage in cyberfeminist activism is important to medical rhetoricians as well as literacy and feminist scholars, my analysis fits into broader conversations regarding technology and healthcare. Western society is increasingly moving toward a healthcare model where users rely on technological devices rather than trained medical professionals to monitor and control their health. Apps like MyFitnessPal, for example, allow users to track eating habits and caloric intake while an app called iHealth helps users monitor their blood pressure via a mobile device. Health technologies like these are challenging a tiered system of healthcare that has historically privileged medical professionals’ knowledge of the body.

The move toward technologically-mediated healthcare models brings about interesting questions: How do new tools and technologies enable third-party surveillance? What happens to
all the data we so freely share? Who benefits the most from health technologies—patients or corporations? Addressing these questions is not the express goal of this project, but they are important pieces in the puzzle regarding online birthing communities’ relationship to digital literacies and healthcare.

My goal here, then, is to explore a small slice of this complex issue by analyzing how one online community sponsors and employs community-based digital literacies to change healthcare practices and rhetorics of pregnancy. I also uncover what this means for women’s health and obstetrical care in a society where individuals increasingly seek patient-centered healthcare models that support open communication and personal relationships, and are designed “to empower patients to become active participants in their care” (Reynolds, 2009, p. 133). In doing so, I demonstrate that Birth Without Fear can help women become informed, empowered users of medical systems as well as help them modify those systems so they are more user-, community-, and feminist-centered, a process I analyze in Chapters One and Two. As studies in patient care consistently show, empowered users of healthcare systems experience improved health, fewer office visits, reduced medical costs, and greater satisfaction with the care they receive (Berry, Beckham, Dettman, & Mead, 2014; Stewart et al., 2000). It is important, therefore, for women—many of whom will enter healthcare systems during pregnancy and childbirth—to be empowered users of medical systems.

Impetus for this Project

I approach this dissertation not only as a researcher, but also as someone who cares about the Birth Without Fear community and who has watched it grow over four years. I first learned about BWF in 2011 when a friend emailed me a link to the blog. My friend’s message came at a
time when my scholarly interests in pregnancy rhetorics and my own fascination with natural childbirth were coalescing. After reading dozens of birth stories and seeing how the community uses the affordances of Web 2.0 technologies to promote natural birthing practices, I knew I had found a rich site for feminist analysis as well as a space where I could learn from and connect with other birth advocates.

The decision to focus this project primarily on Birth Without Fear, however, is not entirely personal. BWF is a complex, dynamic, and active community that supports hundreds of thousands of followers across a range of online platforms such as Instagram, Twitter, and Facebook. It is also a community that is never static: new posts are shared weekly (sometimes daily) on the community’s blog, there is an almost non-stop stream of “likes,” shares, and posts to their Facebook page, and members often tweet and retweet content via Twitter. In addition, the community’s advocacy work been taken up by national news outlets and has even played a role shaping Facebook’s policy on nudity and breastfeeding photos.

These features make Birth Without Fear an ideal community for analyzing how online natural birthing communities sponsor and employ community-based digital literacies to engage in civic activism intended to empower women within social, technological, and medical infrastructures and systems. Such analysis can lead to broader understandings of how any type of online community sponsors literacies and engages in civic activism. As we move toward a society where our literate lives are increasingly linked with our digital ones, it is essential to understand the role online communities like Birth Without Fear play in helping us develop and advance the literacies we use to gather, understand, and share ideas and information.
Methodology

For the purposes of this project, I focus primarily on content from the Birth Without Fear blog and Facebook page. I narrowed my research to these platforms for two reasons. First, these are the facets I am most engaged in as a community member; as such, I am able to employ a feminist research methodology that recognizes a researcher’s relationship to and investment in her research sites and subjects (McKee & Porter, 2010; Pillow & Mayo, 2007). Second, these platforms receive consistent and considerable traffic in the form of status updates, stories, and comments.

I used participant-observer research methods to collect data over a four-year period using a note-taking platform called Evernote. I collected hundreds of artifacts such as social media posts, videos, images, and birthing stories during this time. I then selected representative examples that demonstrate how BWF sponsors and employs community-based digital literacies to engage in cyberfeminist activism that empowers women within social and technological systems and spaces. Because all content from the BWF community discussed in this project is available publicly on the web, I did not change avatars or screen names. I did, however, redact names and profile pictures from Facebook status updates in an effort to preserve community members’ anonymity.

Although not the primary focus of my analysis, I briefly discuss in this dissertation an online community called Hey Facebook, breastfeeding isn’t obscene!, a public Facebook group dedicated to protesting Facebook’s censorship of breastfeeding photos. I discovered this community about two years ago when one of my friends (who is an advocate of public breastfeeding) shared a post from the community on her Facebook timeline. I later ran across an intriguing article by Natalia Rybas (2012) in which she analyzes the cultural and ideological
processes that underwrite this group’s efforts to resist technological and public censorship of breastfeeding. The *Hey Facebook, breastfeeding isn’t obscene!* community’s work resonated with the activist work I saw going on in the BWF community and prompted me to learn more about how they resist and reform rhetorical and literacy practices regarding pregnant and postpartum bodies. Like BWF, the advocacy work of this online community make it an ideal model for examining how natural birth and breastfeeding advocacy, as well as the literacies needed to support such advocacy, form and evolve in digital spaces.

In selecting and analyzing data (e.g., birth stories, Facebook posts, comments) from each community, I was guided by what feminist rhetorician Jacqueline Jones Royster (2000) calls a “kaleidoscopic view” (p. 6). This methodological approach encourages researchers to look at social, literate, and rhetorical trends at work in communities, but also to consider the unique experiences or “standpoints” of individuals (p. 6). In analyzing how Birth Without Fear sponsors and employs community-based digital literacies, I was careful to consider the larger socio-rhetorical trends at work within the community and beyond as well as how individual women’s stories fit into (or diverged from) these trends. I have tried, then, to capture the nuances behind individual women’s experiences and stories, while still identifying the broader rhetorical movements underpinning such narratives.

I was also guided by Heidi McKee and James Porter’s (2010) framework for ethical feminist research practices in cyberspace. They argue that a feminist researcher should be self-reflective, committed to the welfare of her research participants, transparent, and dialogic (p. 155-156). I strove to uphold these values and goals by considering the potential impact of my work and by fostering a transparent and dialogic relationship with the community. I accomplished this in four ways. First, I regularly participated in the BWF community by
“liking,” sharing, and commenting on materials posted to the BWF Facebook and Twitter sites. Second, I created an interactive blog to share my scholarly work with BWF community members. My goal was to create a space where interested individuals could learn more about my research as well as ask questions and post comments. Third, I shared various drafts of my work with the community for feedback and review. Prior to publishing an article based on content from Chapter Three, for example, I sent a sharable Google doc draft to the community’s founder, January Harshe, and asked her to share it with the BWF community for review. Fourth, my scholarly publications about the community have all been published in open-access journals in an effort to make my work freely available to community members and others. I believe these endeavors embody ethical feminist research practices that recognize the complex nature of scholarly research and inquiry.

Finally, this project reflects my training as a scholar of feminist rhetorical theory and literacy studies. My analysis, therefore, focuses chiefly on language use and literacy and what this reveals about the relationship between gender, language, meaning, and culture. My training as a feminist rhetorician also means I see my work as a form of advocacy. It is my sincere hope that the information and analysis I present in this project increases the visibility of women’s health issues and contributes to the ongoing work of feminist health activists and medical rhetoricians across disciplines, communities, and professions.

**Project Cartography**

This dissertation is organized into five chapters, each of which examines a different aspect of community-based digital literacies, pregnancy, and cyberfeminism.
In Chapter One, I analyze how *Birth Without Fear* sponsors and employs community-based digital literacies (i.e., the rhetorical, civic, and technological knowledge and literacy practices communities sponsor and employ for civic action) to help community members engage in civic activism intended to empower women as users of technical systems. More specifically, I argue that *Birth Without Fear* employs rhetorical tactics to hack technical systems like Facebook to make them more user-, community-, and feminist-centered. In doing so, I demonstrate that *Birth Without Fear*’s sponsorship of community-based digital literacies to advocate for user-, community-, and feminist-centered systems is significant, as technical systems (and the rhetorical strategies and practices that support and sustain them) often determine who has access to power and influence.

While in Chapter One I focus on how *Birth Without Fear* empowers women as users of technical systems, in Chapter Two I argue that BWF sponsors and employs community-based digital literacies to reclaim women’s health literacy, a process that has the potential to influence women’s healthcare choices and to change medical systems. Analyzing how individuals and communities’ influence medical systems is essential as all of us are part of the social, political, and economic matrices that shape when and how we receive healthcare.

In Chapter Three, I complicate the analysis presented in Chapters One and Two by arguing that *Birth Without Fear* sponsors and employs community-based digital literacies that reinscribe a new normal regarding childbirth, a process that both empowers and disempowers women. While I focus in previous chapters on how *Birth Without Fear*’s sponsorship of community-based digital literacies empowers women, I analyze in this chapter how the reinscription of a new normal can also disempower women. Understanding this process is important as it brings critical attention to how feminism evolves in digital spaces, knowledge that
can benefit individuals working in feminist studies, medical professions, classrooms, and communities within cyberspace and beyond.

In Chapter Four, I draw on literacy, visual rhetoric, and cyberfeminist studies to argue that *Birth Without Fear* sponsors community-based digital literacies to rewrite medical visualizations of pregnancy and labor and to visually reconstruct pregnant and laboring bodies. This chapter also offers a new theory of visual literacy that considers intersections between community-based digital literacies, cyberfeminism, and visual rhetoric.

Chapter Five, “Implications & Afterward,” examines how the concept of community-based digital literacies can be integrated into technical and professional writing classrooms. This chapter also outlines future publications and projects that emerge from this work.
Chapter One

Empowering Women as Users of Technical Systems

I argue in this chapter that Birth Without Fear sponsors and employs community-based digital literacies, a process that helps community members engage in cyberfeminist activism intended to empower women as users of technical systems. More specifically, this chapter demonstrates that Birth Without Fear enacts cyberfeminism by subverting technical systems—the physical and virtual structures and spaces (e.g., electronic interfaces, roadways, factories, etc.) that mediate our everyday lives—to make them more user-, community-, and feminist-centered.

While scholarship in technical communication, literacy, and feminist studies often focuses on institutionally-generated discourse (i.e., discourse produced by corporations, governments, or agencies) I analyze literate practices and civic activism that occurs outside of and runs counter to sanctioned institutional spaces and systems. In doing so, this chapter draws attention to how online communities like Birth Without Fear subvert technical systems to make them more user-, community-, and feminist-centered, values that help individuals and the communities they belong to create agency within technical systems.

Before analyzing how Birth Without Fear subverts technical systems, I provide a rationale and scope for this project. To accomplish this, I examine how scholarship in literacy studies has defined and broadened our understanding of how literacy functions and how it relates to social practices and communities. I also examine current definitions and frameworks within cyberfeminist theory. I draw primarily on these theories as they allow me to analyze intersections

10
between cyberfeminist activism and the literate practices and rhetorical agency (i.e., an individual or group’s ability to influence social, political, and cultural systems through rhetorical actions) needed to engage in and support civic activism. In mapping this diverse scholarly landscape, I create a framework for my analysis as well as articulate how my notion of community-based digital literacies builds off of, yet departs from, current approaches to understanding community literacies.

**Current Practices & New Directions: Literacy, Community, & Cyberfeminism**

On December 10, 2014, President Obama wrote `moveForward(100);` and in doing so became the first president to write a line of computer code. His efforts were part of an “Hour of Code,” an event designed to promote Computer Science Education Week (Mechaber, n.p.). Obama writing a line of code may not seem like a major national event, but it represents an ever-increasing push for globalized, Western societies to encourage and embrace digital literacy.

In her book, *Technology and Literacy in the Twenty-First Century*, Cynthia Selfe (1999) helped bring early conversations about digital literacy to the attention of scholars and teachers working in composition and literacy studies. Selfe defines digital literacy as “a complex set of socially and culturally situated values, practices, and skills involved in operating linguistically within the context of electronic environments, including reading, writing, and communicating. The term further refers to the linking of technology and literacy at fundamental levels of both conception and social practices” (p. 11). Selfe’s definition emphasizes that digital literacy isn’t just about technical skill (i.e., knowing how to use a computer or a particular program), but that literacy is both a technological and social practice. Her definition is important as it stresses the connection between social practices and how we define literacy.
Selfe’s framework for digital literacy responds to the earlier work of The New London Group (1996) whose publication “A Pedagogy of Multiliteracies: Designing Social Futures” changed how composition scholars defined and taught literacy. They advocate for an understanding of literacy that embraces written text as well as “the burgeoning variety of text forms associated with information and multimedia technologies” such as visual images and electronic interfaces (p. 2). Later work by such scholars as Kathleen Yancey (2004), Jeffrey Grabill (2007), Kristin Arola (2010; 2011), Dânielle Nicole DeVoss, Elyse Eidman-Aadahl, and Troy Hicks (2010), James Porter (2009), and Claire Lauer (2009) likewise expanded our understanding of the relationship between technology and literacy, a process that continues to shape how we define and understand literacy today. In her work, “Contending with Terms: ‘Multimodal’ and ‘Multimedia’ in the Academic and Public Spheres,” Claire Lauer, for example, explores how compositionists use terms like multimodal, digital media, multimedia, and new media and what the implications of these terminologies are for how compositionists teach and conceptualize literacy. Lauer’s scholarship, as well as the work of Selfe, The New London Group, and others, brings to the forefront conversations about digital literacy and how we define, teach, and understand it today.

While the above scholars focus on the relationship between technology and literacy, it is important to note that their work grows out of the earlier research of theorists like Lev Vygotsky (1962) and Brian Street (1984) who argued that literacy does not happen in isolation, but within complex social systems. Street stressed that how we describe and value an individual’s literacy depends upon “social practices and conceptions of reading and writing” (p.1). His concern was that early conceptions of literacy divorced it from social, political, and economic contexts; in this way, literacy was treated as a “thing” one could go out and attain, not as a phenomenon that was
part of powerful social and cultural forces. Similarly, Vygotsky used social learning theory to argue that learning and literacy occurred through social interactions. Like Street, he believed that social forces determine how groups and individuals construct knowledge and how society recognizes and values such knowledge. Although a social model of literacy is embraced by composition and literacy scholars today, it is important to recognize Vygotsky’s and Street’s contributions to our contemporary understanding of what literacy is and how it functions. This dissertation builds on these scholars’ understanding that literacy is not merely an object one can go out and attain, but a set of social actions among groups and individuals.

Later literacy scholars built on the work of theorists like Vygotsky and Street by examining the relationship between critical thinking, technological literacy, and social values. Stuart Selber (2004), for example, uses a social view of literacy to argue that technology users should have critical literacy, or literacy that, according to Selber, allows individuals to “work against the grain of conventional preoccupations and narratives” and to understand the relationship between design, contexts, institutional forces, and popular representations (p. 96).

Like Paulo Freire (1970), who argued that literacy allows groups and individuals to create rhetorical agency and engage in social activism within systems of oppression, Selber emphasizes that literacy isn’t just about mechanical knowledge, but also about understanding the social, cultural, and institutional contexts that shape literacy. Importantly, Selber also argues that critical literacy helps individuals move from simply using a technology to understanding how and why that technology shapes (and is in turn shaped by) cultural forces and literate practices. As I argue later in this chapter and throughout this project, Birth Without Fear sponsors and employs one form of critical literacy—community-based digital literacies—to engage in civic activism and create rhetorical agency within technical systems.
In his book, *Race, Rhetoric, and Technology: Searching for Higher Ground*, Adam Banks (2006) builds on Selber’s work by arguing that technology users need critical access—the ability to not merely consume technology, but to also play a role in the creation, design, and production of technologies (p. 41-2). Banks’ notion is important as he highlights intersections between power, literacy, and technology. In his view, those who have critical access to literacy also have the ability to change social structures that shape how we use technology and who it serves. Banks’ work, like the earlier work of Selfe and Selber, draws attention to how those who have access to sanctioned literate practices and technologies have significant social and economic advantages over those who do not.

The work of the scholars cited above all point to the relationship between society, technology, and literacy. But it was Deborah Brandt’s (1998) early work on literacy sponsorship that gave composition scholars like those referenced above a bridge to connect literacy to the people and institutions who sponsor it. In her essay, “Sponsors of Literacy,” Brandt defines “literacy sponsors” as the “agents, local or distant, concrete or abstract, who enable, support, teach, model, as well as recruit, regulate, suppress, or withhold literacy—and gain advantage by it in some way” (p. 166).

Brandt is careful to point out that literacy sponsors are not neutral, but instead enable specific kinds of literacy to forward their own agendas. Schools, for example, sponsor certain forms of literacy (reading/writing), while downplaying others (video gaming/blogging). In this way, schools prioritize and sanction certain literate practices that further their educational (and increasingly, economic) goals. President Obama writing a line of code is just one example of how educational institutions, and the larger economic and governmental structures they are connected to, sponsor literacies designed to meet socio-economic and ideological
ends. Understanding that literacy is embedded within and reflects ideological values is essential to recognizing what Harvey Graff (2013) calls the “literacy myth,” or the idea that literacy is always neutral, good, and beneficial. Like Brandt, Graff stresses that ideological forces shape how we define and use literacy and whom it benefits. In this chapter and throughout this project, I build on these scholars’ work by demonstrating that online communities—like any other literacy sponsor—embody and propagate cultural and ideological values and beliefs.

Another important feature of Brandt’s work is her attention to “scenes of literacy learning” (p. 167). I like her use of the word “scenes” as it helps us locate the spaces (whether physical or virtual) where sponsorship occurs. Locating literacy scenes helps us analyze how individuals and groups enable and sponsor literacy. It also helps us understand, as Brandt puts it in her 1995 article, “Accumulating Literacy: Writing and Learning to Write in the Twentieth Century,” how various literacy scenes allow the creation of “new and hybrid forms of literacy where once there might have been fewer and more circumscribed forms” (p. 651). Analyzing how individuals, institutions, and even social media sites sponsor literacy in all its myriad and hybrid forms is important as it helps us understand the relationship between literacy sponsors and the scenes where literacy learning occurs. This project analyzes this complex relationship and offers a new framework for considering how online communities like Birth Without Fear operate as scenes of literacy learning that sponsor and employ community-based digital literacies for civic action.

While institutions like schools and social media outlets like Facebook are literacy sponsors, so are communities. There are many ways to define community, but I find Etienne Wenger’s (1998) definition useful as he describes communities—or as he calls them, “communities of practice”—as entities comprising three characteristics that include mutual
engagement, joint enterprise, and shared repertoire. According to Wenger, mutual engagement is characterized by the activities community members do together, while joint enterprise describes how community participants hold each other accountable as they strive toward similar goals. Shared repertoire, on the other hand, consists of the stories, words, artifacts, tools, and ways of doing a community shares (p. 72-83). Wenger’s three-prong definition takes us toward an understanding of community as both a discursive and material entity; as a collective in which people are united through what they communicate and through what they value and do.

In his book, *Writing Community Change: Designing Technologies for Citizen Action*, Jeffrey Grabill (2007) takes a slightly different approach to thinking about community by defining it in terms of the civic and rhetorical knowledge and infrastructures communities create to engage in civic activism. Grabill, along with Michele Simmons (2007), expands this line of study by emphasizing that communities are also sites that create complex knowledge that supports civic action. Their interest lies in understanding how “ordinary people” develop and use community knowledge and invention practices to create agency in public spaces and to resist bureaucratic structures like state and government agencies (p. 420). Simmons and Grabill’s work, as well as the work of Wenger, help situate and define communities as spaces that support a range of literacies and that empower the individuals who belong to them.

Cezar Ornatowski and Linn Bekins (2004) offer a different view of community, arguing that composition and literacy scholars tend to romanticize communities as entities that engender civic activism that is always positive and beneficial (p. 253). Like Brandt, Selber, and Graff, they stress that communities, like any other organization, are not neutral and embody values and literacy practices that empower some and not others.
No matter which view of community we adopt, we must recognize that communities are literacy sponsors. Recognizing this relationship makes visible how communities sponsor literacies that help individuals and groups create agency within complex social and technological systems, an idea I’ll examine further throughout this dissertation. But while Brandt and others offer a lens for thinking about literacy, community, and sponsorship, they do not explicitly connect sponsorship to digital literacies and the way communities—and more specifically, online communities—sponsor and employ digital literacies for civic action. I use the term “civic action” to describe the ways in which individuals and communities use rhetorical action to influence civic systems and infrastructures such as schools, hospitals, and political systems.

