REPRODUCTIVE RIGHTS IN MEDICAL DRAMAS:
A FEMINIST ANALYSIS OF PORTRAYALS OF GENDER ROLES
ON THE TOPIC OF ABORTION ON TELEVISION

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CHAPTER I

INTRODUCTION

While in the doctor’s waiting room, Ellen learns about a nearby location that offers abortion illegally. Upon arrival, Ellen refuses to stay at the abortion location due to the unsanitary and unprofessional conditions. She then visits the adoption lawyer, who also refuses to give her a referral for a doctor who would perform an abortion. She also states to the lawyer her reasoning for an abortion due to her life being unstable, with searching for a job and low finances. She tells the abortion lawyer that she is “not trash,” and is unwilling to become a recipient of welfare. She also shares with the lawyer feelings of extreme pain of giving up her first born. (Press & Cole, 1999, p. 31)

The television movie, *Roe vs. Wade* (Hoblit, 1989), tells the true story of the plaintiff in the 1973 court case, *Roe v. Wade*. The scene above depicts the many mental, physical, and emotional decisions a pregnant woman may have to make if she is considering abortion. Pregnant women may be also bound by financial restrictions, an abusive partner or the absence of the father of the potential child, an unsupportive family, or a doctor who will not perform the medical procedure. A pregnant woman may also be restricted from carrying a child to term due to previous mental or physical disabilities, mental or physical disabilities discovered after conception, or change in financial status during gestation. Further, a pubescent female capable of conceiving children may be physically forced into conception. All of these attributes and many others add more complications and stress in making the decision to gestate and birth a child or not.
The plaintiff in the case, *Roe v. Wade*, has been the face of legal abortion in the United States since 1973 and is portrayed as Ellen in the film, *Roe vs. Wade* (Hoblit, 1989). Ellen Russell’s character did not have the legal opportunity to make the decision if she wanted to gestate and birth a child or not. Her character is considered financially unstable but unwilling to accept government financial assistance as a single mother. Ellen is in her twenties, and still wants to get a better education in order to start a career. She has a family who is unsupportive of her decisions, and she unhappily gave up her first child for adoption.

Since the legalization of abortion in the United States over thirty years ago, both pro-life and pro-choice activists continue to fight over this medical controversy. Issues of morality, religious beliefs, health, and government policies have been debated. Popular culture, including television and film, has depicted these same issues surrounding abortion policies and the obstacles faced by pregnant women making such decisions.

Over the past three decades, more than a dozen books and published articles have been written about representations of abortion in popular culture. Although many books and articles have explored the abortion issue on television and film, there is an absence of research on the representations of abortion in televised medical dramas. To date, no published books or articles have evaluated portrayals of the abortion issue in medical television dramas or comedies. This thesis fills a gap in research on abortion by focusing on portrayals of abortion in prime time medical dramas. Using a feminist rhetorical analysis, the following thesis will examine the representations of abortion in five prime time medical drama episodes from, *ER* and *House*. Specifically, three episodes of *ER*, “Shades of Gray,” (1998) “The Greater Good,” (2003) and “If Not Now,” (2006) and two
episodes of *House*, “One Day, One Room” (2007) and “Fetal Position” (2007) will be analyzed for the purpose of this thesis. Due to *ER*’s longevity as a television series, more episodes exist on the topic of pregnancy and abortion; and therefore, three *ER* episodes were chosen for the following analysis.

In particular, the following critique will explore how medical dramas depict gender roles in stories of abortion. Furthermore, this critique will attempt to answer the following questions pertaining to the representations of abortion in episodes of two medical dramas, *ER* and *House*.

1). What types of messages and images are being conveyed about abortion and motherhood in these medical episodes?

2). How do these medical dramas perpetuate or challenge dominant gender roles?

Answering these questions through a feminist rhetorical analysis will further feminist research on portrayals on issues of women and abortion, as well as the representations of medical professionals that treat such patients.

Abortion in Prime Time Medical Dramas

The television medical drama, *ER*, was created by Michael Crichton and first debuted during fall 1994 on the NBC network. The series followed medical professionals and patients in an overburdened emergency room in an urban Chicago hospital, called County General. The series ran for fifteen consecutive seasons. “Each episode tells the tale of another day in the ER, from the exciting to the mundane, and the joyous to the heart-rending” (Dibbern, 1994, para. 1). This show also portrays a teaching hospital by
depicting the lives of medical students in their pursuit to become physicians. The show holds the all-time record for most Emmy nominations in the history of television, with a total of 122 nominations (About). The show won 22 Emmy Awards and the cast has received four Screen Actors Guild Awards for Outstanding Ensemble Performance in a Drama Series. After premiering, ER topped the ratings charts and remained a top-rated show throughout its fifteen season run; it was advertised as the anchor of NBC’s Must-See TV lineup throughout the 1990s and 2000. The series concluded with high ratings, “drawing an average of 16.4 million viewers for its two-hour finale” (Littleton, 2009, para. 1).

The medical television drama, House, produced by Paul Attanasio, Katie Jacobs, David Shore and Bryan Singer, premiered in fall 2004 on the Fox network. According to www.housemd-guide.com, this series “takes on a mystery, where the villain is a medical malady and the hero is an irreverent, controversial doctor who trusts no one, least of all his patients” (Show info:, para. 1). Currently in its fifth season, the plot for each episode usually follows the pattern of the scientific method that Dr. House and his elite team of experts use to solve severe medical mysteries of patients at the fictional New Jersey Princeton-Plainsboro Teaching Hospital. “The team thinks up possibilities based on evidence and then tests them, eliminating the ones that don’t pass the tests until they come up with a theory that works” (House M.D. - Guide, para. 3). The show’s main character, Dr. House, an infectious disease specialist, “is a brilliant diagnostician whose unconventional thinking and flawless instincts afford him a great deal of respect” and “thrives on the challenge of solving medical puzzles in order to save lives” (About the show, para. 5). According to www.housemd-guide.com (House M.D.- Guide), the
character of Sherlock Holmes is similar to Dr. House’s character. “Instead of criminals, the enemy is germs, diseases and other vulnerabilities of the human body, tracked down like criminals” (House M.D. - Guide, para. 2).

The series has been honored with three Emmys and twenty Emmy Award nominations and two Golden Globe awards, two Screen Actor Guild Awards, one NAACP Image Award, an American Film Institute award, the Peabody Award for Best of Electronic Media, two consecutive People’s Choice Awards, and a Writer’s Guide Award. (About the show). In 2006, the show received the Humanitas Prize for the episode, “Three Stories,” and four Humanitas finalist honors, one each for the 2009 episode “Unfaithful,” the 2007 episode “House vs. God,” and the 2005 episodes “Everybody Lies,” and “Damned If You Do” (About the show, para. 2).

Discussing the motives of Fox, the newest non-cable network and home of House, Rapping (1999) argues that the Fox network, by challenging the other three non-cable networks, “reinvisioned the audience in ways which allowed for radical changes in the way the American consumer – especially the female consumer – was represented and addressed” (Rapping, 1999, p. 273). Specifically, Fox strived to portray women characters whose primary focus in life wasn’t motherhood and caretaking for the family. The next section discusses the importance of examining abortion narratives through a feminist rhetorical lens.
A Feminist Rhetorical Analysis