One concept that can help us build these connections is what I call community-based digital literacies, a concept that refers to the rhetorical, civic, and technological knowledge and literacy practices communities sponsor and employ for civic action. In spirit, this definition isn’t much different from social theories of literacy developed by scholars like Lev Vygotsky (1986), Brian Street (1984), and Etienne Wenger (1998) or the work of community literacy scholars like Lorraine Higgins, Elenore Long, and Linda Flower (2006) who argue that community literacy is a “rhetorically centered model” that focuses on “personal and public inquiry” (p. 10). The term community-based digital literacies builds off of, yet departs from, these scholars’ work in that it pays special attention to the relationship between online communities and the digital literacies they sponsor and employ for civic action. As I mention in the Introduction, the fields of literacy studies, feminist theory, and medical rhetorics lack scholarship that examines how and why communities sponsor and employ digital literacies and how this process can empower groups.
and individuals. My notion of community-based digital literacies addresses this shortcoming and offers a new lens for analyzing this complex relationship.

Pointing out these connections helps us understand how and why communities sponsor digital literacies that can be used to change social and technological systems, thereby empowering individuals and the communities they belong to. The diagram below illustrates this relationship and makes visible connections between digital literacies, communities, sponsorship, and civic activism.

Figure 1: Diagram of Community-Based Digital Literacies

One community that exemplifies how online communities sponsor and employ community-based digital literacies for civic activism is Birth Without Fear. The community, for instance, uses online platforms like blogs and social media to help community members communicate with each other, share information, and engage in birth advocacy. The community
also uses community members’ knowledge of digital literacies to modify media platforms like Facebook so they better reflect community values and beliefs. As I demonstrate in this chapter and throughout this project, this complex process makes BWF an ideal space for analyzing how community-based digital literacies evolve in online spaces as well as how literacy practices contribute (in both positive and negative ways) to social, community, and cultural beliefs about pregnancy and childbirth.

As I demonstrate throughout this project, Birth Without Fear sponsors and employs community-based digital literacies for civic activism intended to empower women in medical and technical systems, a process that, I argue, makes it a dynamic cyberfeminist space. The term “cyberfeminism” is multivocal, but according to Rebecca Richards (2014) “[c]yberfeminisms are political, aesthetic, and cultural movements that rely on playful ambiguities, contradictions, and technological interventions to subvert gendered hierarchies and sexist oppression” (n.p.). In the introduction to the book Cyberfeminism 2.0, editors Radhika Gajjala and Yeon Ju Oh (2012) define cyberfeminism as that which “necessitates an awareness of how power plays not only in different locations online but also in institutions that shape the layout and experience of cyberspace” (p. 1). Feminist rhetorician Mary Hocks (2009) offers yet another view of cyberfeminism, suggesting that it provides “researchers and students opportunities to develop activist rhetorics about techno-science, gender and other identities, and cultural practices” (p. 235).

I add to these definitions by emphasizing that cyberfeminism also represents women’s use of digital technologies and online spaces to empower themselves as digital citizens and engage in rhetorical and civic activism that helps women create agency within social and technological systems. Although individuals in the Birth Without Fear community may not
identify as cyberfeminists, I argue they promote cyberfeminist values intended to connect and empower women on the web and beyond. For the purposes of this project, I focus on cyberfeminism as a gendered form of civic action.

One significant way women engage in civic and cyberfeminist activism is through digital technologies and spaces. Mary Queen (2008) in her article “Transnational Feminist Rhetorics in a Digital World” argues that the Revolutionary Association of Women of Afghanistan (RAWA) use “Internet technology to create and claim identities, agency, and political activism outside of the circulation of one-third world rhetorics of power” (p. 202). Queen’s goal is to examine ways in which transnational feminist rhetorics are created and circulated within digital spaces and how such a process helps women assert agency online. Similarly, Jordynn Jack (2009) in her work on cyberfeminism and blogging communities examines how feminist bloggers use digital technologies to resist technological and social barriers that devalue women’s online communications. Jack stresses that cyberfeminist communities play a key role in valuing women’s rhetorical work and in supporting cyberfeminist activism, an argument I support and expand throughout this project by illustrating the role cyberfeminist communities like Birth Without Fear play in shaping technical and medical systems so they are more feminist- and woman-centered.

Feminist theorists like Richards, Hocks, Jack, and others have over the last decade offered useful definitions and frameworks for thinking about cyberfeminist activism (an idea I’ll return to shortly), but it is worth pausing to briefly examine some of the earlier scholarship their work responds to. Karlyn Kohrs Campbell’s (1989) seminal book, Man Cannot Speak for Her: A Critical Study of Early Feminist Rhetoric, brought attention to the need for scholarship that recognized early feminist rhetoricians and thinkers like Maria Miller Stewart, Ida B. Wells, and
Elizabeth Cady Stanton. Susan Jarratt (1990) and Cheryl Glenn (1994) expanded Campbell’s work by arguing that feminist rhetoricians should use “gendered readings” to locate untold (and even repressed) narratives (Jarratt, p. 32). The primary focus of this project is not on feminist historiography; however, these scholars’ work support my assertion that Birth Without Fear is an under-examined, yet important space where community members sponsor and employ community-based digital literacies to engage in cyberfeminist activism, a process that helps women create rhetorical agency within technological systems.

The work of Anne Balsamo (1996) is also worth noting here as she provides a theoretical lens for thinking about how technology intersects with female bodies. Her book, *Technologies of the Gendered Body: Reading Cyborg Women*, helped situate feminist analyses of the female body within cyberspace. Building on the work of Donna Haraway and Michel Foucault, Balsamo examines how the female body is mediated by science and technology, a process she argues creates cyborg bodies that represent both human and machine. Balsamo resists the postmodern notion that gender is a purely discursive phenomenon and that the female body is therefore dissolved within biomedical and technological spaces; she instead stresses that feminist theorists must actively recognize the processes, institutions, and ideologies that merge physical bodies and machines.

My purpose in examining how these scholars conceptualize cyberfeminist theory as well as my work in defining and theorizing community and literacy, is to create a framework for my notion of community-based digital literacies and cyberfeminist activism, concepts I explore further in this chapter and throughout this project. Moreover, the concepts and terminologies I examine here reveal that while scholars of literacy, community, and feminist studies have successfully addressed a range of issues concerning the literate practices of communities and
women’s experiences in online and offline spaces, there remains a need to understand the literacy and rhetorical practices at work in cyberfeminist communities like Birth Without Fear. My analysis, therefore, not only expands the concepts and terminologies outlined here, but offers a new framework for analyzing intersections between communities, literacy, and cyberfeminist activism. This project also offers a unique look at how these intersections play out within social, medical, and technological systems that mediate women’s bodies and experiences with pregnancy, labor, and perinatal care.

With this in mind, I begin this project by analyzing how Birth Without Fear sponsors and employs community-based digital literacies to advocate for a user-, community-, and feminist-centered approach to technical systems. As I demonstrate in this chapter, these activities represent cyberfeminist activism intended to empower women within technical systems. Next, I examine how BWF operates as a scene of literacy learning, and in doing so, helps community members gain critical access to technical systems. In the section that follows, I analyze how a similar community called Hey Facebook, breastfeeding isn’t obscene! employs community-based digital literacies for cyberfeminist activism intended to subvert Facebook’s censorship of breastfeeding images. I conclude by illustrating that communities like Birth Without Fear and Hey Facebook, breastfeeding isn’t obscene! can successfully change technical systems like Facebook so they better reflect community-, user-, and feminist-centered values.

**Hacking Technical Systems to Support User-, Community-, & Feminist-Centered Values**

In Discipline and Punish: The Birth of the Prison, Michel Foucault (1995) argues that institutions such as prisons, churches, schools, and hospitals are technical systems that supervise and control human behavior. Foucault also emphasizes that these institutions mitigate our daily
lives and that we are often complicit in this process. In a related, yet somewhat different philosophical vein, Robert Johnson (1998) in his book *User-Centered Technology: A Rhetorical Theory for Computers and Other Mundane Artifacts* builds on Foucault’s and others’ work by arguing that we can overcome institutional, and more specifically, technological control by adopting a user-centered approach that encourages individuals to be “active participants in the design, development, implementation, and maintenance of the technology” (p. 32). Johnson emphasizes that a systems-centered approach, by contrast, concentrates power in the hands of technology’s creators and propagates the “notion that the inventors or developers of the technology know best its design, dissemination, and intended use” (p. 25). In short, a user-centered approach serves the needs and desires of the individuals using a particular system, while a systems-centered approach primarily benefits its creators and distributors.

Because of its widespread popularity, Facebook is a useful example of a technical system that, although it appears to be user-centered, reflects a systems-centered design. Facebook, for instance, does not allow users to change the interface’s layout or control their exposure to advertisements. It also largely dictates what users see in their news feed as well as whom users are prompted to “friend.” In an unsettling article published in *The Guardian* entitled “Facebook Reveals News Feed Experiment To Control Emotions,” journalist Robert Booth (2014) revealed that Facebook engaged in an experiment that “manipulated information posted on 689,000 users’ home pages and found it could make people feel more positive or negative through a process of “emotional contagion” (n.p.). This social and technological experiment, as well as the ways Facebook restricts users’ ability to control their experiences within the platform, reveal that it is a system- rather than user-centered platform.
While many scholars have discussed issues of power, surveillance, and technology (Conrad, 2009; Lyon, 2001; Feenberg, 1999; Latour, 1992; de Certeau, 1984), my goal in this chapter is to look to Johnson’s notion of a user-centered approach as a general framework for thinking about how *Birth Without Fear* sponsors and employs community-based digital literacies to hack technical systems like Facebook to advocate for a user-, community-, and feminist-centered approach to technical systems. Like a user-centered approach, I argue that feminist-centered systems empower women within technical systems that historically privilege masculine and institutionally-generated knowledge and power (de Certeau, 1984; Kimball, 2006). Similarly, community-centered systems respond to the needs, desires, and values of the communities who use them. While Johnson’s work helps us consider differences between user- and systems-centered systems, my notion of community- and feminist-centered systems offers a new way for thinking about the specific needs of communities and women within technological systems and spaces. Advocating for community- and feminist-centered systems is important because, as Johnson points out, technological systems influence “the discursive and material characteristics of cultures” and determine who has access to power and influence (p. 89). It is important, therefore, to understand how *Birth Without Fear* engages in cyberfeminist activism to hack technical systems like Facebook and advocate for user-, community-, and feminist-centered systems.

The term “hack” typically refers to the act of gaining unauthorized access to data or computer systems and carries negative connotations, but I use it here to describe how online communities subvert technical systems like Facebook for social and civic change. I employ the term hack, therefore, not to denote negative actions, but instead to describe how online communities sponsor and employ community-based digital literacies to subvert technical
systems, thereby empowering the users of those systems. Such changes embody feminist-centered values that emphasize community, collective agency, and the need for women to influence technological change.

*Birth Without Fear* sponsors and employs community-based digital literacies to advocate for a user-, community-, and feminist-centered approach to technical systems in a number of ways. Their goal in doing so is to support literate practices and cyberfeminist activism that resists institutional, technological, and discursive censoring of pregnant, laboring, and breastfeeding bodies. One significant way they accomplish this is through their efforts to undermine Facebook’s censorship of breastfeeding and childbirth photos. In December 2013, for example, January posted a status update to the *Birth Without Fear* Facebook page that read:

![Facebook Post](image)

Figure 2: About a week ago
January’s status update is one of many posted over a multi-year period in which she and other BWF members argue that Facebook’s policy on nudity and profanity should not include breastfeeding and birthing photos. The community’s argument (and one I agree with), is that such photos are not inappropriate, but rather capture moments of beauty and intimacy. Despite the community’s efforts to thwart Facebook’s censorship by filing formal complaints, posting and sharing images that violated its nudity policy, and posting thousands of supportive comments, Facebook continued to censor such images, often by removing them and temporarily suspending the offending community members’ accounts.

One important way January subverted Facebook’s censorship was by creating multiple administrative accounts that allowed her and her support staff to post breastfeeding and childbirth images even if one of the accounts were suspended. January thus employed community-based digital literacies to hack Facebook’s technical system and engage in cyberfeminist activism intended to empower women as Facebook users. Although January and her support staff’s actions are those of a few individuals, they represent the goals and values of the community. The aforementioned post by January, for example, has to date received 3,749 “likes,” 233 “shares,” and 329 comments. Many comments reinforce the notion that January speaks on behalf of the BWF community. One post reads: “please keep up the fight, its women like you that need to sing our song xxxxx” while another says “Love what ur doing we all need birth without fear” (Harshe, 2013, “7 day ban over a breastfeeding picture”). These comments, among hundreds of others, reveal that January and her staff’s responses to Facebook’s censorship represent the community’s collective values and goals. Community members’ comments also embody what I call “small moments” of cyberfeminist activism—activism that, although it may seem insignificant, contributes to the collective efforts of communities engaged in civic activism.
January and the community’s collective efforts to hack Facebook’s censorship reflect Gail Hawisher and Cynthia Selfe’s (2007) notion of “effective electronic literacy,” or literacy that enables women to “enact change in the world” on their own terms (p. 208). Women’s ability to use digital literacies for social change is important since “new information technologies—writing, print, and now electronic—tend to exclude women from positions of influence” (p. 208). It is essential that women, who have historically existed on the margins of technological change, play a role in sponsoring and employing literacies that allow them to individually and collectively create, design, and change technological systems. An important quality of social spaces like the Birth Without Fear Facebook page is that they allow individuals to become part of a larger network where users interact and create meaning collectively. In this way, individuals belonging to the BWF community engage in networked, social interactions where individual efforts are connected to and amplified by the collective efforts of the community. The linking of individual and collective goals enables online communities such as BWF to change technical systems like Facebook to make them more user-, community-, and feminist-centered, qualities that give users greater critical access to technical systems and the ability to create rhetorical agency within them. My notion of community-based digital literacies reveals how women collectively sponsor and employ effective electronic literacies that help them “enact change” within technical systems that have historically privileged masculine and institutionally-generated forms of knowledge and power.

While Hawisher and Selfe emphasize the value of women’s effective electronic literacies, Deborah Brandt’s (1998) work encourages us to examine how women act as literacy sponsors and how communities like Birth Without Fear operate as scenes of literacy learning. As I mention above, Brandt defines literacy sponsors as the “agents, local or distant, concrete or
abstract, who enable, support, teach, model, as well as recruit, regulate, suppress, or withhold literacy—and gain advantage by it in some way” (p. 166). According to Brandt, sponsors enable literate activities and sanction certain literate practices over others. Similarly, scenes of literacy learning are the sites and spaces (whether virtual or physical) that support and sustain literacies.

It is important to note that although *Birth Without Fear* is a scene of literacy learning that supports cyberfeminist activism intended to empower women within technical systems, its sponsorship is not neutral, but instead reflects cultural and ideological principles that value certain forms of knowledge and literate practices. These values empower many women and help them enact rhetorical agency within virtual spaces and systems, but they also have the potential to marginalize some women, namely those who either lack access to technological systems like social media sites or who are unable to adopt the rhetorical and literate practices of the community. Scenes of literacy learning, therefore, (as well as the individuals and communities who sponsor them) exist within and propagate social, technological, and ideological values that create critical access for some, but not all.

Charlotte Hogg (2007) in her work on gender, literacy, and community looks to Brandt’s notion of literacy sponsors to argue for an examination of “how women have been given—or taken on—roles as sponsors themselves” (p. 111). Like Brandt, Hogg believes that literacy sponsors (e.g., individuals, schools, businesses, parents) help communities acquire literacies that give them access to power and influence. But unlike Brandt, she pays special attention to how women within communities act as sponsors of other women’s literacies. Hogg’s work suggests that communities like *Birth Without Fear* play a critical role in sponsoring community-based digital literacies that help women create agency within technological systems. Moreover, Hogg emphasizes that communities like *Birth Without Fear* are spaces or “scenes” that foster women’s
literacies—literacies that can be used to hack technical systems to reflect feminist values of community citizenship and user-centered design. Developing systems that embody such values is important not only to scholars working in feminist theory and literacy studies, but also to those of us who value the democratization of technical systems so that all stakeholders have a say in how the systems we use each day (e.g., social media sites, public transportation, hospitals, schools) serve our needs.

January and the community’s efforts to hack Facebook to advocate for user-, community-, and feminist-centered values represent their use of critical literacies, or literacies that allow community members to engage in cyberfeminist activism intended to help women become critical users of technical systems. As I mention in the introduction to this chapter, Adam Banks (2006) argues that for communities to truly affect change they must also have critical access—or the ability to not merely consume technology, but to also play a role in the creation, design, and production of technologies (p. 41-2). Although Facebook controls its platform’s core functions, Birth Without Fear’s efforts to undermine Facebook’s censorship reflect their movement toward critical access. Such actions may seem inconsequential, but when we consider how pervasive and globalized a multi-billion dollar corporation like Facebook is, the community’s ability to hack this goliath of a platform tells us a great deal about how effective community efforts to support user-centered platforms (and the literacies and rhetorical practices that underwrite such actions) can be.

**Cyberfeminist Activism in Hey Facebook, breastfeeding isn’t obscene!**

Employing community-based digital literacies for cyberfeminist activism isn’t limited to BWF, however. A similar community called *Hey Facebook, breastfeeding isn’t obscene!*, a
public Facebook group devoted to protesting Facebook’s censorship of breastfeeding photos and to advocating the “normalisation of breastfeeding” has drawn on their collective power and community-based digital literacies to resist censorship (About). Group members, for example, post breastfeeding images to both their individual Facebook profiles and to the community’s Facebook page, despite the likelihood of receiving Facebook “jail time” (a temporary ban) for posting. Members also share links to information, websites, and videos on breastfeeding. These activities make the Hey Facebook, breastfeeding isn’t obscene! community an important scene of literacy learning where the creation and dissemination of literacy artifacts (e.g., articles, websites, personal narratives) enable and support cyberfeminist activism that helps members gain critical access to technical systems.

Like Birth Without Fear, the Hey Facebook, breastfeeding isn’t obscene! community employs digital literacies to hack the Facebook interface to advocate for user-, community-, and feminist-centered values. The community, for example, has organized “Lactation Campaigns” or virtual “Nurse-Ins” in which community members change their Facebook profiles to breastfeeding images. Community members also frequently post images to the community’s group page of themselves publicly breastfeeding in an effort to normalize breastfeeding and advocate for the right to share breastfeeding images on social media sites like Facebook a process that, I argue, helps them advocate for user-, community-, and feminist-centered values. On June 1, 2015, for instance, a woman posted an image of herself breastfeeding with a tagline that read “At the park... Doing our part to normalize breastfeeding!”:
Figure 3: At the park

Posts like these represent the community’s engagement in cyberfeminist activism that supports the normalization and de-sexualization of breastfeeding as well as their efforts to undermine Facebook’s censorship and any users who might report breastfeeding images as obscene. The narrator’s use of the phrase “Doing our part to normalize breastfeeding,” coupled with a personal breastfeeding photo, demonstrates her efforts to “normalize breastfeeding” in public spaces and within the Facebook platform, a process that helps the community gain critical access and create agency within technological systems and spaces.

Importantly, communities like Birth Without Fear and Hey Facebook, breastfeeding isn’t obscene! employ digital literacies that allow them to shape their communities and the larger social ideologies and technical systems that monitor and control women’s bodies. These efforts
are significant, as “[b]reastfeeding is not only a personal but also a cultural and political process: the act of breastfeeding contributes to the social construction of gender, sexuality, motherhood/parenting, work/family/play as well as social networks online, technology, and public space” (Rybas, 2012, p. 263). In short, women’s use of digital literacies to enact cyberfeminist activism is important not only to birthing and breastfeeding communities, but also to larger social structures and technological systems that censor and discursively construct women’s bodies. What we can learn from communities like BWF and Hey Facebook, breastfeeding isn’t obscene! is that the goal to create user-, community-, and feminist-centered systems and values that support both individual and collective agency is achievable and has the potential to improve the lives of individuals and groups within technical systems.

Conclusion

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed it is the only thing that ever has” —Margaret Mead (as cited in Lutkehaus, 2010, p. 261).

Much to the excitement of both the Birth Without Fear and the Hey Facebook, breastfeeding isn’t obscene! communities, in 2014 Facebook responded to increasing pressure to change its policy on breastfeeding photos. The revised policy reads:

Does Facebook allow photos of mothers breastfeeding?

Yes. We agree that breastfeeding is natural and beautiful and we're glad to know that it's important for mothers to share their experiences with others on Facebook. The vast majority of these photos are compliant with our policies.

Figure 4: Does Facebook allow
What I find fascinating about Facebook’s revised policy is their use of words like “natural” and “beautiful,” descriptions used by breastfeeding advocacy groups and natural birthing communities (Does Facebook allow photos of mothers breastfeeding?). This language suggests that activism in online communities and their efforts to foster a community-, user-, and feminist-centered approach to technical systems can succeed—even against powerful, systems-centered corporations like Facebook.

In this way, *Birth Without Fear* and other advocacy groups act as literacy sponsors that support and sustain Banks’ notion of critical access—or access that allows communities to not merely use digital technologies, but to also shape how they function and whom they serve. Moreover, the efforts of BWF represent a move toward Selber’s concept of critical literacy that encourages individuals to question the dominant narratives and ideological structures inherent in technical systems. He also stresses that for individuals and communities to move beyond functional literacy (i.e., knowing how to use a particular technology or tool) to critical literacy, they must view digital technologies as cultural artifacts that embody political, social, and ideological beliefs (pp. 86-87).

*Birth Without Fear*’s sponsorship and use of community-based digital literacies to advocate for a community-, user-, and feminist-centered approach to technical systems like Facebook demonstrates the community’s understanding of how technical systems represent and reinforce cultural and ideological beliefs about the female body, pregnancy, and breastfeeding. Their aim, therefore, is to subvert social structures and technological systems that censor and discursively construct women’s bodies. My analysis brings attention to the role cyberfeminist communities play in subverting technical systems and in resisting the ideological assumptions and institutionally generated forms of knowledge and power that underwrite them. This analysis
can help those of us working in literacy and feminist studies understand the complex nature of civic activism in online spaces and extend the scope of our research to include online communities as sites of gendered activism that can empower women within technical systems. Analyzing this process also opens up important conversations about how cyberfeminist activism (and the critical literacies needed to support it) functions and evolves in digital spaces, an idea I examine further in Chapter Two.

Those of us who hope to live in a society where technological systems serve the needs of users—and not the desires of technocratic institutions—need to better understand how online communities can employ community-based digital literacies to strive for and achieve feminist activism. With that statement in mind, in the next chapter I expand the analysis presented here by arguing that communities like *Birth Without Fear* can successfully sponsor and employ community-based digital literacies to empower women within medical systems.
Chapter Two

Reclaiming Women’s Health Literacy Through
Digital Storytelling & Boundary Spanning

A few years ago, I began looking for a new healthcare provider as I was dissatisfied with the services I was receiving at my local women’s clinic. I wanted to find a provider that valued patients as people and specialized in women’s health. My desire to seek a healthcare provider that emphasized user- and feminist-centered care (terms I revisit shortly) came from my involvement with the Birth Without Fear community as well as my research into perinatal care, activities that increased my understanding of women’s health literacies.

While in Chapter One I focus on how Birth Without Fear (BWF) empowers women as users of technical systems, here I argue that BWF sponsors and employs community-based digital literacies to reclaim women’s health literacy, a process that has the potential to influence women’s healthcare choices and change medical systems (i.e., institutions where patients seek health-related treatment, information, and care). Analyzing how individuals and communities’ influence medical systems is essential as all of us are part of the social, political, and economic matrices that shape when and how we receive healthcare. My analysis, therefore, offers a much-needed critical and rhetorical perspective on how Birth Without Fear transforms medical systems and the literacies the community uses to enact such change.

I begin by briefly examining the rhetorical trends that lead to the medicalization of pregnancy and childbirth. I then analyze how Birth Without Fear reclaims women’s health literacy through two key features of community-based digital literacies—digital storytelling and boundary spanning. I conclude by stressing that it is essential for women, many of whom will
enter into medical systems during pregnancy and childbirth, have literacies that allow them to critically analyze how those systems rhetorically and technologically mediate their bodies and health. To support my analysis, I draw on theories from medical rhetorics, literacy, and cyberfeminist studies. These theoretical lenses provide a framework for my analysis and allow me to highlight intersections between medical rhetorics, digital literacies, and women’s health.

**Medicalization of Pregnancy & Childbirth**

“The pregnant woman is like a ship upon a stormy sea full of white-caps, and the good pilot who is in charge must guide her with prudence if he is to avoid a shipwreck.” —Mauriceau, from *Maladies des Femmes Grosses* (as cited in Barker, 1998).

The above quotation by Mauriceau says it all: the pregnant body is at risk and must be guided by a practiced male hand in order “to avoid a shipwreck.” Such a viewpoint rhetorically positions the pregnant body as a malfunctioning machine that needs to be supervised and controlled by a “good pilot” who must “guide” the pregnant body through a dangerous, “stormy sea full of white-caps.” This view toward pregnancy became especially prominent during the nineteenth and early twentieth century as the practice of women’s midwifery declined and the use of male doctors rose (Wajcman, 1991, p. 64). For example, in a 1912 speech to the American Association for Study and Prevention of Infant Mortality, Charles Edward Ziegler criticizes the midwife (a trained professional who assists women before, during, and after delivery) as an unfit professional who should be banned from assisting in childbirth:
...I am, therefore, unalterably and uncompromisingly opposed to any plan which seeks to give her [the midwife] a permanent place in the practice of medicine. In no other branch of medicine do we permit ignorant, non-medical individuals to give counsel and assistance in medical matters....I am opposed to educating and licensing midwives to practice obstetrics in this country for several reasons; first, because I believe it unnecessary, since I am convinced that a plan can be evolved and practically applied which will give to every child-bearing woman in the country competent medical attendants; and second, because I do not believe it possible to train women of the type of even the best of midwives to practice obstetrics satisfactorily. (p. 32)

Ziegler’s use of words and phrases like “ignorant,” “non-medical,” and “[it is not] possible to train women of the type” reflects a broader rhetorical trend in the U.S. and Europe that supported the notion that midwives were unfit to assist women in labor and delivery and that perinatal care should fall exclusively under the purvey of sanctioned medical professionals who were almost exclusively male. As this belief gained traction, pregnancy and childbirth were re-conceptualized by healthcare professionals “as medically problematic rather than as experientially and organically demanding” (Barker, 1998, p. 1067). No longer was pregnancy a natural occurrence, but a medical condition that required supervision and control. Furthermore, the medicalization of pregnancy and labor encouraged women to fear birth and to place their trust in medical professionals and the systems they had built, rather than in centuries of woman- and community-centered midwifery care that viewed childbirth as a non-pathological experience. A major by-product of this movement was the adoption of a technocratic attitude toward birth that sought to tame the pregnant body, rather than to accommodate it (Page, 2001; Davis-Floyd, 2001; Barker,
This view of pregnancy not only marginalized midwifery care, but also discouraged pregnant women from cultivating knowledge for their own health and well-being.

As knowledge and authority about childbirth moved from women’s homes and communities into male-dominated medical systems, women lost the language and rhetorical agency needed to speak about their medical needs. The healthcare system thus cultivated health illiteracy regarding pregnancy and childbirth. As Marika Seigel (2014) reveals in *The Rhetoric of Pregnancy*, this trend is persistent as the modern medical establishment still medically and rhetorically “positions the physician or doctor as the technical expert and the pregnant woman (and her partner) as the novice who must always follow expert advice” (p. 111).

As Seigel points out, the rhetorical practices that medicalized birth have and continue to discourage pregnant women from developing knowledge of and agency over their own health. It also discourages women from trusting the experience and knowledge of presumed non-experts (e.g., mothers, family members, partners, communities or even trained healthcare providers like doulas and midwives) and instead to rely on medical professionals’ expertise. This rhetorical, social, and medical shift led to the loss of cultural and community-based literate practices associated with pregnancy and childbirth. A significant consequence was that generations of women and families lost access to long-established women’s ways of knowing as well as the literate practices needed to create and sustain rhetorical agency within healthcare systems.

As research in feminist rhetorical theory and historiography tell us, the sublimation of women’s knowledge to dominate social systems inevitably leads to narratives in which women’s voices are marginalized, or worse, absent (Jarratt, 1990; Glenn, 1994; Campbell, 1989). It is therefore important that we understand how online natural birth communities like *Birth Without Fear*
sponsor and employ community-based digital literacies to resist marginalization and reclaim women’s health literacy.

**Reclaiming Women’s Health Literacy Through Digital Storytelling**

*Birth Without Fear* responds to the loss of rhetorical agency within perinatal care systems by reclaiming women’s health literacy—or the ability to “obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Kennen, Martin, & Davis, 2004, p. 91). By reclaiming health literacy, the BWF community gains what Adam Banks (2006) calls “critical access” to technological systems, a process that allows them to not only transform medical systems, but to also critique and rewrite the ideologies and rhetorical practices that support and sustain them (p. 41-2). Building on Banks’ work, Seigel argues that critical access also means that a user “knows how to engage strategically with, disengage from, and negotiate a technological system” (p. 20). In the analysis that follows, I build on Seigel’s work by arguing that *Birth Without Fear*’s advocacy for health literacy and user- and feminist-centered healthcare systems represents the community’s efforts to gain critical access.

*Birth Without Fear* reclaims women’s health literacy and gains critical access to medical systems by advocating for user- and feminist-centered healthcare systems. As I discuss in Chapter One, a *user-centered approach* to technical systems encourages individuals to be “active participants in the design, development, implementation, and maintenance” of technologies and systems (Johnson, 1998, p. 32). A *systems-centered approach*, by contrast, concentrates power in the hands of a technology’s creators and propagates the “notion that the inventors or developers of the technology know best its design, dissemination, and intended use” (p. 25). This is problematic as user-centered systems respond to the needs and desires of users, while systems-
centered systems primarily benefit their creators and distributors. Like user-centered approaches, feminist-centered systems empower women within technical systems that have historically privileged masculine and institutionally generated knowledge and power. Advocating for user- and feminist-centered systems is important because, as Robert Johnson (1998) points out, technological systems influence “the discursive and material characteristics of cultures” and determine who has access to power and influence (p. 89).

One important way Birth Without Fear sponsors and employs community-based digital literacies to reclaim women’s health literacy and advocate for user- and feminist-centered medical systems is through digital storytelling. Digital storytelling is a rhetorical genre where a storyteller uses multimodal tools and artifacts (e.g., video editors, blogging platforms, photos, text, music) to craft a narrative designed for digital spaces. As studies by Huang, Shen, Lin, and Chang (2007) as well as by Bonnie Nardi, Diane Schiano, and Michelle Gumbrecht (2004) indicate, women often engage in digital storytelling to build a sense of community by seeking others’ approval and by expressing emotions through narrative. Gina Chen, a researcher in Public Communications at Syracuse University, expands this rationale by noting that “[w]omen blog to express deeply held emotions, articulate ideas, form and maintain community forums, provide commentary, and document their lives” (p. 172). The process of creating and sharing digital stories offers individuals who belong to communities like Birth Without Fear opportunities to express themselves and establish interpersonal support systems that traditional healthcare systems often fail to provide.

In an October 2014 post to the BWF blog entitled “Healing Hospital VBAC Picture,” one woman employs digital storytelling to reclaim women’s health literacy and advocate for user-
and feminist-centered medical systems by sharing a textual and photographic narrative of her childbirth experience:

I just recently had my daughter (almost 3 weeks ago) and I’ve had several ladies tell me I should share this photo from my birth... so here it is!

We had a beautiful, wonderful, healing VBAC in a hospital and this picture says everything. The support that I had from my doctor, my nurses, my doula, my husband, and even my birth photographer was incredible.

This is me squatting in the hospital room floor right as my daughter (all 9 lbs and 10 oz of her!) is crowning, while my husband, my doula, and my nurse are supporting me. My awesome doctor is on his hands and knees next to me, getting ready to catch my daughter. How incredibly blessed we were for getting this experience after an unwanted (and unnecessary) c-section with my son two years before. Such an amazing and healing experience.

Figure 5: Healing Hospital VBAC Picture

This woman’s story, like hundreds of others on the Birth Without Fear blog, demonstrate how BWF sponsors and employs community-based digital literacies (as well as community-based visual literacies, an idea I take up in Chapter Four) that support digital storytelling, a process that increases the community’s knowledge of and access to information regarding perinatal care and that supports a user- and feminist-centered approach to medical systems. The narrator, for
example, highlights how empowered she felt by her birth, telling readers that it was “an amazing and healing experience” and a blessing after having “an unwanted (and unnecessary) c-section” (Simoncic-Falkenstein, n.p.). By using words like “unwanted” and “unnecessary” to describe the medical procedures she experienced with her previous delivery and by stressing that this birth, by contrast, was “beautiful,” “wonderful,” and “incredible,” the narrator uses digital storytelling to increase the community’s awareness of birthing options and to resist the medicalization of childbirth.

What I find particularly fascinating is that this mother’s experience represents the merging of traditional obstetrical care with natural birthing practices. For example, the narrator states that she gave birth in a hospital with a doctor and nurses, yet was also cared for by a doula (a trained but non-medical perinatal care provider) and her spouse. She also advocated for and received a VBAC (or vaginal birth after Cesarean section), a practice routinely discouraged by medical professionals but highly encouraged by many natural birthing communities. This mother’s story, therefore, demonstrates that Birth Without Fear’s sponsorship of community-based digital literacies helps women rhetorically position themselves to have authority over their own bodies, a process that helps women advocate for user- and feminist-centered medical systems that recognize patient agency, or patients’ ability to claim agency over their own health (Graham, 2009; Koerber, 2006; Stone, 1997). Communities like Birth Without Fear, and the digital literacies they sponsor and employ for cyberfeminist activism, help women enact such agency by providing a space where they can share stories, build relationships, and increase women’s health literacy.

Importantly, by sponsoring and employing literacies that enable women to share birthing stories in digital spaces, BWF helps community members become what Hannah Bellwoar (2012)
calls “makers of knowledge in the production of health care texts” (p. 325). In her article, “Everyday Matters: Reception and Use as Productive Design of Health-Related Texts,” Bellwoar argues that patients use healthcare-related texts (e.g., pamphlets, videos, websites) to create knowledge and gain agency over their experiences within healthcare systems. Bellwoar’s concept provides a useful framework for thinking about how Birth Without Fear sponsors and employs community-based digital literacies that support the creation and dissemination of digital stories that, I argue, are an important type of health-related text. The creation—rather than the mere consumption—of health texts like birthing stories helps community members in important and powerful ways: digital stories, as I mention earlier, help participants build and sustain personal relationships, increase health literacies regarding pregnancy and childbirth, and advocate for user- and feminist-centered medical systems that support patient-agency. This process, in turn, helps individuals gain critical access to medical systems—access that allows them to shape the rhetorical and literate practices that underwrite how those systems work and whom they serve.

As I argue in Chapter One, Birth Without Fear’s sponsorship of community-based digital literacies also enables community members to develop rhetorical strategies that allow them to “hack” technical and medical systems. Digital storytelling represents one such strategy as it encourages community members to use “everyday literate activity” to shape “people’s understanding of health and medicine,” a process that increases community members’ health literacy and helps them create rhetorical agency within medical systems (Bellwoar, p. 328). In the comments section of the above blog post, for example, several individuals emphasize how informative and empowering they find the narrator’s story. One commentator tells readers:
“THANK YOU for sharing this! We too had an unnecessary unplanned c section with my daughter two years ago and my baby boy is due in February. Planning a VBAC. Your photo is inspiring and encouraging” (Mazurak, n.p.) Another commenter exclaims: “Thanks so much for sharing! I was devastated when I was told I needed an emergency c-section so stories like this give me hope for next time” (Sarah, n.p.).

These individuals’ comments, among others, reveal that digital storytelling influences what women in the BWF community want and expect from medical systems, as well as their efforts to hack healthcare systems so that they meet their desires and expectations. The first commentator’s use of the phrase “Planning a VBAC” shows her self-advocating for a medical procedure that, as I mention above, is almost universally discouraged by medical professionals, yet commonly endorsed by natural birthing communities. What this example demonstrates is that Birth Without Fear’s sponsorship of “everyday literate activity” like digital storytelling has the potential to influence women’s healthcare decisions and empower them as advocates for user- and feminist-centered medical systems.

Like the blog, the BWF community’s Facebook page is an important space where women reclaim health literacies and create agency within medical systems through digital storytelling. On April 22nd, 2015, an emotional story about a pregnant woman with stage-three breast cancer who endured chemo and a mastectomy prior to labor was posted to the group page. As the screenshot below reveals, her story initiated an outpouring of comments, “likes,” and “shares.” One respondent, for example, tells readers that “What an amazing birth story, mother, woman, everything” (McCormick, n.p.) while another commenter exclaims “I can’t love this any harder!! It’s just so awesome!” (Cunanan, n.p.).
Figure 6: That Moment

While this individual’s story and community members’ responses focus on offering emotional (rather than medical) commentary and support, it is important to recognize that this story, as well as the social exchanges that follow, helps women reclaim health literacies and create agency within medical systems. A 2009 study by Frost and Massagli suggests that social interactions in online communities help individuals develop advanced “levels of emotional well-being, medical knowledge, perceived control over disease, and overall personal empowerment, which in some cases translates into improved decision-making and positive behavioral changes” (p. 225). A similar study by Hyun Jung Oh and Byoungkwan Lee (2012) reveals that by sharing personal stories, emotional sympathy, and other health communications in online communities, patients increase their health literacy and have greater confidence during doctor-patient interactions (p. 32). These studies suggest that community-engagement through digital storytelling has the potential to improve individuals’ health literacies. This, in turn, allows
patients to rhetorically position themselves within medical systems as having knowledge and authority over their own health, a process that allows them to engage in patient-advocacy and enact rhetorical agency.

*Birth Without Fear*’s sponsorship of digital storytelling also encourages literate practices that support women’s ways of knowing. On the “I am strong” page of the *Birth Without Fear* blog, for instance, women share their experiences with childbirth in an effort to reclaim women’s knowledge about their bodies and to support other women in making medical choices. In a September 2013 post, one woman exclaims: ‘I learnt two lessons while in labour with my son, to STICK UP FOR YOURSELF and THAT I KNOW MY BABY & BODY BEST’ (Mamabearbri, n.p.). In a similar post, another mother tells readers “I trusted my body to do what I knew it could do” (Heksem, n.p.). The use of phrases like “STICK UP FOR YOURSELF” and “I trusted my body” show community members sponsoring community-based digital literacies that value women’s ways of knowing and that resist a technocratic view of birth that emphasizes pregnancy and childbirth as pathological conditions.

The process of collecting and distributing stories and information represents what Deborah Brandt (1995) calls accumulating literacy, or the “the piling up and extending out of literacy and its technologies” (p. 651). We often think of organizations like schools, corporations, or industries as entities that sanction and accumulate literacies to forward their own ends, but it is important to recognize that online communities also serve this function. Online communities, therefore, are scenes where literacy learning and the artifacts associated with such learning exist, evolve, and are distributed. What I find most useful about Brandt’s notion of accumulating literacy is that it highlights how non-sanctioned scenes of literacy learning like
online communities generate and sustain literacies that can support social and cyberfeminist activism that has the potential to change medical systems.

It is important to note, however, that online communities (like any other literacy sponsor) can also enforce the darker side of literacy accumulation—that is, they are part of and contribute to larger socio-economic, ideological, and technological movements that constantly push individuals and communities to accumulate new forms of literacy that ultimately serve the needs of those in power. As Brandt stresses, accumulating literacies is an important and empowering experience for many individuals and groups, but it also connects them to larger social structures that demand, sanction, and enforce certain forms of literacy over others. As I mention elsewhere in this dissertation, literacy—and the entities and institutions that sponsor it—are not neutral, but instead reflect social, economic, and ideological values that empower some individuals and not others, an idea I explore further in Chapter Three.