This thesis will use a feminist rhetorical approach to examine the medical dramas, \textit{ER} and \textit{House}. Rhetoric is the study of the ways in which words and images are used to convey a particular view of the world. According to Brummett (2006), a rhetorical critic, rhetoric in popular culture can be defined as “the ways in which signs influence people” (p.4). Signs are considered texts to be examined; texts, for example television and film, “wield rhetorical influence because of the meanings that they support,” and “because texts can mean different things, they are often sites of struggle over meaning (and thus, over how and what or whom they influence)” (Brummett, 2006, p. 91). Therefore, popular texts require special attention from media critics (Hurt, 2007). When a “series and characters resonate with audiences to the degree that many recently have,” critics should “explore what is in these texts with an eye for their complexity instead of quickly dismissing them as part of a hegemonic, patriarchal, capitalist system” (Lotz, 2001, p. 114). Kellner (1995) encourages media critics to assume “a multiperspectival cultural” approach to studying media, drawing “on a wide range of textual and critical strategies to
interpret, criticize, and deconstruct the artifact under scrutiny” (p. 98). Kellner (1995) suggests that critics read and analyze:

Texts in terms of actual struggles within contemporary culture and society, situating ideological analysis within existing socio-political debates and conflicts rather than just in relation to some supposedly monolithic dominant ideology, or some model of mass culture that is simply equated with ideological manipulation or domination per se. (p. 103)

Rhetoricians, including feminists, often examine underlining ideologies in texts. Although ideological thought cannot be defined by the same terminology by all scholars, Hall (1981) uses the term ideology as “referring to those images, concepts and premises which provide the frameworks through which we represent, interpret, understand, and make sense of some aspect of social existence” (p. 89). Ideological statements are made by individuals; however, ideologies are not the product of individual consciousness (Hall, 1981). Therefore, ideologies are constructed through unconscious processes, in which people are not aware that their beliefs are being influenced or formatted to fit within the ideologies of society. “Ideologies ‘work’ by constructing for their subjects (individual and collective) positions of identification and knowledge which allow them to utter ideological truths as if they were their authentic authors” (Hall, 1981, p. 90). According to Hall (1981), ideologies work most effectively when we aren’t aware that the formation of our worldly opinions comes from the undermining existence of dominant ideologies within society (p. 90). Press and Cole (1999) agree that media representations can only be accurately understood when considered as active forces that engage with the thoughts and actions of certain people, at times contradicting and at times supporting their beliefs and experiences. Through this process, such depictions “become ideas, ideologies, that are
lived” (p. 3). Kellner (1995) and Lotz (2001) claim that ideological criticism should look beyond seeking out dominant ideologies and condemning them; instead ideological critics should expand their analysis of political media culture “to include intersections of gender, sexuality, race, and class” (Lotz, 2001, p. 93).

Ideologies provide a basis for feminist theory. In particular, feminist theorists cite the ideological constructions of gender as the main framework that has oppressed women in most societies. According to Hall (1981), gender appears to be “given” by nature and is therefore considered one of the most profoundly “naturalized” of existing ideologies. Mulvey (1975) was the first scholar to introduce the ideological male gaze concept in feminist film theory. This “gendered” gaze privileges the male viewpoint. According to Watkins and Emerson (2009), “The masculine gaze so thoroughly shapes the film-viewing experience that it socializes women into identification and compliance with the very patriarchal values and ideologies that reproduce their marginalized status” (p. 156).

“Feminism – both as a term and as a social practice – was, throughout the 1970s and is today, a sign of an oppositional political practice” (Rabinovitz, 1989, p. 4). Specifically, feminist theory centers on issues of gender equality for all, explanations for women’s oppression, and proposed solutions for the elimination of women’s oppression (Tong, 2009). Feminist critical thinking particularly focuses on the gender inequality between men and women in today’s industrialized economies (Brummett, 2006); feminist theory helps promote a society that is more mindful of the social and political implications of “gender role stereotyping in popular media discourse” (Watkins & Emerson, 2000, p. 152). Furthermore, feminist rhetorical critics maintain that there is a male-dominant system of power, called patriarchy, ingrained in society, and feminist
critics are “on the lookout for such denigrating use of language and images across texts of popular culture” (Brummett, 2006, p. 174). According to Brummett (2006), feminist critics also “examine texts to discover sources of female empowerment, to explore ways in which inequalities may be refused and overthrown” (p. 171). Furthermore, feminist politics isn’t just about critiquing, but is foremost about implementing social change (Watkins & Emerson, 2000).