It is equally important to recognize that the work online communities engage in to sponsor and accumulate literacies cannot be separated from the digital spaces they inhabit. A platform like the Birth Without Fear blog is not only a site for posting stories, but also an archival platform that warehouses artifacts (e.g., stories, comments, images, videos) produced by the community. These artifacts create a feminist archive the community can draw from as they attempt to reform medical systems and promote women’s health literacies. What I find particularly interesting is that unlike a physical archival space (for example, a library), the possibilities for the materials that exist in a digital space like a blog or Facebook page seem to be temporally endless, ever-evolving, always available for sharing and remixing.

The above story about the mother with breast cancer, for instance, was (according to a BWF staff post and follow-up comments) temporarily removed by Facebook due to the unusual
amount of traffic it received shortly after being posted. According to BWF, Facebook staff believed the story was spam and therefore removed it. What is interesting here, though, is the community’s reaction to the deletion—shortly after BWF staff notified the community about the story’s removal, hundreds of people began re-posting versions of the story and its accompanying photo from their individual timelines, saved files, screenshots, news sources, and other social media sites. In doing so, they sponsored and employed community-based digital literacies that accumulated and created a remixed, feminist archive built around what I call “small moments” of cyberfeminist activism. They also subverted or hacked the Facebook system, a strategy that helped create a more user-, community-, and feminist-centered system. The key idea I want to emphasize here is that when we think about literacy accumulation, sponsorship, and scenes of literacy learning, we must recognize that a community’s literacies and activism (as well as the ideological beliefs that underwrite such practices) cannot be separated from the spaces they inhabit.

I want to briefly turn here to Vicki Tolar Collins’ (2010) notion of “rhetorical accretion”—or the “process of layering additional texts over and around the original text”—as it offers another way for thinking about how BWF’s literacy sponsorship, as well as the process of accumulating literacy artifacts, can help create a feminist archive that can be used to advocate for women’s health literacies (p. 148). In a comment posted to the aforementioned story, for instance, one woman asks readers: “Chemo while pregnant?” Another woman responds by sharing a story about her daughter’s experience with breast cancer:
By using descriptions like “was diagnosed with breast cancer at 11 weeks,” “underwent a mastectomy at 16 weeks,” and “had her third dose when her baby boy came early at 33 weeks,” the commentator creates a personal narrative that increases the community’s health literacy regarding pregnancy and cancer treatment. The narrator also educates the community about alternative options for acquiring “donor milk” if a mother is undergoing chemotherapy while breastfeeding.

Although this individual’s narrative is an addendum to the original post, it represents an important moment of rhetorical accretion where her commentary is layered onto and expands the initial post. Understanding how texts get layered and accumulated is important to feminist rhetorical analysis because, as Collins points out, it helps rhetoricians uncover how rhetorical accretion influences “women’s discourse” and “representations of gender” (p. 149). In this example, we see how Birth Without Fear’s sponsorship of digital storytelling in a cyberfeminist space helps community members create and circulate their own artifacts, archives, and discourses for understanding complex health issues like breastfeeding and chemotherapy. This process, in turn, allows the community to create an archive of healthcare information and texts.
that increases women’s health literacy. While a detailed analysis of how digital stories are circulated, distributed, and archived in digital spaces is beyond the scope of this chapter, the key idea I want to emphasize is that this complex process helps support and sustain women’s health literacies in cyberfeminist communities like Birth Without Fear. As I have argued elsewhere in this chapter, increased health literacies equip women to advocate for user-and feminist-centered medical systems that recognize patient agency.

Importantly, digital storytelling influences women’s childbirth decisions, decisions that potentially shape how they use (and what they expect from) medical systems. A qualitative study by Mary Regan, Katie McElroy, and Kristin Moore (2013) reveals that one of the most significant factors influencing women’s medical choices are birth stories shared by family members, friends, mothers, and co-workers. Almost three-quarters (71.2%) of 49 participants in their study indicated that birth stories influenced what type of birth they valued and wanted (p. 174). Although there is no definitive evidence that connects birth stories shared in the Birth Without Fear community to women’s childbirth decisions, community members’ comments indicate a strong correlation. One woman posted on the BWF Facebook page, for example, that she is “Just so anxious to be a mother. I love this site and all the stories. Gives me ideas on how I want my own birth to kinda be” (January 2015). Another comment to a blog post entitled “A Young Mother’s Birth Story Told with Photos” reads:

Figure 8: i loved your birth story
And in a story posted to the BWF Facebook page entitled “Coffee Saved My VBAC,” a new mother tells readers:

I gave birth to a beautiful baby girl in just 6 pushes only 3 hours later. My body let me. I did it. I believed I could, so I did. I can’t express the joy I felt holding my crying, vernix covered, new baby girl on my belly that I pushed out! I thank you all for sharing your birth stories of inspiration. And, well, coffee. #birthwithoutfear #birthstory #vbac

Figure 9: Coffee Saved My VBAC

Statements such as “I love this site and all the stories. Gives me ideas on how I want my own birth to kinda be,” “This gives me hope that i can do this even more now!,” and “I thank you all for sharing your birth stories of inspiration” reveal that women who participate in the BWF community make medical decisions based on the stories and information they gather from their peers.

To return to my own story at the beginning of this chapter, my involvement with Birth Without Fear gave me the support, resources, and confidence I needed to move from what I would argue was a medical model of healthcare to a more user- and feminist-centered model. BWF, therefore, sponsored the development of the knowledge and language I needed to speak out about my own body and health and to feel empowered by this process. My own actions, as well as the commentary cited above, suggest that individual women’s choices are connected to larger social groups like Birth Without Fear, communities that act as scenes of literacy learning that educate and empower women. My analysis helps bring critical awareness to how online communities’ sponsorship of community-based digital literacies impacts women’s health literacies and the choices they make within medical systems.
In the next section, I expand the analysis offered here by examining how *Birth Without Fear* engages in cyberfeminist activism intended to reform medical systems by both adopting and rewriting institutionally generated medical discourses. In doing so, I demonstrate how the community’s rhetorical and literate activities increase women’s health literacy and support user- and feminist-centered medical systems.

**Reclaiming Women’s Health Literacy Through Boundary Spanning**

Mary Lay’s (2000) notion of “boundary spanning” can help us further analyze how online natural childbirth communities sponsor and employ community-based digital literacies that empower women and influence their medical decisions. In *The Rhetoric of Midwifery: Gender, Knowledge, and Power*, Lay defines boundary spanning as a process that “involves rhetors’ attempts to establish authority within their own or another’s community and often to challenge dominant jurisdictional borders. Resisting the labels of deviant or amateur, boundary spanners often attempt to prove their authority by demonstrating their ability to use the techniques and vocabulary of the dominant profession or community” (p. 78).

Lay offers one example of boundary spanning by examining the Minnesota Midwives Guild, an association that fought to bring legitimacy to midwives working in Minnesota. In the 1990s, there was an increased demand for midwife-assisted childbirth in the state of Minnesota. Unfortunately, midwifery was not an officially sanctioned form of perinatal care or delivery, and midwives in the state faced legal challenges that were supported by state legislation (Lay, p. 2). Many midwives responded by seeking legislation that would allow them to become licensed within the state. While seeking licensure, they soon realized that their greatest challenge was
defining the scope of what a midwife could legally do, an issue that raised questions of professionalization and legitimacy.

Lay argues that the dominant rhetorical tactic used by the Minnesota midwives to establish their legitimacy and create rhetorical agency within medical systems was boundary spanning. Midwives, for instance, adopted medical language and terminologies to describe birth procedures, educated themselves on the latest birthing techniques, and strove to educate other professionals on midwifery. In doing so, they demonstrated “their ability to use the techniques and vocabulary of the dominant profession or community” (p. 78), a process that allowed them to create rhetorical agency and advocate for greater liberty in supporting women who desired midwife-assisted childbirths and who sought to reform often highly-medicalized obstetrical practices. But perhaps most importantly, their efforts rhetorically positioned midwives as legitimate experts who were qualified to provide perinatal care.

Similarly, Birth Without Fear employs community-based digital literacies to both adopt and rewrite medical language in an effort to reclaim women’s health literacies. The “Research & Statistics” page on the BWF blog, for example, includes an array of posts that borrow medical language to describe pregnancy and childbirth. In a 2014 post entitled “VBAC: What ACOG Really Says,” a BWF staff member examines the American Congress of Obstetricians and Gynecologists (ACOG) statement regarding a vaginal birth after Cesarean section (VBAC). She explains that the purpose of her post is to analyze what terms like VBAC and TOLAC (trial of labor after cesarean) mean and their implications for the choices women and their healthcare providers make regarding labor. She begins her post by telling readers that:
Figure 10: VBAC: What ACOG Really Says

Here we see Lay’s notion of boundary spanning play out as the writer establishes her authority by adopting institutionalized medical language, yet simultaneously questions the authority inherent in such language. She thus resists “the labels of deviant or amateur” and signals her legitimacy by demonstrating her “ability to use the techniques and vocabulary of the dominant profession or community” (Lay, p. 78), a process that allows her to both subvert and rewrite the rhetorical and literate practices used to understand and describe pregnancy and childbirth. Importantly, she encourages fellow community members to likewise read the medical literature and educate themselves on their options:

The point of this article is not to suggest any particular course of action for every mother. This is about giving you the facts to make your own decision. This is about looking at what ACOG really says about VBAC/TOLAC and not just what your doctor tells you they suggest. Arm yourself with information and consider your own personal factors and Birth Without Fear, no matter how you choose to birth.

Figure 11: The point of this article

Phrases such as “[t]his is about giving you the facts to make your own decision,” “[a]rm yourself with information,” and “consider your own personal factors” show the narrator using community-based digital literacies and boundary spanning to reclaim and reproduce knowledge created by the dominant medical establishment. This example therefore demonstrates the
community merging two domains of knowledge. One domain represents knowledge produced by the medical establishment, while the other represents knowledge generated by the community. Much of the community’s cyberfeminist efforts to reform medical systems so they are more user- and feminist-centered exists within and along the borders between these two knowledge domains. Using her concept of borderlands, Gloria Anzaldúa (1987) suggests that the greatest potential for resisting and reclaiming dominate discourses is along socio-cultural, linguistic, physical, and knowledge borders. Like Lay, Anzaldúa sees borderlands as spaces where rhetors can challenge “dominant jurisdictional borders” (Lay, p. 78). Lay and Anzaldúa’s work offers a framework for thinking about how Birth Without Fear sponsors and employs community-based digital literacies to engage in cyberfeminist activism within and along such borders, a process that in turn supports women’s health literacies and rhetorical practices that can be used to advocate for user- and feminist-centered medical systems.

Boundary spanning is a rhetorical strategy used by Birth Without Fear not only to sponsor women’s health literacies, but also to create new forms of knowledge that help the community create rhetorical agency and advocate for one aspect of user- and feminist-centered medical systems—physician compliance. Kristin Barker (2008) defines physician compliance as a practice where a doctor “unquestioningly acknowledges patient expertise” (p. 31). Barker notes that medical systems usually promote patient-compliance (i.e., conditioning patients to accept doctors’ expertise), but that many online communities resist this practice by insisting that physicians recognize personal- and community-produced knowledge as legitimate. Barker goes on to argue that online communities enact this rhetorical practice by challenging “the expertise of physicians” and by encouraging “the expansion of medicine’s jurisdiction” (p. 20).
Birth Without Fear advocates for physician compliance by sponsoring and employing rhetorical strategies that help community members both adopt and rewrite literacy practices and ways of knowing produced by medical systems. In a blog entry entitled “Maternal Death and the United States” posted to the “Research & Statistics” page, a staff writer analyzes maternal death rates in the U.S. and other industrialized countries, emphasizing to readers that, according to the World Health Organization (WHO), “the United States has one of the highest maternal mortality rates in the developed world” (n.p.). Throughout the post, the writer is careful to draw on terminology and statistical information from well-known health organizations like WHO to explain maternal death rates and causes; however, the author simultaneously relies on the rhetorical and literate practices of the BWF community to explain the relevance of this research and how the community should respond to it. The writer ends the post, for instance, by telling readers that:

Those two things hand-in-hand - education and fearlessness - can go a long way towards helping this mortality rate go down. An educated woman is better able to avoid situations or care providers that increase her risks, and a fearless woman is better able to stand up for herself and decipher what is really in need of intervention and what is not without cultural fears clouding her view. Let’s do our part to save mothers.

Figure 12: Maternal Death and the United States

By pairing rhetorical phrases like “fearless woman,” “cultural fears clouding her view,” and “save mothers” with medical information and statistics, the author uses boundary spanning to both adopt and rewrite dominant medical discourses, a process that helps the community create new ways of knowing that reflect both medical and community-produced knowledge and literacy practices. In creating new knowledge, the community is able (like the Minnesota Midwives Guild) to establish credibility and rhetorically position themselves as literate individuals who have authority over their own health. Increasing their health literacy in turn
allows community members to advocate for physician compliance that recognizes the value of patient-and community-produced knowledge and expertise.

I want to pause here to mention, as I have elsewhere in this dissertation, that Birth Without Fear’s sponsorship of community-based digital literacies in the form of boundary spanning (as well as digital storytelling) reflects the ideological and cultural values of the community. While BWF works to reclaim women’s health literacies, advocate for medical systems that are feminist-centered, and create new knowledge through boundary spanning, these rhetorical strategies—as well as the literate activities and artifacts that emerge from them—are not neutral, but instead embody the socio-economic and ideological values of the community, which often reflect white, middle-class beliefs and norms. Recognizing this is important as it reminds us that online birthing communities and the literacies they sponsor are not neutral and can therefore both positively and negatively impact individuals within and beyond the community, an idea I take up further in Chapter Three.

Conclusion

As I argue in Chapter One, a user-centered approach to technical systems help individuals become what Stuart Selber (2004) calls “social critics” of systems, “rather than indoctrinated consumers” (p. 95). Because medical systems arbitrate so many aspects of our lives, it is critical that we are able to question the power structures inherent in those systems—Whom, for example, are these systems designed for? Whom do they exclude? What types of knowledge do they produce and prioritize? How do they reflect race, gender, and power structures? Moreover, it is essential that women, many of whom will enter into medical systems during pregnancy and
childbirth, have literacies that allow them to critically analyze how medical systems rhetorically and technologically mediate their bodies and lives.

The analysis I present in this chapter brings to the forefront how such mediation takes place and what online cyberfeminist communities can do to resist and rewrite the medical, rhetorical, and technological processes that shape women’s bodies and life experiences. The analysis also underscores why it is essential for scholars of technical communication, literacy, and cyberfeminism to pay attention to how community-based digital literacies can be used to engage in civic activism intended to increase women’s health literacy and improve their experiences within medical systems.

In the next chapter, I complicate the analysis presented here by analyzing how Birth Without Fear sponsors and employs community-based digital literacies that both positively and negatively shape rhetorics of pregnancy on the web. Understanding this process is important as it brings critical attention to how feminism evolves in digital spaces, knowledge that can benefit individuals working in feminist studies, medical professions, classrooms, and communities within cyberspace and beyond.
Chapter Three

Reinscribing a New Normal: Pregnancy, Disability, & Health 2.0

“It was amazing to learn to trust my body, and watch and feel it doing everything as it should. I am NOT broken! I am strong, and it was the first time I could honestly say I am proud of my body” (Mamabearbri, “A Healing Natural Water Birth,” 2013, n.p.).

“I am strong because I have never been healthier than when I was pregnant” (Birth Without Fear, 2014, n.p.).

“I guess I’m sharing my story because I wish someone would have told me I could have said no. My instincts told me Juliet was fine and that the best place for her was with me. But I let the doctor and nurses instill a fear that I could be wrong and that triggered some of the most intense anxiety I have ever had to face on top of being postpartum” (Mrs. BWF, 2013, n.p.).

In What a Girl Wants? Fantasizing the Reclamation of Self in Postfeminism, Diane Negra (2009) argues that the pregnant body has been “re-classified” as “natural, normal, and healthy” to the extent that it has become an object of exhibitionism and even “fetishization and eroticization” (p. 63). But as the above quotations posted by women to the Birth Without Fear blog reveal, there remains an assumption that pregnancy and childbirth are not “natural” or “normal.” Their use of phrases such as “I am NOT broken!,” “I have never been healthier,” and “I let the doctor
and nurses instill a fear that I could be wrong” suggest that medical professionals and systems perceive pregnant bodies as disabled and, therefore, as disempowered.

While in the first two chapters of this project I argue that Birth Without Fear engages in cyberfeminist activism that helps women create rhetorical agency within technical and medical systems, here I argue that by sponsoring and employing community-based digital literacies to rewrite medical rhetorics of pregnancy and disability, Birth Without Fear reinscribes a “new normal” (i.e., a new way of perceiving, understanding, or acting on an accepted value or behavior) that romanticizes natural childbirth, a process that has the potential to make community members who are unable to have non-medicalized births feel physically disabled. This is problematic because BWF is often viewed by participants as a liberatory space, despite the fact that they sponsor literate practices that both empower and disempower women.

Throughout this chapter, I analyze four aspects of the Birth Without Fear community. I begin by examining how BWF operates as a Health 2.0 space where participants sponsor literacies about birth-related issues. In the next section, I briefly discuss the Health 2.0 movement’s relationship to self-help culture. In the third and fourth sections, I draw on feminist disability theory to examine how Health 2.0 communities like BWF sponsor and employ community-based digital literacies to rewrite medical rhetorics of pregnancy and disability, and in doing so, reinscribe a new normal for childbirth that both empowers and disempowers women. I conclude by illustrating that my analysis expands the ongoing work of literacy, feminist disability, and writing studies scholars by offering a new view of how online natural birthing communities resist, yet simultaneously reinforce, literacy and rhetorical practices that both empower and disempower women.
To explore these issues, I draw on concepts and terminologies from literacy studies, cyberfeminist theory, and feminist disability studies. I use these theoretical lenses to bring attention to how pregnant bodies are perceived as physically disabled and highlight how BWF both positively and negatively shapes rhetorics of pregnancy on the web. Understanding this process is important as it brings critical attention to how feminism evolves in digital spaces, knowledge that can benefit individuals working in feminist and literacy studies, medical professions, classrooms, and communities within cyberspace and beyond.

Health 2.0 Meets the Birthing Blog

Before moving into a discussion of how Birth Without Fear reinscribes a new normal for childbirth by sponsoring and employing community-based digital literacies, I want to look first at the community’s relationship to the Health 2.0 movement and self-help industry. I examine these aspects of the community because they provide context for my argument that BWF operates as a Health 2.0 space that reinscribes a new normal through community-based digital literacies. As I demonstrate later in this chapter, this section also provides a framework for understanding connections between pregnancy and feminist disability studies in the context of participatory Health 2.0 technologies.

One of the first things many of us do when we experience an illness or unknown physical condition is to “Google” it. Not surprisingly, we increasingly see the web as a resource that can provide answers to our health questions. In response to this growing trend, organizations such as the Mayo Clinic have introduced online community health initiatives intended to connect “people who have been through the Mayo Clinic experience with others” and to provide “a place for community members to share information, support and understanding” (n.p.). Organizations
like the Mayo Clinic highlight the Internet’s role as a popular source for what has been coined Health 2.0, a movement that seeks to “marry Web 2.0 technology, participatory discourse, and network subjectivity to health care management” (Levina, 2012, p. 14). Health 2.0—an outgrowth of Web 2.0 technologies like social networking sites, blogs, and wikis—brings together groups and individuals who seek to share health-related information and ideas. Health 2.0 spaces also offer individuals who have limited or no access to quality healthcare a resource where they can seek free medical advice.

One of the most important features of Health 2.0 is its mission to create a discourse of self-empowerment through virtual connectivity. WebMD (n.d.), for example, promises users on its “Living Healthy” page that they can “[d]iscover new ways to live an inspiring life through natural beauty, nutrition and diet, an active lifestyle, and better relationships” (n.p.). Visitors to the site are introduced to what other users are “clicking on” as well as to the “editor’s picks” on health and nutrition articles (n.p.). These features help users feel empowered by the information they find on the site and by their relationships to other users as well as rhetorically and technologically reinforce the value of participant interaction and virtual connectivity. Society’s movement toward a supplemental healthcare model that uses the affordances of Web 2.0 technologies isn’t limited to organizations like the Mayo Clinic or WebMD, however.

Another—and, I contend, more dynamic—brand of Health 2.0 has emerged in the form of the birthing blog. As I have demonstrated in previous chapters, birthing blogs inform women about the diverse birthing options available and raise awareness about alternative birthing practices. Many birthing blogs have emerged as part of a growing trend in which women insist that the modern medical establishment accept non-medicated and midwife-assisted birthing practices as legitimate. Moreover, these blogs promote the idea that women’s pregnancies and
birthing stories are important experiences that should be shared in an effort to empower women. Although numerous birthing blogs exist, *Birth Without Fear* is an example of a dynamic blogging community that strives to support women in their birthing choices and to create an online space where women can be empowered by birth and motherhood, qualities that make it an important cyberfeminist space.

Like Health 2.0 communities such as the Mayo Clinic or WebMD, a key goal of BWF is to provide a supportive environment for women to access medical information, ask questions, and share stories. Many women visiting the site seek medical advice about when and how to give birth, the types of birthing options available, and advice on breastfeeding. On the BWF Facebook site, for example, one mom recently inquires: “If you are nursing when your new baby is born, do your breasts still produce Colostrum for the newborn?” (Jackson, 2013, n.p.). Another woman responds: “The answer is yes, your body will still produce colostrum for your newborn child” (Garza-Medina, 2013, n.p.). Although informal exchanges like this do not constitute (nor are intended to replace) formal medical advice, they reveal that participants see BWF as a space where health-related issues can be dialogically addressed. The community therefore operates as a Health 2.0 environment that, as I mention in Chapter Two, sponsors women’s health literacies regarding pregnancy and childbirth.

It is important to note, however, that the ways in which Health 2.0 spaces like BWF sponsor health literacies is both a technological and rhetorical process. As Stuart Selber (2004), Adam Banks (2006), Jeffrey Grabill (2007) and other scholars have noted, technology both reflects and reinforces cultural and rhetorical ways of knowing and meaning making. In other words, the technological and rhetorical features and affordances of Health 2.0 spaces like BWF are not neutral, but forward the community’s goal to create virtual connectivity and foster
community engagement in digital spaces. As I demonstrate later in this chapter, this process can result in rhetorical and community-based literacy practices that have the potential to both empower and disempower women by reinscribing a new normal regarding childbirth.

**Self-Help Culture**

According to Wendy Simmonds (1992), the self-help industry was a distinctly American phenomenon that grew out of seventeenth-century “[p]uritan notions about self-improvement, Christian goodness, and otherworldly rewards” (p. 4). Since that time, the self-help industry has continued to grow in the United States and the annual sales of self-improvement books, magazines, and guides are in the billions of dollars. According to a Forbes (2009) magazine article, in 2008 Americans spent eleven billion “on self-improvement books, CDs, seminars, coaching and stress-management programs” (n.p.). This is a staggering number, especially considering that 2008 marked the beginning of the U.S. recession.

While contemporary self-help materials are authored by both men and women, early self-help guides—even ones that focused on “women’s concerns” like midwifery—were largely authored by men, most of whom were in medical professions. In 1811, however, a modest volume of medical advice dedicated to the care of young children entitled *The Maternal Physician: A Treatise on the Nurture and Management of Infants, from the Birth Until Two Years Old* was released by New York publisher Issac Riley (Brown, p. 88). According to Kathleen Brown (2003), *The Maternal Physician* appears to have been the first book of medical advice penned by an American woman who inconspicuously identified herself on the title page as “an American matron” (p. 88). This book, among others, set in motion a cultural movement
where women, who were traditionally barred from public discourse in medical professions, began influencing conversations and practices concerning women’s health.

The growth of the self-help industry increased women’s health literacy and offered women access to female-authored and women-centered self-help resources and materials. Among the best known of these is *Our Bodies, Ourselves* (n.d.). Sometimes called the bible of women’s health, it “develops and promotes evidence-based information on girls’ and women’s reproductive health and sexuality” (n.p.). Despite its humble beginnings as a manual on women’s health that sold for just seventy-five cents in the early 1970s (Davis, 2007, p. 1), later versions of the book became a remarkable international success:

Since the first commercial edition was published in 1973, OBOS has sold over four million copies and gone through six major updates. The latest edition appeared in 2005. It occupied the *New York Times* best seller list for several years, was voted the best young adult book of 1976 by the American Library Association, and has received worldwide critical acclaim for its candid and accessible approach to women’s health. (Davis, p. 2)

Both the historic and modern success of female-authored health guides like *Our Bodies, Ourselves* (OBOS) point to two important ways women have and continue to influence self-help culture associated with the Health 2.0 movement. For one, many women in Western countries now have the authority to speak about their health, bodies, and life experiences. As I discuss in the next section, such access allows women to rewrite rhetorics of ability/disability. Secondly, women’s entry into the self-help industry puts them in a position to influence women’s health literacies and ways of knowing. These achievements are significant as they allow women to shape social perceptions of women’s bodies as well as public policy and medical practices.
It is essential to note, however, that while many women have gained the ability to speak about their bodies and health, such access comes at a price. Entry into the self-help industry also means entry into capitalistic economies that disproportionally oppress and exploit women, as illustrated by Maria Shriver’s 2014 report entitled “A Woman’s Nation Pushes Back from the Brink.” Shriver argues that American economic, governmental, and social practices have fostered a society where one in every three women experiences poverty, despite the fact that women earn the majority of college and advanced degrees. Moreover, while self-help industry resources like *What to Expect When You’re Expecting* or *Birth Without Fear* provide women with important information, they inadvertently play into neoliberal ideologies that maintain it is the responsibility of the individual—not the state—to ensure access to appropriate medical care, a burden that is especially difficult for poor women and women of color. This myopic focus on an individual woman’s ability to make choices for herself and her family through access to self-help culture and Health 2.0 technologies serves to divert attention from the exploitative, often paternalistic nature of capitalistic economies.

Issues regarding race, poverty, and access to healthcare have long been at the center of feminist debate, as demonstrated by activists like Angela Davis, Dorothy Roberts, and Barbara Smith as well as by organizations like the Combahee River Collective and the National Latina Institute for Reproductive Health. These efforts to resist the paternalistic, racist, and capitalistic exploitation of women—and especially women of color—have influenced how feminist scholars analyze intersections between class, race, and women’s health.

While a comprehensive discussion of this topic is beyond the scope of this dissertation, the point I want to make is that women’s relationship to the self-help industry and Health 2.0 movement is complex and does not always result in empowering outcomes for women. In the
next section, I analyze two aspects of this complex problem—pregnancy and disability in the context of women’s health—by examining how BWF’s sponsorship of community-based digital literacies and the reinscription of a new normal for childbirth empowers some women at the expense of others.

**Rewriting Disability: Medicalization, Pregnancy, & Connectivity**

As I demonstrate in Chapter Two, women’s pregnant bodies have historically been constructed as physically disabled, a process that led to the medicalization of pregnancy and childbirth. No longer was pregnancy a natural occurrence; rather, it was a medical condition that required supervision and control. A major by-product of this movement was the adoption of a medicalized attitude toward birth that conceived of and treated the pregnant body as a disabled, “malfunctioning machine that must be monitored and fixed with the application of medical technology” (Seigel, 2013, p. 149).

Unfortunately, this attitude toward pregnancy and childbirth is still with us today. According to a 2010 study by the Centers for Disease Control and Prevention “[i]n 2007, approximately 1.4 million women had a Cesarean birth, representing 32% of all births, the highest rate ever recorded in the United States and higher than rates in most other industrialized countries” (Fay Menacker & Hamilton p. 6). As research in obstetrics and perinatal care consistently shows, a significant percentage of Cesarean sections are medically unnecessary and result in longer healing periods and potential health risks (Regan, McElroy, & Moore, 2013; “Midwifery: Evidence-Based Practice,” 2012; Page, 2001). Despite this, nearly one-third of women in the U.S. continue to have highly medicalized (yet sometimes unnecessary) childbirth procedures like Cesarean sections, due in part to the medical establishment’s view that the
pregnant body is disabled and therefore must be carefully managed and controlled. This approach to pregnancy and childbirth reflects overly-cautious medical and insurance systems that generally view pregnancy as an abnormal, disabling condition that requires risk-management via medical technologies. In other words, medicalized procedures like Cesarean sections often tend to be the default approach for managing pregnancy and childbirth within medical systems.

The concept of disability is fluid, however, and while I use it here to analyze how social and medical systems construct pregnancy, I must acknowledge that some individuals’ perceptions of and experiences with disability may differ from how I discuss it here. An individual with a permanent disability might argue that a pregnant woman is only temporarily perceived as disabled and is therefore not truly disabled. Women who are unable to bear children might also consider themselves (or be considered by others) to be “disabled.” It is also important to recognize that many disabled individuals experience social stigmas in ways that pregnant women do not. Moreover, as Susan Wendell (1989) reminds us, “some people are perceived as disabled who do not experience themselves as disabled” (p. 108).

While I find feminist disability theory as framed by scholars such as Susan Wendell, Rosemarie Garland-Thomson (2002), and Helen Meekosha (2002) useful for understanding how pregnant bodies are medically constructed as disabled, I am aware that there are other (perhaps contradictory) applications for this theory. For the purposes of this chapter, I draw on Garland-Thomson’s notion of feminist disability theory as that which “augments the terms and confronts the limits of the ways we understand human diversity [and] the materiality of the body” (p. 1). While in the introduction to this dissertation I focus on how feminist theory informs my understanding of how Birth Without Fear sponsors and employs community-based digital literacies to create rhetorical agency and engage in cyberfeminist activism intended to empower
women within technical and medical systems, here I draw on feminist disability studies to theorize how pregnant bodies are medically constructed as disabled.

The connection between pregnancy and feminist disability studies takes on a new dimension when considered in the context of participatory Health 2.0 technologies and community-based digital literacies. Cyberspace is increasingly a venue for communities like Birth Without Fear to advocate for women’s health literacy and the right to recognize pregnancy and birth as “natural.” In a story posted on the BWF blog, for example, one mother shares the story of “A Healing Natural Water Birth,” (2013) telling readers that:

This was a very healing birth for me. My first son’s birth I was induced at 41 weeks, had an epidural, and left in love with my healthy baby but feeling robbed of my birth experience. We suffered a loss 3 years later. Henry is our “rainbow baby”. It was amazing to learn to trust my body, and watch and feel it doing everything as it should. I am NOT broken! I am strong, and it was the first time I could honestly say I am proud of my body.

Figure 13: This was a very healing birth

In the comments section of her post, one reader responds “Thank you for reminding me to just have faith in my body and what it is made to do!” (Mamabearbri, n.p.). The narrator’s assertion that her body is “NOT broken” and the commenter’s response that she will “have faith in my body and what it is made to do” responds to a dominant medical narrative that regards the pregnant body as disabled or “broken.” By sponsoring and employing digital literacies within a Health 2.0 environment, the BWF community rewrites this narrative and asserts that women’s bodies are strong and capable. The community therefore uses Health 2.0 technologies to augment and confront “the materiality of the body” in relation to a technocratic view of birth and to assert that the pregnant body is not disabled, but “strong” and capable (Garland-Thomson p. 1).

Just as importantly, Birth Without Fear sponsors and employs community-based digital literacies that help women connect and create rhetorical agency in a Health 2.0 environment. In a
July 2013 post to the “I Am Strong” page of the blog, one woman shares her story about resisting a Cesarean section. She proudly tells readers:

I am strong because I labored for 45 hours and pushed for 2.5 hours in the comfort of my own home with my husband and midwives, only to be transferred to the hospital because of a swollen cervix. I am strong because the doctors considered me a ‘trauma patient’ in need of a c-section, and I calmly declined asking for an epidural, some sleep, and time to push my little girl out naturally. I had to sign paperwork declining advice for a cesarean.

Figure 14: I am strong because I labored

This mother’s story is followed by a number of comments, one in which a reader exclaims: “Yes you are strong!! […] I will keep your story in mind and pull from your strength” (Meghann, n.p.). This exchange is just one example of how women use the affordances of the *Birth Without Fear* Health 2.0 environment to form and maintain kinship networks, to share birthing and medical experiences, and to “pull” from each other’s strengths. According to Helen Meekosha, this process gives women who are perceived as disabled “a way of recognizing and sharing their common experience” and in “playing a part in the building of supportive personal networks” (p. 70). Moreover, as I discuss in Chapter Two, narratives like these give members opportunities to voice their empowerment as women and mothers and to create rhetorical agency in online environments. The Health 2.0 movement and the literacies sponsored within virtual communities like *Birth Without Fear* help make such moments of celebration and resistance possible. Such moments, however, are not always sustainable and sometimes support cultural values and beliefs that marginalize the very individuals they seek to empower, a complex phenomenon I explore in the next section.
**Reinscribing a New Normal: Challenges & Consequences**

The literate activities communities like *Birth Without Fear* employ to rewrite rhetorics of disability do not always result in empowering experiences for women. Instead, these literate practices can reproduce a dis/ability binary by reinscribing a “new normal” for childbirth. I use the term *dis/ability* to denote the dual nature of the ways the community simultaneously resists and reinscribes a disability/ability binary. The reinscription of a new normal occurs as the community sponsors and employs community-based rhetorical and literacy practices that romanticize natural birth, a process that can sometimes make women who are unable to have natural births feel physically disabled.

In a moving story entitled “Cesarean Birth Trauma and then VBAC” (2014), for instance, one woman describes her experience with “birth trauma,” a form of post-traumatic stress disorder related to childbirth. She begins her story by sharing her grief over having a medically mediated birth that made her feel disabled, broken, and betrayed. She tells readers that:

> I never doubted my body's ability to give birth. I guess that is why I didn't think I needed to research my birth options. My mother gave birth vaginally, her mother, my other grandmother had 10 children vaginally, all the way back to my great great grandmother who had six sets of twins vaginally on a Cherokee reservation. My first pregnancy was stressful but I had a great doctor who assured me all would be ok.

> Unfortunately, circumstances beyond our control, we had to a move 5 hours away at 32 weeks. That's where any “birth plan” I had went out the window. The only doctor I found who would see me obviously had no faith in me. I honestly believe when I walked in the door he saw a very petite woman and thought C-SECTION! The day before my 40 week appointment I had an ultrasound done and everything looked great.

**Figure 15: Cesarean Birth Trauma**

She goes on to explain her disappointment at having a medically mediated birth that made her feel physically disabled:
Almost twelve hours in my doctor came in and started pushing for a c-section. I said I didn’t want one and that’s when he pulled out all the stops telling me “your baby will go into distress”, “fine don’t do one now but I’ll just be back in an hour or so rushing you in for an emergency c-section” and the real kicker “I have been doing this a long time and I know when a woman isn’t meant to give birth, you’re just too small”.

Feeling beat down and like my body was betraying me I agreed. Strapped down and feeling broken I welcomed my beautiful daughter into the world. They brought her over to see me for a brief second and my husband was able to hold her and go with her to the nursery. Laying there being stitched up I cried. Not the beautiful happy cry it should have been. I felt terrible. My child was beautiful but I didn’t get to hold her and bond. I was not happy like I should be I was angry. I felt like a failure.

In the recovery room it only got worse. My nurse said something along the lines of, “I hope you didn’t want a big family” I asked what she meant and she said “well they will only allow you to have one or two more c-sections”. I told her I would attempt a VBAC next time and she said, “not in this city you won’t”. Again I felt like a failure.

Figure 16: Almost twelve hours

This mother’s story reveals how the idealization of natural childbirth can sometimes make women who are unable to have non-medical or low-tech births feel disempowered. Her use of phrases such as “my body was betraying me” and words like “broken” and “failure” emphasize that her experience did not live up to the new normal reinscribed by communities like BWF. While in Chapter Two I argue that digital narratives increase women’s health literacies and their ability to positively impact medical systems, I want to highlight here how the sponsorship of community-based digital literacies can simultaneously disempower women by rhetorically reinscribing a new normal that idealizes childbirth. Recognizing this process is important as it reveals that social and cultural values and ways of knowing are rhetorically reinforced through communities and the digital literacies they sponsor.

Importantly, the above narrative also demonstrates how some women equate their reproductive abilities with empowerment and success. While birth is certainly an important and empowering experience for many women, we need to recognize how romanticized birthing
standards (and the literacies that sponsor and sustain such standards) can situate women’s power within a heteronormative framework that equates reproductive success with female power. Feminist disability theory can help break down this framework because it resists social markers that normalize and categorize characteristics such as “natural/unnatural,” “normal/abnormal” or “abled/disabled.” Feminist disability theory instead stresses that there is a complex continuum for what constitutes abled or disabled and that the act of identifying and classifying qualities that indicate ability/disability reflect cultural as well as individual values and perceptions (Wendell, p. 106-09). What I want to emphasize here is that the notion of disability is discursively and physiologically constructed and occurs within scenes of literacy learning that reflect socio-cultural values and norms; being aware of this can help us deconstruct dis/ability binaries like those created by communities like *Birth Without Fear*, as well as problematize heteronormative frameworks that associate reproductive success with empowerment, an idea I take up further in Chapter Four.

The above story, like so many others, brings attention to how Health 2.0 communities like BWF and the literacies they sponsor and employ for cyberfeminist activism play the dual role of resisting rhetorics of disability while simultaneously reinforcing and reinscribing them. The binary nature of this rhetoric becomes particularly complex when one considers how American culture perpetuates the idea of a “perfectionist motherhood” in which women have perfect births and are always “perfect moms” (Negra, p. 54). Such impossibly high standards for birthing and motherhood leave many women feeling powerless and physically disabled when their experiences do not conform to the ideal. Moreover, the reinscription of a new normal (i.e., the ability to physically bear children or give birth without medical intervention) creates a dis/ability binary that can inadvertently promote the idea that every woman can birth naturally
and that such a birth is only a matter of personal choice or self-discipline. This is a dangerous mentality as it can cause some women to perceive themselves as disabled when they do not achieve an idealized birth; it can also pressure women who need medical interventions into resisting certain types of assistance. It is important, then, to recognize how Health 2.0 communities and the literacies they sponsor empower women yet simultaneously reinscribe a new normal that reinforces a dis/ability binary.

One of the most influential factors that encourages women to strive for the new normal endorsed by Birth Without Fear is Western society’s obsession with Health 2.0 and self-help culture, movements that promote an individualized, neoliberal model of self-care. As I describe in the previous section on self-help culture, many women are acculturated to believe that they are solely responsible for their health and well-being. As a result, when a medical intervention becomes necessary, they sometimes internalize this experience as reflective of their own failures at childbirth. This “bootstraps mentality”—or the attitude that an individual, regardless of her circumstances, is responsible for her own successes or failures—leaves many women feeling as though they are personally responsible for falling short of the new normal reinscribed by natural birthing communities. Although Health 2.0 spaces like Birth Without Fear empower women through their sponsorship of community-based digital literacies that help women engage in cyberfeminist activism and create rhetorical agency in social and medical systems, it is important to recognize that they also have the potential to propagate capitalistic notions of self-care, a practice that can cause women to internalize feelings of failure when they cannot achieve the new normal.

The social and psychological power of the new normal for childbirth is so pervasive that the term “birth rape” has begun circulating in some natural birthing communities. Generally
speaking, birth rape refers to the unwanted and/or unexpected intervention of medical practitioners into the birthing process. Birth rape can be anything from a doctor forcing a C-section on a patient to a midwife performing an unsolicited membrane sweep. Many women who experience birth rape report feelings of invasion and helplessness. The new normal for natural birth, however, has redefined the framework for what constitutes birth rape. Commonplace medical procedures such as routine ultrasounds or cervical exams are now considered intrusive by some natural birth advocates. In a December 9, 2010 post to the Birth Without Fear blog provocatively titled “A License to Rape” the narrator describes birth rape this way:

In what other situation would one human being put their hand (or instrument) in a woman’s vagina and do whatever they want and get away with it? Even if a woman consents, if it hurts her, if something is done she does not want or she is BEGGING them to stop, it is not OK. Ever. This is sexual abuse. This is birth rape. No man or woman should ever have their body violated in such a way. No doctor or midwife should feel they have the license to do it. No one should say it does not happen and tell women to get over it.

These things lead to traumatic experiences, post partum depression and post traumatic stress disorder. The amount of women with PPD and PTSD is much higher than realized. It is not hormones, it is trauma. It is abuse. It is rape. The trauma many women experience with their births is sickening and a lot women don’t even realize it. Why is this? The AMA, ACOG and media have made it ‘normal’. So many women have experienced it and told that this is just how birth is. Suck it up.