Feminist theory has affected the field of media studies. “In addition to influencing how journalists, scholars, and consumers of media read and think about gender, feminism has also influenced the images, narratives, and genre forms produced in the media culture industry” (Watkins & Emerson, 2000, p. 152). Feminist media criticism evolved first during the 1970s and focused its criticism on “culture industry’s misrepresentation of women” (Watkins & Emerson, 2000, p. 152). During this decade, feminist scholars specifically critiqued the subordinate private sphere gender role representations given to women through different media forms. Feminist scholars during this time also viewed the field of popular media as a leading and even preferred location of both social and political struggle (Watkins & Emerson, 2000). Watkins and Emerson (2000) discuss the elements and criteria that current feminist scholars critiquing media look for:

Feminist media criticism investigates the strategic ways girls and women use the media in their everyday lives in order to cultivate personal space, negotiate the broader social issues they face, derive pleasure, and bring their own lived experiences to media consumption. Most compellingly, feminist perspectives on media reception have revealed the ways in which women appropriate the media as a site of meaning construction, actively engaging and, occasionally, contesting images and themes of gender domination. (p. 157)
According to Watkins and Emerson (2000), girls and women continue to struggle against the sexist and male bias that saturates television and often excludes the female point of view. “The feminist television spectator still remains a prisoner in her own home – both the subject and object of television’s efforts to capture her as one of its ultimate trophies” (Rabinovitz, 1989, p. 17).

“Feminists today argue that watching television and films, listening to music, reading the newspaper, and surfing the internet have the potential to both reproduce and contest gender inequality” (Watkins & Emerson, 2000, p. 156). While it is important to look at the ways in which popular culture provides empowerment to all women, it remains important to study the portrayals of gender and women in popular culture through a critical lens. The following literature review will address specific issues of health, abortion, and representations of abortion on television and film.
CHAPTER III

LITERATURE REVIEW

Introduction

In order to understand how popular culture frames abortion, it is important to first review scholarship pertaining to social implications of this public debate. According to Press and Cole (1999), “One of the most contested social issues of our time, one firmly straddling the problematic intersection of public policy and private life” is abortion (p.1). Until 1973, abortion was illegal in the United States. Today, abortion is still an extremely important and timely political issue in the United States. Since the beginning of this century, federal legislation, such as Partial Birth Abortion Ban of 2003 and the Unborn Victims of Violence Act of 2004, has been passed and signed by former President George W. Bush to limit late-term abortion and provide fetuses with symbolic rights. Most recently, in March 2006, South Dakota passed a strict ban on abortion, “which makes all abortion, including those that would follow rape, illegal unless the woman’s life is in imminent danger” (Hurt, 2007, p. 29). Medias have publicized the South Dakota ban as the first in a sequence of targeted attacks on Roe v. Wade (Hurt, 2007). The ban was overturned by the South Dakota electorate in November, 2006. According to Gibbs (2009), the Nebraska Senate is also debating “window to the womb” laws, “which require that women be shown an ultrasound of the fetus before going ahead
with an abortion” (p.1). Likewise, the Missouri Senate recently passed a bill that would require physicians to talk about a developing fetus’ growth and ability to feel pain with all women intending on having abortions. Due to recent legislative attacks against abortion, Hurt (2007) argues that feminism and reproductive rights may be declining in the United States.