Figure 17: A License to Rape

Women who experience birth rape often describe their experiences using language similar to how one might describe a physical or psychological disability. In an excerpt from the above post, one mother tells readers that despite advocating for a natural birth, healthcare professionals pressured her into a medicalized birth in which she was given drugs, induced, and subjected to a painful exam. She relates the following:
I labored with pit naturally (had an amazing nurse). I was at a 4 and was told that I couldn't relax enough and my doctor wanted me to have Nubane to help. They told me Nubane makes you feel like you have had a few drinks and won't get to your baby. I couldn't lift my head off the pillow. I had no control and that's when the contractions were terrible! Dr. came at this point while I was drunk on drugs and could barely speak to do and exam. During the exam she put in an internal monitor (I about came off the bed). I asked her what she was doing. “I am putting in the internal monitor”, she yelled. Then she looked at the monitor, said my contractions weren't strong enough, and turned the dial a few clicks (it should be a click every 30-60 min). I had the most excruciating contraction. She looked at me and said “Now either you can have an epidural now or you can have one in an hour when I take your baby by c-section.

It was 3:30 at this point. I started crying. She wanted to know why I was crying. (Gee I don't know...because you just said the 2 things I am absolutely terrified of in one sentence). I did the epidural. She came in at 4 and told me she wouldn't be delivering my baby because she had prior obligations. My daughter was born at 9:03 that night. I was left feeling as though there was something wrong with my body. I asked her what went wrong and her response was, “some women just don't labor well and you needed help”. Obviously, I have learned my body works just fine, thank you, and I am now a childbirth educator and hope to change the birthing world!

Figure 18: I labored with pit

This mother’s use of phrases like “I was left feeling as though there was something wrong with my body” suggest that she perceives her body as physically and medically disabled. Like this mother, many women who belong to the BWF community use words like “wrong” or “no control” when describing birth rape. This terminology emphasizes that women who experience birth rape are often left with emotional scars as well as with the belief that they are physically disabled, a response that can be exacerbated by the community’s rhetorical and literate practices that enforce the notion that a “perfect” and “natural” childbirth experience is both desirable and attainable.

This redefined framework for birth rape intersects in interesting ways with feminist disability theory which stresses that disabled women’s bodies are typically perceived as “asexual, unfit to reproduce, overly dependent, unattractive—as generally removed from the sphere of true womanhood and feminine beauty” (Garland-Thomson, p. 17). Because a medical model of perinatal healthcare views the pregnant body as disabled—and therefore as nonsexual,
unfit, and overly dependent—medical professionals may treat the sexual aspects of a pregnant woman’s body much like they would a disabled body, thereby fostering an environment where birth rape is more likely to occur. Natural birth communities like *Birth Without Fear*, however, are both the problem and the solution. They resist a medical model that treats the pregnant body as disabled, yet simultaneously sponsor and employ rhetorical and literate practices that create normative frameworks, a process that can cause women to feel like there is “something wrong” with their bodies when they are denied birthing experiences they believe are authentic or “natural.” That said, I want to be careful not to essentialize every woman’s experience with birth rape or to suggest that all women equate birth rape with disability. I want instead to stress that feminist and literacy scholars should be mindful of how natural birthing communities’ reinscription of a new normal through community-based digital literacies is both empowering and disempowering for women.

An important feature of a Health 2.0 environment like BWF is that the process of reinscribing a new normal through community-based digital literacies and of redefining the framework for birth rape occurs more rapidly than it would in a print-based environment. Community members, for example, can easily distribute content across multiple online platforms in a short period of time. They can also comment on the dominant narratives of the community, thereby reinforcing and reinscribing them. To return to the above story regarding birth rape, this post (at present) has received 299 comments over a four-year period in which readers share their own experiences with and attitudes toward birth rape. Unlike a print-based environment where content and knowledge moves slowly by comparison, the affordances of real-time, participatory Health 2.0 spaces like *Birth Without Fear* create an environment where the reinscription of a new normal can occur rapidly. In this way, the community sponsors and accumulates literacy artifacts
that experience Jim Ridolfo and Dânielle Nicole DeVoss’ (2009) notion of rhetorical velocity, which refers to “the speed with which artifacts can move and be remixed across networks, audiences, and contexts” (n.p.). Recognizing how literacy artifacts circulate in online communities is important as it helps us understand how social, cultural, and discursive norms are produced and reified in digital environments.

Moreover, the rhetoric of dis/ability and the reinscription of a new normal are amplified by the participatory nature of online spaces like blogs and social media. While the collaborative nature of these spaces connects community members in positive ways (and, as I argue in Chapter Two, creates a digital feminist archive that supports women’s health literacies and ability to change medical systems), it can also enable hostile exchanges. On the “A License to Rape” blog post there are a number of comments in which women attack one another. In one comment, for example, a community participant scolds another commentator:

You seem to lurk on this page for the sole purpose of being the voice of dissent and mainstream ‘it worked for me and I’m fine’ nonsense. Yes, women can choose meds or no meds, but if it becomes a last resort because a woman is treated with violence and disrespect at the most vulnerable time in her life, that is not a choice. When a medical team holds a woman down to do a procedure, that is not a choice. People like you are quick to rush in to invalidate another woman’s grief, pain, and injury by shushing her, telling her that her well being doesn't matter as much because her healthy baby was surgically removed by 'experts'. Do you even have kids of your own, or if you do, were they born in the “good ol days” of doctors who were always ready to slab em and grab em with stirrups, epi, forceps, and gas? Pull your head out, woman.

Figure 19: You seem to lurk

In instances like these, we see Blair, Gajjala, and Tulley’s notion of kinship networks disintegrate as the participatory nature of a Health 2.0 environment like BWF, and the community-based digital literacies they sponsor and employ for cyberfeminist activism, empower some women at the expense of others. It is important, therefore, to recognize that literacy sponsorship and scenes of literacy learning are not neutral, but instead enable literate
practices that forward specific values and agendas. This process plays out both through the technologies communities use to foster community engagement as well as through the rhetorical practices that underwrite how community members understand and value social technologies and tools. Health 2.0 spaces like Birth Without Fear, therefore, create and reinforce cultural values and ways of knowing through techno-rhetorical means, practices, and spaces.

Although Birth Without Fear is a scene of literacy learning that reinscribes a new normal that can negatively impact women by creating a dis/ability binary, it is vital to note that the community often does so unintentionally. On the BWF Facebook “About” page January stresses to readers:

![Birth Without Fear Facebook Post](image)

Figure 20: Birth is not a competition

In this passage, January romanticizes birth as a “sacred” experience, yet she attempts to resolve the unintended (yet unavoidable) consequence of some members feeling that their birth experiences do not live up to such a standard. By attempting to neutralize the binary of ability/disability, she fosters a spirit of support for all women, regardless of their childbirth
experiences. In this way, January propagates cyberfeminist ideologies that emphasize support and female agency while stressing that each woman’s experience is valuable and unique.

January’s supportive attitude is embraced by the many members of the BWF community who often leave comments on both the blog and Facebook page that celebrate (rather than shame) women who have had birthing experiences that do not embody the new normal reinscribed by the community. Importantly, these women’s efforts help sponsor community-based rhetorical and literacy practices that help minimize the potential negative impact of the new normal reinscribed by natural birthing communities as well as foster community-based digital literacies that celebrate all women’s experiences. Such efforts are worth noting as they reveal that community members are aware of and often constructively respond to the rhetorical practices that can make some women feel othered or even disabled.

Conclusion

I have demonstrated in this chapter that BWF operates as a Health 2.0 space where participants sponsor literacies about birth-related issues. I have also argued that by sponsoring and employing community-based digital literacies to rewrite medical rhetorics of pregnancy and disability, Health 2.0 communities like Birth Without Fear rhetorically reinscribe a “new normal” that romanticizes natural childbirth, a process that has the potential to make community members who are unable to have non-medicalized births feel physically disabled, and therefore, disempowered. As I have demonstrated throughout this chapter, the process is rhetorical and reflects community-based literacy practices as well as cultural and community assumptions as to what constitutes a “good” or “natural” childbirth experience. The analysis presented in this chapter furthers the overall goal of my dissertation to examine the complex (and sometimes
contradictory) ways *Birth Without Fear* sponsors and employs community-based digital literacies to engage in cyberfeminist activism regarding women’s experiences with pregnancy and childbirth.

The analysis I present in this chapter offers a critical look at how the literacies sponsored by online communities like BWF are not exclusively empowering, positive, or neutral. As I mention in Chapter One, authors Cezar Ornatowski and Linn Bekins (2004) argue that writing studies scholars tend to romanticize the civic and social efforts of communities, thereby overlooking how communities embody values and literacy practices that empower some and not others. Like Ornatowski and Bekins, I argue that it is essential that those of us who study community literacies resist the temptation to see communities “as the source of civic virtue” where community efforts are inherently good, virtuous, and beneficial (p. 255). The analysis I present here responds to such a critique and offers a critical view of the relationship between literacy sponsorship, cyberfeminism, and online communities. In doing so, I bring attention to the need to recognize the complex and even negative impact that community-based digital literacy practices can have on individuals and their experiences with online communities and beyond. Health 2.0 communities like *Birth Without Fear*, therefore, are not exclusively liberatory spaces that empower women and help them create rhetorical agency within social, technological, and medical systems, but are also sites where individuals can become disempowered and even marginalized within the very communities they look to for encouragement and support.

My analysis also contributes to feminist disability studies by illustrating that online natural birthing communities are sites that can resist, yet simultaneously reinforce, a dis/ability binary. As I demonstrate throughout this chapter, disability scholars have successfully examined how bodies are physically and discursively shaped by socio-economic, cultural, and ideological
forces; little attention is paid, however, to how this process plays out in online communities engaged in civic activism. As online communities like *Birth Without Fear* continue to expand their influence in both online and offline spaces, it is essential to understand the role they play in shaping rhetorics of ability/disability. It is my hope that the analysis I present here creates a new space for conversations about intersections between literacy, disability, and cyberfeminist activism in online communities.

In the final chapter of this project, I expand the analysis offered here and in previous chapters by arguing that *Birth Without Fear* sponsors and employs community-based digital literacies to resist medical visualizations of pregnancy and labor and to visually reconstruct childbirth. In doing so, I offer a new theory of visual literacy that considers intersections between community-based digital literacies, cyberfeminism, and visual rhetoric.
Chapter Four

Reconstructing Childbirth Through Community-Based Visual Literacies

In Chapters One and Two of this dissertation, I argued that *Birth Without Fear* rewrites technical and medical systems to resist censorship, increase women’s health literacies, and gain critical access to healthcare systems. In Chapter Three, I complicated the analysis begun in Chapters One and Two by arguing that BWF reinscribes a “new normal” that romanticizes natural childbirth, a process that has the potential to make community members who are unable to have non-medicalized births feel physically disabled. The reinscription of a new normal that creates a dis/ability binary is problematic as BWF is often viewed by participants as a liberatory space, despite the fact that they sponsor literate practices that both empower and disempower women.

This chapter builds on the analysis presented throughout this project by demonstrating that *Birth Without Fear* sponsors and employs what I call community-based visual literacies to rhetorically reclaim and reconstruct pregnancy and labor. In doing so, I offer a new framework for understanding visual literacy that considers intersections between community literacies, sponsorship, and cyberfeminist activism as well as illustrate how this process occurs through visual modes and media. Analyzing the visual aspects of community literacies is important because the process of creating rhetorical agency within social, cultural, and technical systems occurs not only through written texts, but also through visual modes and literacy practices. Moreover, because we live in a society that increasingly relies on visual texts for communication, civic engagement, and meaning-making, it is essential to understand how and why online communities sponsor literacies that support visually-oriented rhetorical practices.
Certainly, rhetoric and composition and women’s studies scholars (Alexander & Rhodes, 2014; Shipka, 2011; Selfe, 2004; Yancey, 2004; George, 2002) have argued over the years for the value of understanding visual—and increasingly multimodal—arguments and literacy practices. Diana George (2002) in her work on visual communication in composition classrooms illustrates that visuals are not merely “attendant to the verbal,” but are instead imbued with rhetorical meanings like any other form of communication and should therefore be incorporated into composition pedagogy (p. 39). Composition and literacy scholars are not alone in their call to address the impact and meaning of visuals, however. Women’s studies scholars have long been concerned with how visual modes and media appropriate and represent female bodies and in doing so, reproduce patriarchal power structures (Hesford, 2011; Negra, 2009; Barad, 1998; Mulvey, 1975). As Theresa Morris and Katherine McInerney (2010) note, “media representations of women and their bodies reflect power relations in society” as well as “cultural understandings of gender” (p. 135). These scholars’ work, among others, contribute to feminist understandings of how women’s bodies are visually inscribed with social, political, and ideological values that often oppress and exploit women.

Rhetoric and composition and feminist studies scholars offer different, yet complimentary theoretical and disciplinary lenses through which to understand and analyze visual literacy practices as well as how these practices intersect with social, gendered, and cultural values and norms. What these fields of study lack, however, is a framework for analyzing how visual literacies and rhetorical practices and ways of knowing are sponsored by online communities and what the implications for this process might be. As I demonstrate later in this chapter, community-based visual literacies is a useful concept for understanding such a process.
The analysis presented in this chapter not only responds to and expands the work of rhetoric and composition and women’s studies scholars, but also addresses a growing shift in medicine to produce medical visualizations of pregnant and laboring bodies. Paying attention to this shift is important because, as Frost (2013) notes, medical visualizations do not merely project images of bodies, but also “persuade us daily to act, talk, behave, legislate, resist, argue, and think in particular ways” (n.p.). As I demonstrate later in this chapter, these social forces are of particular concern to pregnant and laboring women since economic, political, and cultural forces exert constant pressure on pregnant women to conform to social and medical norms intended to “rescue” fetuses from the “risky” behaviors of their mothers.

This chapter begins with an examination of how medical visualizations rhetorically pathologize and deconstruct pregnancy and labor. Next, I analyze how Birth Without Fear sponsors community-based visual literacies to reconstruct medical visualizations through photographic narratives and videos, a process that allows community members to rhetorically reclaim the right to visually represent laboring and pregnant bodies. I then argue that BWF’s sponsorship of community-based visual literacies as well as their efforts to visually reconstruct childbirth are not neutral, but instead reflect rhetorical, literate, and ideological values and beliefs that can disempower women. The analysis presented in this chapter reveals how medical visualizations mediate pregnant bodies and the ways in which Birth Without Fear sponsors and employs visual literacies to rhetorically resist and reform such visualizations in ways that are often (but not exclusively) empowering for women.
Visually Deconstructing Pregnancy & Labor

The sonogram does not simply map the terrain of the body; it maps geopolitical, economic, and historical factors as well. —Barad, 1998, p. 93

In *The Birth of the Clinic: An Archaeology of Medical Perception*, Michel Foucault (1994) argues that a physician’s observation of a patient’s body imposes a “medical gaze” that turns the body into an impersonal object of study. To Foucault, the gaze is (quite literally) the act of seeing or perceiving another individual. However, the gaze is not benign, but instead imposes the will of the voyeur onto the subject of observation.

The power dynamic between a voyeur and the subject of his or her gaze becomes particularly visible when we consider doctor/patient relationships. Foucault argues that the physician’s medical gaze unrestrictedly surveys and objectifies a patient’s body as well as discursively separates a patient’s identity from his or her body. In doing so, the medical gaze diminishes the will and agency of the subject of observation and reinforces the physician’s position of power and authority.

Foucault’s notion of the medical gaze is a useful starting place for thinking about how pregnant and laboring bodies are surveilled and visually portrayed within medical systems. Pregnant women, for example, are visually and medically monitored via prenatal screening tests to identify risk factors or disease. Ultrasounds permeate pregnant bodies and project medical visualizations of unborn fetuses to assess growth, gender, or potential birth defects. Procedures like these surveil and pathologize pregnant bodies as well as enforce dominant rhetorical practices that situate the pregnant body as dangerous and therefore in need of medical supervision. As I illustrate in Chapter Two, Marika Seigel (2014) argues that this approach to pregnancy and childbirth positions pregnant bodies as “unreliable, risky, and dangerous” (p. 92).
Such positioning rhetorically and socially conditions women (particularly in Western, industrialized countries) to submit themselves to the medical gaze in order to manage their “risky” bodies.

While the medical monitoring of pregnancy can potentially improve a mother and fetus’ health, it can also (as Foucault’s theory suggests) separate the experience of pregnancy from an individual woman’s identity, thereby universalizing and fragmenting her experience with pregnancy. The fragmentation or separation of an individual’s identity from her body becomes particularly visible when we consider how medical visualizations (e.g., models, manikins, photographs, diagrams, ultrasounds, 3D images) portray pregnancy and labor. Consider, for instance, the following obstetrical manikins:

Figure 21: Obstetrical manikins

These manikins visually fragment and medicalize pregnancy by creating a technical layout of the body. Here we see the pregnant aspects of the body (e.g., womb, placenta, fetus) disconnected
from the identity of the person delivering the child. This is problematic because, as Anne Balsamo (1996) points out, the “technological isolation of the womb from the rest of the female body” allows the reproductive features of the body to be isolated “into discrete stages” that objectify and fragment the body (p. 91). Obstetrical manikins like these perfectly illustrate how medical visualizations can deconstruct, pathologize, and impersonalize pregnant bodies, a process that disempowers women within medical systems.

A physician’s ability to peer at and even into the body technologically situates the physician as an expert and the pregnant woman as a novice within a system of “expert” care (Seigel, 2014, p. 79). The ability to visually survey and represent the body rhetorically places power and authority over pregnancy and labor within the domain of medicine, thereby diminishing a woman’s ability to have knowledge and authority over her own body. This rhetorical process can lead to the loss of agency and health literacy, which in turn limits women’s ability to visually represent their own experiences with pregnancy and delivery, an idea I take up further throughout this chapter.

Medical professionals’ treatment of pregnant bodies and the medical visualizations they produce to evaluate and treat patients, however, are not inherently “bad.” It is important to recognize that medical visualizations like obstetrical manikins help physicians study and practice patient-care without causing harm. Moreover, patients may even request medical visualizations like ultrasounds or X-rays in order to better understand their own bodies (Bellwoar, 2012, p. 338). Visualizations, therefore, are critical to educating healthcare professionals on how to diagnosis and treat patients and even play a role in increasing patients’ knowledge of their own bodies. However, they can potentially lead to unnecessary and/or unwanted medical interventions as they rhetorically position doctors as experts and pregnant women as novices.
who must rely exclusively on physician knowledge and care. As I illustrate in Chapter Two, a significant percentage of Cesarean sections performed in the U.S. and other high-income countries are medically unnecessary and result in longer healing periods and potential health risks (Regan, McElroy, & Moore, 2013; Midwifery: Evidence-Based Practice, 2012; Page, 2001). Despite this, nearly one-third of women in the U.S. continue to have highly medicalized childbirth procedures like Cesarean sections—a number significantly higher than other industrialized countries such as Sweden, Denmark, and the Netherlands (Gibbons, Belizán, Lauer, Betrán, Merialdi, & Althabe, 2010). While there are a number of reasons why an unnecessarily high number of women in the U.S. have Cesarean sections, major contributing factors are the rhetorical and cultural forces that position women as novices who must look to healthcare professionals (rather than to their own experiences, communities, midwives, and families) for knowledge about their bodies and health.

The ways in which medical visualizations reinforce physician expertise reflect cultural and rhetorical meanings and power structures. As Karen Barad (1998) illustrates in her work on feminism and ultrasounds, medical visualizations do not “simply map the terrain of the body,” but also trace “geopolitical, economic, and historical factors” (p. 93). Similarly, in her article “Does My Bump Look Big in This? Visualising the Pregnant Body,” Lisa O’Malley (2006) underscores that “[p]regnancy and birth are not just a biological facts, they are events performed within the institutions of motherhood” (n.p.). What these scholars stress is that visual and medical representations of the body reflect and reify socially-constructed notions of how bodies should look and function and who has authority to understand and treat them. In this chapter, I respond to the work of Barad and O’Malley to argue that by visually representing pregnant and laboring bodies as medical objects that can be deconstructed, analyzed, and appropriated, the
rhetorical effects of medical images can marginalize pregnant bodies by treating them as impersonal objects of study—a process that separates an individual woman’s identity from her body and, therefore, disempowers her within medical systems.