Most Americans believe that abortion is greatly distinguished from other minor medical procedures, and is rarely seen as a straightforward medical procedure due to other social situational factors. According to Press and Cole (1999), the issue of abortion has become transformed into a social issue that extends out to larger questions of the proper positions of medical, legal, and social authorities in the lives of individuals. Abortion does not concern the content of women’s choice. Instead, abortion as a choice is more concerned with the social and material situations under which choices are made (Petchesky, 1984). Abortion as an issue emphasizes women’s awareness of their relation to structural power. According to Press and Cole (1999), this is true for all women, regardless if a woman is politically interested and/or active. Tribe (1990) elaborates, “The abortion debate is most often characterized as a dichotomous conflict between two parallel camps, a clash of the absolutes” (p. 1-2). Therefore, movement activists from both sides of the abortion policy debate are embodying the two ideological positions on abortion. Also, according to Press and Cole (1999), “The struggle over who will control and protect the bodies of women and children, is better understood as a dispute over the control of the body politic in an age when ideological struggle assumes a literal organic location” (p. 2). In other words, there are concerns over ideological power controlling the body as an issue “situated” in politics.
A component of the ideological construction of positions on abortion pertains to morality. The foundation of morality in America is based on religious beliefs, primarily of Christianity. According to www.christianaction.org.za, one reason against abortion involves the Bible’s stance on the sanctity of human life. Based on scriptures, Christianity believes that, throughout all stages, an unborn child is considered a human life. Emphasizing this belief, Christianity also believes that “because all life was created by God and belongs to Him, no one has the right to murder another human being,” as an Exodus biblical scripture proclaims (p. 5). Furthermore, the bible also preaches moral obligations to defend the rights of the weak and helpless, including a fetus.

Press and Cole (1999) agree that, through outlets of the media, the controversial issues surrounding abortion rights and policy have become symbols for numerous challenged values in twentieth-century America. Therefore, it is important to study different forms of media in order to examine how portrayals of abortion are being depicted. The following literature review will present scholarship pertaining to media portrayals of abortion, motherhood, and medical professionals to further suggest the significance of evaluating such gender representations in prime time medical dramas.

Media Portrayals of Abortion

Television is a prominent storyteller in society and depicts both positive and negative health content and images (Atkin & Arkin, 1990). Modern day television has become a primary medium for expressing shared stories, a consensus narrative, which defines Americans’ lives to those possessing the dominant ideological viewpoint in
culture as well as to a large percentage outside that dominant view in some form (Thorburn, 1987; Condit, 1990). Condit (1990) believes that “an examination of prime-time television is therefore essential to understanding the ways in which public, explicitly political, discourse made the crucial transition into the cultural vocabularies of everyday life” (p. 123).

Latimer (2009) argues that popular culture is part of the current battleground on which reproductive politics is being debated. In particular, television has long been recognized as important to those interested in such cultural and feminist issues (Mellencamp, 1990; Taylor, 1989; Tedesco, 1974; Weibel, 1977; Zoonen, 1994).

“Political-cultural discursive work” presented throughout prime-time network television portrayals of abortion practices followed behind public argument and legal policy change (Condit, 1990, p. 123). Examining the ways that women are portrayed through different forms of popular culture, including television and film, is legitimate political activism, since those depictions are used by both men and women to make meaning and create realities (Beail & Goren, 2009). According to Orr (1997):

“Representations of feminism” are also crucial because these representations cannot be dismissed as distortions or caricatures; they determine what feminism “really means” in the larger society, which is governed not by academic discourse but by “talk show audiences and Cosmo readers” who experience feminism, and femininity, through popular texts. (p. 32)

Coontz (1992) and Leibman (1995) argue that television images not only strongly encouraged popular misconceptions about the family, but have also altered the shape of the family itself. Portrayals of abortion on television have evolved to reflect television’s changing imagery of families, and the role of a woman within the family (Dow, 1996).
The woman’s role within the family now also incorporates the trend of feminist discussion into the scripts of modern day entertainment television.