In the next section, I argue that the Birth Without Fear community reconstructs medical visualizations of pregnancy and childbirth and reclaims the right to visually represent pregnant bodies through community-based visual literacies. Understanding how the community sponsors literacies that allow community members to visually reconstruct labor is significant as the ways in which social and medical systems discursively and medically construct women’s bodies impact their experiences within healthcare systems and beyond.

**Community-Based Visual Literacies**

Birth Without Fear responds to medical visualizations of pregnancy by visually reclaiming or “reconstructing” the pregnant body. I use the word “reconstructing” as it denotes the ways in which the community visually and rhetorically repairs and rebuilds visual representations of pregnancy and labor. More specifically, the community reconstructs pregnant bodies by creating and distributing visual media (e.g., photographs, videos) that represent individual women’s experiences with pregnancy and delivery. In doing so, Birth Without Fear resists a technocratic view of birth and reclaims a woman’s right to visually portray her own pregnant body.

The primary way Birth Without Fear reconstructs medical visualizations of pregnancy and labor is by sponsoring and employing community-based visual literacies. While community-based digital literacies refer to the rhetorical, civic, and technological knowledge and interactions
communities sponsor and employ for civic action, the term community-based visual literacies emphasizes how this process occurs through visual artifacts and literacies.

What, however, are visual literacies and how do they function? In her piece, “Toward New Media Texts: Taking Up the Challenges of Visual Literacy,” Cynthia Selfe (2004) defines visual literacy as

the ability to read, understand, value, and learn from visual materials (still photographs, videos, films, animations, still images, pictures, drawings, graphics)—especially as these are combined to create a text—as well as the ability to create, combine, and use visual elements (e.g., colors, forms, lines, images) and messages for the purposes of communicating. (p. 68)

For Selfe, visual literacy means the ability to “read, understand, value, and learn” via visual modes, artifacts, and materials as well as the ability to create visuals for communication. This chapter builds on Selfe’s notion of visual literacy by arguing that community-based visual literacies represent the ways online communities sponsor and employ visual literacies for civic action. In doing so, communities like Birth Without Fear help individuals and communities create rhetorical agency—or the ability to exert influence through rhetorical practices—via visually-oriented literacy practices and modes. As I demonstrate throughout this chapter, understanding this process is important for bringing attention to how BWF sponsors visual literacies that help community members reconstruct pregnancy and labor as well as create rhetorical agency within social, technological, and medical systems.

The ability to engage in cyberfeminist activism that helps women create rhetorical agency via visual literacies and communicative practices is especially important for pregnant women because their bodies are often co-opted for cultural consumption, as demonstrated by Lisa
Nakamura (2007) in her book chapter “Avatars and the Visual Culture of Reproduction on the Web.” Nakamura argues that because institutional and technological systems (i.e., websites, chat rooms, social media sites) visually construct pregnant bodies, it is vital for pregnant women to visually self-represent embodied experiences of pregnancy in digital environments. Balsamo offers another view of how pregnant bodies are socially and medically co-opted, emphasizing that “a pregnant woman is divested of ownership of her body, as if to reassert in some primitive way her functional service to the species—she ceases to be an individual defined through recourse to rights of privacy, and becomes a biological spectacle” (p. 80). Nakamura and Balsamo provide valuable ways of understanding how pregnant bodies are discursively and physically mediated by social, cultural, and technological systems. Given these scholars’ (and others) attention to these important issues, feminist, literacy, and medical studies scholars can benefit from analysis of how online communities sponsor and employ visual literacies and the rhetorical practices that allow individuals and communities to respond to the cultural and medical re-appropriation of pregnant and laboring bodies.

The analysis presented in this chapter responds to this need and offers a new framework for understanding visual literacy that considers intersections between community literacies, sponsorship, and cyberfeminist activism. Analyzing these connections is important as the process of creating rhetorical agency within medical systems occurs not only through written texts, but also via visual modes and literacy practices. It is essential, therefore, that women are able to sponsor and employ community-based visual literacies that allow them resist and reconstruct social and medical representations of female bodies. In doing so, women not only reclaim the right to visually portray their own bodies within medical contexts and systems, but also within broader cultural, social, and political institutions.
Rhetorically Reconstructing Childbirth Through Photographic Narratives

On June 14, 2012, a visual narrative entitled “A Young Mother’s Birth Story Told with Photos” was posted to the Birth Without Fear blog. The narrator begins by telling readers that she is sharing “my album of my home birth” as it is the “biggest accomplishment in my life already!” (Mrs. BWF). Throughout her story, the narrator uses photographs to visually represent her birth experience, as demonstrated by the images below:

“I am dilated to a shy 3cm and rocking through a contraction. They are so slow. I received and asked for some pitocin to help me speed things a bit. My contractions were just honestly...very...slow. I finally decide to put some clothes on (boo). Just got done cleaning my kitchen, doing the dishes, and ‘dancing’ through contractions. My midwives and mama were crackin' up at me because I couldn't dance for shit!

“I couldn't stop laughing because my mom was cracking me up, and smiling because I was so happy to be in labor. Finally! After almost 43 weeks (ultrasound due date, I find it highly inaccurate), I was so ready!”

Figure 22: I am dilated
In a similar story entitled “Natural Breech Birth at Home” (2014), a mother shares her experience with having a breech birth (i.e., a baby who is born feet or bottom first) that occurred within her home. Like the above narrator, she relies on photographs to capture her birth experience. The photograph in the top, left-hand corner, for instance, shows her baking a cake for her unborn child. In the image just below, she looks to her partner for support; and in the final image (bottom right-hand corner) her newborn baby has its umbilical cord cut.

Figure 23: Natural Breech Birth

There are several important ideas worth noting about these examples. First, both narratives illustrate community members visually reconstructing pregnancy and labor by creating their own childbirth visualizations. In the first example, the narrator uses 26 images to visually
reconstruct labor and share the story of her natural birth. Her photographic “album” captures everything from the early onset of labor pains to images of her placenta to her infant wearing its first clothes. In the second example, the narrator uses photographs to visually demonstrate that a breech birth (which is considered risky by obstetricians and typically results in a Cesarean section in hospital settings) can safely occur within the home and without medical intervention. The image of her newborn child having its umbilical cut visually suggests that a natural breech birth within the home can be safe and successful.

By creating visual albums that capture their births, each woman creates her own health-related text that allows her to engage in the “production of knowledge and texts about her body and her health” as well as sponsor the development of visual literacies regarding childbirth (Bellwoar, p. 325). As I illustrate in Chapter Two, community members’ ability to engage in knowledge-making and the production of community-based literacy practices helps women reclaim embodied experiences of pregnancy and create rhetorical agency within medical systems. But just as importantly, visual narratives like these help community members visually reconstruct labor and delivery and show that it is not simply a medical experience, but also a personal and familial one. In doing so, they resist the medical gaze and reclaim the right to visually construct and portray their own bodies and experiences with childbirth.

Secondly, narratives like these help the community rhetorically reconstruct pregnancy by sharing images that show childbirth occurring within the home, rather than in a hospital setting. These visual narratives, therefore, visually prove that the home is a safe space that can support childbirth. This visual representation undermines medical professionals’ expertise over labor, and emphasizes that it is an organic, personal, and even domestic experience, rather than a pathological condition that must be mediated by healthcare professionals and systems. As Seigel
points out, medical systems traditionally position women as being incapable of producing “expert knowledge about their bodies or pregnancies” (p. 51). By giving birth in their homes and by relying on their own experiences with pregnancy—rather than on physician care or medical technologies—these women reclaim and reconstruct pregnancy. In doing so, they gain the ability to control how childbirth is visually (and, therefore, rhetorically) represented as well as engage in the production of “expert knowledge” about their own bodies. Community members’ ability to produce their own knowledge over pregnancy and childbirth is significant because, as Frost notes, medical visualizations “persuade us daily to act, talk, behave, legislate, resist, argue, and think in particular ways” (n.p.). It is vital, therefore, to understand how online communities like *Birth Without Fear* sponsor and employ community-based visual literacies that help women create their own knowledge and expertise over visual representation of labor.

What I find perhaps most significant about these examples is that the process of seeing a homebirth brings legitimacy to the community’s assertion that pregnancy should not be exclusively mediated by healthcare systems. In other words, the act of visually portraying and witnessing a homebirth allows the community to rhetorically position itself as having knowledge and authority over pregnancy and labor. By positioning women (rather than medical systems) as having authority over visual representations of birth, the *Birth Without Fear* community sponsors community-based rhetorical and literacy practices that help women create rhetorical agency over embodied experiences of pregnancy.

The third idea I want to draw attention to is how community members use the affordances of the blog to support individual women’s decisions to have non-medical or low-tech births. In the following comments posted to the first narrative referenced above, for example,
community members celebrate the narrator’s commitment to having a home birth and to trusting her (and her midwife’s) knowledge of pregnancy over the expertise of medical professionals:

Figure 24: What an amazing young woman
The use of phrases such as “What an amazing young woman to take her health into her own hands,” “Its [sic] great to see other young moms trusting their bodies instead of the system,” and “I think this generation […] is going to bring big changes” rhetorically reinforce the community’s belief that labor is a natural, non-pathological experience. These comments also show community members producing their own health-related texts and literacies about pregnancy, a process that allows them to create rhetorical agency and, as I argue in Chapter Two, advocate physician-compliance within healthcare systems.
Finally, narratives like the ones shared here demonstrate *Birth Without Fear’s* sponsorship of community-based visual literacies that help women reconstruct pregnancy through visual modes and media. In doing so, community members create agency through what Huiling Ding (2009) calls the “tactical use of alternative media” or the use of media (e.g., social networking sites, text messages, videos, etc.) to subvert official channels of communication (e.g., government-approved media outlets) in an effort to engage in social and civic activism (Ding, p. 330). By employing alternative media to produce their own visualizations, the BWF community resists institutionally and medically generated visualizations of pregnancy and labor and sponsors literacies that reflect women’s ways of knowing and community-produced knowledge. These rhetorical and literate activities are significant because, as Balsamo notes, the “pregnant woman is divested of ownership of her body” through cultural and technological mediations of pregnancy (p. 80). By sponsoring visual literacies that help women employ alternative media like visual narratives for cyberfeminist activism, community members resist the medical gaze and rhetorically and visually reconstruct pregnancy and labor.

**Rhetorically Reconstructing Childbirth through Videos**

Another important way the *Birth Without Fear* community reconstructs pregnancy and labor is through birthing videos, a process that increases the community’s visual literacies, or the “ability to read, understand, value, and learn from visual materials” (Selfe, p. 68). BWF’s sponsorship of visual literacies regarding childbirth helps community members reconstruct pregnancy and labor on their own terms as well as advocate patient-agency (i.e., patients’ ability to claim agency over their own health) within medical systems.
Birth videos are also used by the community to resist and reconstruct medicalized representations of pregnancy that rhetorically position pregnant women as helpless, risky, and even inferior. Feminist media scholars Theresa Morris and Katherine McInerney, for example, illustrate how mainstream television shows like *A Baby Story* visually construct childbirth as a medicalized experience that strips women of power and control:

The portrayed inferiority of women’s bodies is evident when women are shown to lack control in the birth process, and the programs are filled with such examples. Women are almost always shown in hospital gowns, a routine that hospitals use to enforce the patient status of women in labor (7). A woman is commonly called a “good girl,” often during directed pushing, a seemingly innocuous but patronizing comment that reinforces inferior status. Almost always (85%), the women are shown pushing while lying on their backs. Interestingly, this back-lying position is used by only 57 percent of women in the national sample (4). In addition, women are discouraged from vocalizing during the pushing stage of labor, as for example in *A Baby Story: Baby Moskowitz*, when the physician says, ‘Let’s have a baby in a nice civilized way. No screaming. No yelling.’” (p. 135-136)

As Morris and McInerney demonstrate, women giving birth in hospital settings are often shown “to lack control in the birth process,” are infantilized by names like “‘good girl,’” and are physically positioned in such a way (i.e., on their backs) that they have little physical control over the birth process. What I find particularly interesting about Morris and McInerney’s analysis is that they reveal the role popular media play in normalizing medicalized births, a role the helps reinforce the idea that pregnancy is a pathological condition that requires medical intervention and physician expertise. Media representations like these also impose a medical or Foucaultian gaze where both physicians and television viewers observe childbirth in a way that
“reinforces [an] inferior status” on women, a process that disempowers them within medical systems.

Birthing videos shared in the Birth Without Fear community offer a very different view of childbirth than television shows like A Baby Story. Two birthing videos shared in an October 9, 2011 blog post entitled “2 Videos to Inspire You for Your Birth” show childbirth as a personal, non-medical, and empowering experience:

![Video 1](image1.jpg)

This mama used Hypnobabies techniques to trust birth and stay peaceful and calm. She totally gave over to the process.

![Video 2](image2.jpg)

A BWF mama shared this on the BWF Facebook page. It is gorgeous, raw and beautifully edited. Took my breath away.

**Figure 25:** This mama used Hypnobabies

In the first video, a mother has a homebirth in which she uses deep breathing and hypnosis to self-manage her pain. She is surrounded by family and midwives and gives birth in a safe, familiar environment. In the second video, a mother has a water birth (i.e., she gives birth in a
birthing pool) in a hospital setting accompanied by her partner, nurses, and midwife. Unlike the example Morris and McInerney share from *A Baby Story*, these videos visually reconstruct childbirth by portraying it as a safe, natural, and empowering experience. Around minute 1:25 in the first video, for example, the expectant mother is shown experiencing contractions in the comfort of her home. In this scene, she appears tranquil, relaxed, and safe. She even goes so far as to tell viewers in a calm voice that “who knew birthing waves [contractions] could be this easy?”

There are several key differences between these women’s birth videos and the popular reality TV show *A Baby Story* that are worth lingering on. The show *A Baby Story* was created for televised media and, according to Morris and McInerney, the majority of episodes portray birth as a physically traumatic experience that must be managed by medical experts and technologies (p. 137). The authors argue that this approach to childbirth is problematic because “[m]any women in the United States learn about childbirth by watching reality-based television programs” (p. 134). The two videos shared on the *Birth Without Fear* blog, by contrast, portray birth as a natural, non-pathological experience where medical intervention is an option, but not the exclusive—or even preferred—method for managing childbirth.

Although the show *A Baby Story* no longer airs, it is interesting to note that other reality shows like *Born in the Wild* have taken its place. This show presents childbirth as the extreme opposite of *A Baby Story*—women give birth in the wilderness, often far from hospitals or modern civilization. As *New York Post* writer Andrea Morabito (2015) puts it, the show highlights expectant mothers “taking home birth to the next level and going full primitive, choosing to deliver their newborns outdoors” (n.p.). By zeroing in on dramatized, potentially traumatic childbirth experiences in often extreme wilderness areas, the show manipulates
viewers to think “That woman is crazy” or “I can’t believe she’s doing that to her baby.” *Born in the Wild*’s portrayal of childbirth offers a fruitful counterpoint for thinking about how popular media visually and rhetorically portrays childbirth as an experience that requires medical mediation and that women who choose to have alternative, “full primitive” births are portrayed as irresponsible or even wild.

The visual nature of birthing videos (as opposed to written text or even still photographs) plays an important role in influencing the birth choices of women who participate in the BWF community and in sponsoring the development of community-based visual literacies. In the following comments posted to the “2 Videos to Inspire You for Your Birth” blog post, for example, community members point out that being able to visually experience childbirth via birth videos influences their childbirth decisions:

![Figure 26: Wow!](image)

December 3, 2010 at 3:29 am

Wow! Thank you for sharing those! I SO needed that right now. I’ve been getting a lot of negativity lately about my desire to go natural and fear was starting to creep in. But now I feel so encouraged! If she can do it, I can do it. Every time I watch a great video like that I tell my baby that that is going to be us when the time comes. We are going to do it together!

May 7, 2011 at 11:52 am

So inspiring, well done Mama’s. I cried throughout these videos, because of their beauty and because of the pain of my c-section birth. Will watch these over and over to gain strength for myself and my second birth.
The first narrator’s comment that seeing these videos reinforced her decision to have a natural birth and the second individual’s comment that she will “watch these over and over to gain strength for myself and my second birth” suggest that visually witnessing childbirth as a natural, non-pathological experience influences their views of pregnancy and labor. Birthing videos, therefore, serve as a form of alternative media that rhetorically reconstructs medical representations of birth as well as sponsors community members’ “ability to read, understand, value, and learn from visual materials” associated with pregnancy and labor (Selfe p. 68). Moreover, birthing videos (as opposed to photographs, still art, or other static visuals) offer viewers a fluid, real-time portrayal of natural childbirth; this feature lends a sense of authenticity to how birth is portrayed and, perhaps, even allows viewers to imagine themselves in a similar situation. Videos, therefore, play a powerful and unique role in visually and rhetorically reconstructing natural childbirth and in helping community members create agency through visually-oriented modes and media.

**Visual Literacies & Ideology**

As I have discussed elsewhere in this project, scenes of literacy learning like *Birth Without Fear* and the visual literacies they sponsor and employ are not ideologically neutral (Brandt, 1998). Birthing albums and videos like those discussed here visually and rhetorically situate women’s power within a heteronormative framework that equates reproductive success with female empowerment. Moreover, narratives presented in natural birthing communities like BWF (whether visual or textual) often rhetorically reconstruct childbirth by showing women “being successful” at childbirth. In other words, the majority of stories shared in natural birthing
communities focus on women’s successes with having natural or low-tech births. These narratives often propagate and reinforce a new normal for what constitutes a “successful” childbirth experience.

What is rarely shared in communities like BWF are individuals who experience traumatic or “unsuccessful” births, particularly if those births take place in non-hospital settings. Consider, for instance, Ashley Martin’s (2015) widely circulated narrative entitled “My True Feelings Regarding My Home Birth Experience” published in the online popular culture magazine POPSUGAR. Martin’s assertion is that despite the best intentions and planning, her homebirth was a “mistake.” She unabashedly tells readers:

> I am NOT happy with how my home birth went. It was awful. Horrifying. Scary. Traumatic. Worst day of my life is a huge understatement.

> My baby almost died. I almost died.

> I did not walk away from my birth feeling like a 'birth warrior.' Multiple people at my birth kept calling me that. I did not walk away feeling empowered or womanly. No one at my birth was a hero. I was not brave.

> I was misled, lied too, and manipulated. Informed consent? Hah. I wish.

> I left my birth feeling broken, beaten down, cheated. I felt like no one there really cared about the most important thing: my child's safety and well-being.

Figure 27: I am NOT happy

Phrases like “I did not walk away from my birth feeling like a ‘birth warrior’” and “I felt like no one there really cared about the most important thing: my child’s safety and well-being” reveal how frightening and disempowering this mother’s birth experience was. Rather than have what she calls a “fairy tale” birth, Martin stresses that her homebirth was dangerous and ultimately “RISKED” her son’s life (n.p.).
Reinforcing Martin’s textual narrative are carefully edited images of her homebirth taken by a professional birth photography studio called In Bloom Photography. Ironically, in the original story published in POPSUGAR entitled “An Intense Home Birth That Left Everyone Breathless” (Gruber, 2014) the text—but much more so, the photographs—of Martin’s homebirth show it as a generally relaxed, controlled, and empowering experience, as demonstrated by the images below. This visual narrative contradicts Martin’s later story that her homebirth was “traumatic” and “the worst day of my life” (n.p.).

Figure 28: An Intense Home Birth

What Martin’s story (as well as the other narratives discussed in this chapter) reveal is that the rhetorical meanings of visuals change as they move within, across, and beyond individuals and communities. While the images published in the original POPSUGAR article show Martin “being successful” at having a natural homebirth, her later textual narrative reveals that these images do not tell the whole story. This example suggests that as visual artifacts are
taken up by online communities, they are remixed and redistributed in ways that reinforce the rhetorical values and literacy practices of those who use them. As I mention in Chapter Three, Jim Ridolfo and Dânielle Nicole DeVoss’ (2009) notion of rhetorical velocity is helpful for tracing how literacy artifacts are remixed and circulated in digital spaces; however, additional attention needs to be paid to how the visual literacy practices of online communities influence the rhetorical meanings embedded in such objects and how those meanings change as they move within and across digital spaces. Natural birthing communities’ sponsorship of community-based visual literacies as well as the visual artifacts they produce and share to reconstruct childbirth, therefore, reflect and reify ideological values and rhetorically-situated ways of knowing.

Understanding how this process plays out is important as the ways in which texts evolve in online spaces influence how community members engage in meaning-making and knowledge production; digital artifacts and the literacies that support their creation and distribution are also, as I have demonstrated throughout this project, resources community members can use to engage in cyberfeminist activism intended to empower women within technical and medical systems.

Finally, it’s worth noting that none of the images shared in either the original story or in Martin’s version of the narrative show what happened once Martin and her child entered the hospital. (According to Martin, her son was not breathing post-delivery and so was transported to a hospital shortly after birth.) They instead visually suggest that this mother’s childbirth experience was successfully completed within her home. This visual narrative contrasts Martin’s later assertion that it was the hospital staff who “picked up the pieces of my birth” and who were “the true heroes” (n.p.).
I draw attention to the discrepancies between Martin’s version of her experience and those of her professional birth photographer for two reasons. First, I want to stress that visuals are rhetorical artifacts that reflect personal, community, and ideological values. Second, it is important to consider how visual artifacts—as well as the sites and spaces that sponsor visual literacies—rhetorically reinforce and propagate some narratives over others, a process that can potentially marginalize groups and individuals as well as diminish their ability to have a voice within the communities they belong to. It is essential, therefore, that rhetoric and composition as well as literacy and feminist studies scholars understand how online communities like *Birth Without Fear* sponsor and employ community-based visual literacies that can on one hand empower women by helping them visually reconstruct birth, yet simultaneously disempower them with social, cultural, and medical systems.

Ultimately, Martin’s story demonstrates how vital it is for feminist and literacy scholars as well as medical rhetoricians to pay attention to how medical visualizations can fragment and deconstruct pregnancy and labor, but that community-produced visualizations have the potential to do the same. The process of reconstructing pregnancy through community-based visual literacies as well as the sites and spaces where literacy sponsorship occurs are not neutral, but reflect and embody ideological values and beliefs that can potentially disempower women.

**Conclusion**

I argue in this chapter that *Birth Without Fear* sponsors community-based visual literacies that help women rhetorically reconstruct pregnancy and labor. I also illustrate that this process is not neutral, but reflect values that can sometimes disempower women. My analysis
responds to medical visualizations fragmentation of pregnant and laboring bodies and *Birth Without Fear*’s efforts to create their own visually-oriented knowledge and texts that resist and reconstruct such images.

The analysis I present in this chapter has implications not only for how literacy and feminist scholars understand and analyze visual literacies, but also for how we teach visual literacies in our classrooms. As I mention in the introduction to this chapter, composition and women’s studies scholars have successfully examined the rhetorical and cultural meanings embedded in visuals, but we lack attention to how online communities act as scenes of literacy learning that sponsor and sanction certain forms of visual literacy for civic activism. Integrating this understanding into our pedagogical practices can help us teach students how the virtual communities they belong to and interact with influence their own visual literacy practices. Such knowledge is essential as today’s students increasingly rely on visual modes and media to communicate and engage in knowledge production. A thorough discussion of the relationship between pedagogy and visual literacy is beyond the scope of this project; however, it is worth noting that the analysis I present here can translate into deeper understandings of how we teach visual literacy in college classrooms.

Finally, this chapter furthers the overall goal of this dissertation to understand the many ways *Birth Without Fear* sponsors community-based digital literacies to engage in cyberfeminist activism in an effort to empower women within and beyond medical systems. As I have demonstrated in this chapter (and, indeed, throughout this project), literacy sponsorship occurs via multiple media and modes and across a range of digital platforms. My notion of community-based visual literacies illustrates how this process occurs through visually-oriented media and
brings critical attention to the rhetorical, civic, and technological knowledge and interactions online communities sponsor and employ for civic action.
Chapter Five

Afterward & Implications

Growing up on the Mississippi Gulf Coast means I’ve experienced hurricanes—and the destruction that comes with them—for most of my life. To many people’s surprise, the worst part about a hurricane isn’t the last-minute scramble for supplies, the unforgiving winds, or the fact that it knocks out your power—it’s the water. Water that rises with so much force and determination that you feel about as helpless as a scrap of paper caught in the wind. As the swirling, muddy water invades, it flushes out drain pipes, pushes frames from under homes, and smacks hungrily at the lip of your doorstep.

Figure 29: Personal Photo, Post-Hurricane Katrina

Eventually the water recoils, but nothing is the same. The landscape you knew so well is littered with displaced belongings—beat-up tires, lost teddy bears, unwashed laundry. That shed where you played ping pong with your dad is somewhere down the road, lying in someone else’s late summer garden. And that oak tree you climbed as a kid? Its branches are splintered and
sprayed across the yard like an erector set. As you look around the spaces and places you call home, you find that you are surrounded by displaced, homeless objects. Objects that are familiar, yet simultaneously distant and out-of-place.

My experience writing this dissertation has been much like my experience with hurricanes. Now that the water has receded, I find myself noticing all of the intellectual debris that’s been left behind. Scraps of unused HTML code. Discarded yellow highlighters. YouTube videos and screenshots. Dog-eared articles. These artifacts have helped me address the question at the heart of this project regarding how Birth Without Fear sponsors and employs community-based digital literacies for cyberfeminist activism. But these objects also gesture toward other, less obvious and unanswered questions, particularly those that involve how to engage in ethical feminist research practices—practices that recognize and value community members’ stories, yet take a critical look at those narratives in an effort to understand what they can teach us about feminism, community, and literacy.

As I reflect on the many narratives I have read from the Birth Without Fear community over the past few years, as well as my work to carefully collect and analyze them from an ethical feminist perspective, one story stands out. This story begins in October of 2012 when, after an “amazing honeymoon filled with love,” a woman I’ll call Susan learns she is pregnant (Ruston, n.p.). Susan is elated. She and her husband anxiously begin preparing for their child, only to later learn that Susan has had a miscarriage. Four months later, they are pregnant again. Susan excitedly calls her mom “to tell her the good news!” but soon learns that she has had another miscarriage. Five months later—another pregnancy, another miscarriage. Frustrated and emotionally drained, Susan seeks medical treatment and learns that she has “low Progesterone,
short luteal phase and MTHFR mutation,” conditions that make it difficult for a fetus to implant itself in the womb (n.p.).

Fortunately, Susan receives treatment for her condition and later gives birth to beautiful twin girls. But despite this happy ending, Susan’s story still triggers in me a complex emotional response. A response that makes me feel sympathy for her losses. A response that makes me wonder “What if the same thing happens to me?” A response that, despite my efforts to read Susan’s story through the lens of an objective researcher, still reflects my own emotional reactions and fears.

Figure 30: My Breech Twin

In writing this dissertation, I have been challenged by stories like Susan’s. How can I take this woman’s story and break it down into soundbites for analysis? But perhaps more importantly, how can I, as a feminist researcher, balance my own emotional response to these types of stories with the need to closely analyze them in an effort to expand feminist, literacy,
and medical rhetoricians’ understanding of how digital narratives like these shape community
literacy practices and ideological beliefs?

One research strategy that has helped me both understand and work through these
challenges is Jacqueline Jones Royster’s and Gesa Kirsch’s (2012) notion of strategic
contemplation. They argue that this research approach

allows researchers to access another, often underutilized dimension of the research
process. Building on critical imagination, this strategy suggests that researchers might
linger deliberately inside of their research tasks as they investigate their topics and
sources—imagining the contexts for practices; speculating about conversations with the
people whom they are studying, including historical figures long passed on; paying close
attention to the spaces and places both they and the rhetorical subjects occupy in the
scholarly dynamic; and taking into account the impacts and consequences of these
embodiments in any interrogation of the rhetorical event. (p. 84-85)

Royster and Kirsch suggest that the value of strategic contemplation is that it invites researchers
to slow down the research process, take time to reflect, and pay attention “to the spaces and
places both they and the rhetorical subjects occupy in the scholarly dynamic” (p. 84).

I have employed strategic contemplation in three key ways. First, I have participated in
the BWF community much like any other community member. I have “liked” Facebook status
updates, tweeted about interesting stories or images, and have chatted with other community
members via social media platforms. I have also simply enjoyed the process of just hanging out
with other community members and hearing about their pregnancies and childbirth experiences.
Approaching my research in this way has helped me engage with the community not only as a
researcher collecting data, but also as someone who is part of the daily life of the community.
Second, as I discuss in the Introduction to this project, I have employed strategic contemplation by considering the potential “impacts and consequences” of my work and by fostering a transparent and dialogic relationship with the Birth Without Fear community (Royster & Kirsch, p. 84). My efforts to reach out to the community by sharing my work online, publishing related pieces in open-access journals, and creating a dissertation blog have largely gone unnoticed by the community, yet they represent my attempts to create reciprocity and transparency with this project’s research subjects. As Judith Preissle (2007) in her book chapter “Feminist Research Ethics” notes, fostering ethical feminist research practices is essential as it helps scholars make informed choices about how they conduct research, who they conduct it with, and the potential consequences (both positive and negative) that accompany the research process.

Third, I have been guided by contemplative research practices by recognizing the value of women’s voices and stories in cyberspace. Throughout this project, for example, I have relied on the narratives of women courageous enough to share their stories of pregnancy, childbirth, and even loss in public spaces. Gathering and analyzing their narratives has often felt like an intimate process; an act of getting to know the storyteller and of connecting emotionally with her experience. In engaging with community members’ narratives, I have sought to emphasize that the act of creating and sharing stories is a process of gaining what Katherine Sohn (2006) calls “voice as power” (p. 40). While these women’s stories may on the surface seem like nothing more than one women’s narrative or voice, this dissertation demonstrates that each woman’s story is a single, but vital piece that contributes to larger rhetorical narratives and literacy practices that have the power to change cultural beliefs as well as technical and medical systems.
Employing Royster and Kirsch’s notion of strategic contemplation has helped me gain both closeness to and critical distance from my research subjects and to consider the broader rhetorical trends at work in the BWF community. In doing so, I have been able to celebrate their efforts to empower women as well as recognize and critique ways in which those efforts sometimes inadvertently disempower women. By analyzing this complex dynamic, this dissertation not only expands current and emerging conversations about community literacies and civic activism, but also offers a much-needed analysis of the complex ways online communities sponsor literacies that can both positively and negatively impact people’s lives. Analyzing this process is significant because it offers insights into the complex ways literacy sponsors support and maintain literacy and rhetorical practices that can impact communities and the individuals who belong to them.

As I continue the process of examining the intellectual debris that a project like this one inevitably leaves behind, I find myself preoccupied not only with questions and concerns regarding ethical feminist research practices, but also with understanding what this dissertation’s focus on community-based digital literacies has to say about how compositionists teach literacy in writing classrooms. As I demonstrate throughout this project, online communities play a crucial role in sponsoring literacies that influence groups’ and individuals’ experiences within technical and medical systems as well as shape people’s cultural values, social practices, and ways of knowing. Because online communities can have such a powerful impact on the individuals who interact with them, it is essential that compositionists work to better understand how virtual communities influence student composing practices.
In their article, “‘That’s not Writing’: Exploring the Intersection of Digital Writing, Community Literacy, and Social Justice,” Kristen Hawley Turner and Troy Hicks (2011) remind composition teachers about the need to teach community literacy, telling readers that the classroom is a critical space for community literacy […] Schools have been and continue to be at the ideological front lines in competing discussions about literacy. If we care about community literacy, then we inherently care about how writing is taught, or not taught, in schools. (p. 55)

Although efforts to integrate community literacy into composition classrooms (often in the form of service learning) became popular over a decade ago, those of us who teach writing have not yet devoted enough energy to helping students develop digital literacies that prepare them to write, create, and design within online communities or to recognize how these literate activities can sponsor social and civic activism. The concept of community-based digital literacies is one way to begin to teach these composing practices and concepts as it recognizes the complex ways communities sponsor and employ literacies as well as what the rhetorical, civic, and technological implications of this process are.

A useful way compositionists can integrate community-based digital literacies into writing classrooms is by asking students to identify the online communities they belong to. These might include communities like #BlackLivesMatter, Fantasy Football, Facebook groups, or online video gaming spaces like Game of Thrones. Students can then reflect on the digital literacies they need to engage in meaning-making and knowledge-production within such communities. One classroom-based activity that can help students identify the literacies they use within online communities are double-entry notes (see Figure 29 below). Students complete this activity by first identifying a virtual community they belong to and then by observing the digital
literacy practices (e.g., language use, online tools) they employ within that community. Next, students interpret their observations by considering what the implications (e.g., social, personal, political) for their digital literacy practices are and how/why those literacies are sponsored. After completing this process, students create a journal or blog entry in which they reflect on what they learned from their observations and interpretations. While there are other classroom approaches students might use to identify and recognize both their own and others’ digital literacy practices, the takeaway of an activity like this is that it invites students to consider how digital literacy practices and sponsorship intersect within online communities and what the broader implications of this process might be.

<table>
<thead>
<tr>
<th>Birth Without Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observations (June 15-20, 2015)</strong></td>
</tr>
<tr>
<td>One June 15th five people commented on a new BWF blog post; three of the comments were questions</td>
</tr>
<tr>
<td>I “liked” two status updates on the BWF Facebook page on June 17th</td>
</tr>
<tr>
<td>A tweet about #postpartumbodies was retweeted fourteen times on June 20th</td>
</tr>
</tbody>
</table>

Figure 31: Double-Entry Notes
By identifying the critical literacies students and others within online communities use to engage in knowledge-production, students gain awareness that literacies—and the rhetorical and technological contexts in which they evolve—are not neutral, but reflect social and cultural ways of knowing (Selber, 2004, p. 96). Having this understanding can help students critically and rhetorically analyze how both online and offline communities use literacy to exert and acquire influence. Developing this awareness is important as community-based digital literacy practices—and the online spaces those practices manifest within—are often invisible to users. By bringing attention to these practices and spaces, both students and composition scholars can better understand the relationship between digital literacies and social, cultural, and ideological values and beliefs they reproduce and reinforce.

While the concept of community-based digital literacies might be taught in any composition classroom, technical and professional communication courses offer an ideal space for examining intersections between civic activism, community engagement, and digital literacies. This is because these courses are often designed to prepare students to engage in civic composing practices that intersect with community clients and partnerships, non-profit organizations, businesses, and governmental organizations. Michelle Eble and Lynée Lewis Gaillet (2004) agree, noting that students in professional and technical communication courses must learn to become “community intellectuals” who understand the rhetorical needs of the communities and civic organizations they interact with and belong to (p. 350).

In their work on civic rhetoric, technological composing practices, and technical communication Michele Simmons and Jeffrey Grabill (2007) build on Eble and Gaillet’s work by arguing that there is an urgent need to teach community literacy in technical writing contexts.
They stress, however, that despite this need technical communication educators lack a “robust language and set of pedagogies for teaching coordinated writing, which describes a broad mix of practices that do not fit neatly into our division of “individual” assignments and “collaborative” assignments or even into a sequence of different writing assignments over the course of a semester” (p. 441). In other words, while there is a need to teach collaborative composing practices that allow students to meaningfully engage in communities, technical communication educators lack the “language” and “pedagogies” necessary for teaching these complex skills.

Community-based digital literacies is a concept that can begin to address this need as it offers a theoretical framework that supports the development of pedagogical practices that can help students develop digital literacies for individual composing, but within the context of collaborative, civic, and community-oriented spaces and platforms. By recognizing how and why online communities sponsor and employ digital literacies, technical and professional writing teachers are better positioned to help students identify and analyze how these processes play out in virtual communities and online civic spaces. The ability to do so is particularly important for today’s generation of writers as the digital technologies and tools students use for communication more often than not connect them to community spaces like social media sites or online forums that support and encourage community-engagement. According to a 2013 study by The Pew Research Center, for example, 39% of adults participate in civic activities on social networking sites (n.p.). And this number is especially high among college students and graduates. With so many students engaged in civically-oriented composing practices in online communities, technical and professional communication teachers, among others, must develop theories and pedagogical strategies that help students develop digital literacies as well as critical and rhetorical thinking skills that prepare them to engage within and across such spaces.
Community-based digital literacies is one concept that can be useful in helping educators begin to develop pedagogical strategies that address such a need.

While a thorough discussion of how community-based digital literacies might be integrated into technical and professional writing classrooms is beyond the scope of this project, what I wish to stress is that this concept can be meaningfully integrated into composition classrooms as a framework for developing pedagogies that help students understand and develop digital literacies for civic engagement in online spaces. As I move forward as a teacher and researcher, I hope to further investigate how this framework might be integrated into composition classrooms and its potential impact on student learning and composing practices.

As I consider the implications of this project for teaching as well as examine the scattered artifacts and ideas that have materialized from this project, the final question I am left asking is “How do rhetoric and composition, literacy, and feminist scholars reconcile both the constructive and destructive forces of online communities and the literacies they sponsor?” In other words, how do we celebrate the efforts of communities like Birth Without Fear to empower women, while also recognizing that those efforts can support literacy and rhetorical practices that marginalize the very individuals and groups they seek to empower?

As I work through the process of addressing this difficulty, it seems appropriate to return to Deborah Brandt (1998) who is careful to remind us that:

Sponsors are a tangible reminder that literacy learning throughout history has always required permission, sanction, assistance, coercion, or, at minimum, contact with existing trade routes. Sponsors are delivery systems for the economies of literacy, the means by which these forces present themselves to and through-individual learners. They also represent the causes into which people’s literacy usually gets recruited. (p. 167)
Brandt’s attention to the people, spaces, and places where literacy learning occurs is important because it helps us see how literacy sponsors act as “delivery systems for the economies of literacy.” She stresses that literacy—whether it manifests in our homes, communities, prisons, schools, or workplaces—is inextricably bound up in social and economic forces. Online communities are no exception. Like any other literacy sponsor, they too sanction and reinforce some forms of literacy over others, whether through more conventional forms of literacy (e.g., reading, writing) and/or through newer means and venues (e.g., digital storytelling, social media sites).

A major goal of this dissertation has been to build on the work of scholars like Brandt in order to interrogate and disrupt current notions of literacy sponsorship by examining how one online community plays the dual role of empowering and oppressing groups and individuals. My notion of community-based digital literacies offers a new framework for analyzing this complex process as it pays special attention to the virtual scenes and spaces where literacy sponsorship occurs; by better understanding the inner-workings of literacy sponsorship in virtual communities, we can begin to take the next step toward analyzing how rhetorical and literate practices both empower and disempower people. Such knowledge can, in turn, help scholars, teachers, students, and community members engaged in civic activism in online spaces develop rhetorical strategies that mitigate the potential negative impacts of literacy sponsorship.

Certainly other scholars, many of whom are situated in computers and composition and cyberfeminist studies, have offered useful concepts for understanding rhetorical and literacy practices in digital environments. As I mention in Chapter Three, for example, Jim Ridolfo and Dânielle Nicole DeVoss’ (2009) notion of rhetorical velocity is useful for considering how digital artifacts are remixed across “networks, audiences, and contexts” (n.p.). Similarly,
cyberfeminist scholars like Vicki Tolar Collins’ (2010) argue for the value of recognizing what she calls “rhetorical accretion” or the “process of layering additional texts over and around the original text” (p. 148). As I demonstrate in Chapter Two, Collins’ concept is fruitful for thinking about how BWF’s literacy sponsorship, as well as the community’s process of accumulating literacy artifacts, helps create a feminist archive that can be used to engage in cyberfeminist activism intended to empower women within technical and medical systems.

While frameworks like Ridolfo and DeVoss’ and Collins’ draw attention to how literacy sponsors and artifacts move across virtual communities and how such a process helps individuals engage in knowledge-production and meaning-making, they do not take into account how these movements produce and sponsor literacy practices and ways of knowing that are both beneficial and destructive. The concept of community-based digital literacies, however, helps illustrate how this process occurs through digital spaces and communities as it draws critical attention to the rhetorical, civic, and technological knowledge and interactions online communities sponsor and employ for civic action.

While community-based digital literacies gets us one step closer to understanding the complexities of virtual communities and the literacies they sponsor, additional work is needed. As I begin the process of sorting through the scattered and unexplored artifacts and ideas that have emerged from this dissertation, I realize that rather than see these lingering questions as displaced artifacts that have been washed up from a now past storm, they are instead the seeds for future research that can lead to even deeper understandings of the relationship between digital literacies, online communities, and civic activism. Ultimately, my hope is that this project, and the scholarly activities that emerge from it, will position me to continue to contribute to literacy,
feminist, and medical rhetoricians’ understanding of online communities and the digital literacies they sponsor and employ for civic action.
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