Since the late 1970s, network television has also been in a continuous position of instability due to social, technological, and industry change (Watkins & Emerson, 2000). Health educators note several barriers to improving television health portrayals (Atkin & Arkin, 1990). One barrier involves self-censorship of network programming on such controversial or taboo subjects, including “abortion, birth control, smoke-free environments, or health care reforms” (Atkin & Arkin, 1990, p. 27). Additionally, networks also receive pressure from special-interest groups, such as medical associations, and organizations trying to eliminate sexual, violent, or immoral content (Atkin & Arkin, 1990). According to Wallack (1990), another barrier involves the mass media reinforcing individual level explanations, which turns attention away from causes and social conditions and instead emphasizes character’s symptoms and personal failures. Furthermore, Wallack (1990) argues that “there is a failure to question the social arrangements that contribute to the problem, ignoring such crucial facts as the relationship between poverty and disease” (p.46). Heeter, Perlstadt, and Greenberg (1984) found that patients were rarely shown interacting with their doctor, and that the cost of medical care was never mentioned. In addition, according to a study done by Turow and Coe (1985), medical care was portrayed nonpolitically and “as an unlimited resource” (p. 47). Signorielli (1990) argues that those portrayals immensely contradict with the reality of health care in the United States.

Nearly all episodes portraying the issue of abortion occurred after the national legalization of abortion after Roe v. Wade. Therefore, most episodes were not aired until
1984-1985 and also depict the influences of public argument (Condit, 1990). Portrayals of abortion have been slowly introduced through the medium of television. The first two depictions of abortion on television, *Defenders* (1962) and *Maude* (1973), presented strong cases in favor of abortion. In *Defenders*, a doctor advocates for the legalization of abortion, and a woman rape victim also chooses to have an abortion. In addition, according to Montgomery (1989), television’s slow incorporation of the issue of abortion most likely resulted because of the controversial abortion episode in the CBS television show *Maude*. In the episode, the lead character decided to have an abortion because she felt that she was too old to raise another child. In these two episodes, the portrayals promoted strong arguments for change for the acceptance and legalization of abortion (Condit, 1990).

However, in response, the CBS network received an enormous amount of angry phone calls and letters from viewers objecting to the position for abortion during the episode of *Maude* (Montgomery, 1989). In these viewers’ minds Maude had an abortion out of “convenience,” and such portrayals was the equivalent to giving moral approval to the pro-choice position and promoted selfish individualism (Beusse & Shaw, 1973; Condit, 1990, Press & Cole, 1999). Also, original sponsors for *Defenders* pulled advertisements from the program, and thirty-eight CBS stations cancelled the episode or moved the segment (Beusse & Shaw, 1973). According to Condit (1990), “By drawing particular attention to the *reasons* for Maude’s abortion – by condemning her motives rather than abortion per se – they inadvertently created ground for negotiation” (p. 124).

In response, future network episodes refrained from televising abortion, aimed to present explicitly “balanced” representations of the abortion issue, and instead depicted
the reasons for abortion in more cautious and complex fashion (Condit, 1990; Press & Cole, 1999). Also, since *Maude*, Condit (1987, 1990) and Joyrich (1996) found that no leading character of a prime-time series has been portrayed as choosing an abortion. Both of these scholars also observed that even secondary characters will consistently choose against having an abortion, as long as these characters are married to men who can provide a middle-class living and the fetus is healthy (Condit, 1990).

Scholarship focusing on the relation between mass media and politics in contemporary society stresses that television has been the center of much research written about these two intersecting topics (Cruz & Lewis, 1994; Carpini & Williams, 1994, 1996; Gamson, 1992; Gitlin, 1983, 1986; Iyengar & Kinder, 1987; Jhally & Lewis, 1992; Just et al., 1996; Lewis, 1991; Liebes & Katz, 1990). According to Press and Cole (1999):

> When women talk about abortion, they engage in a cultural conversation in which the media are ongoing participants as well. Not only do we derive ideas, opinions, and values in part from media representations, but at times we engage in dialogue with these representations, not unlike the conversations we have each other. (p. 3)

In particular, audience members may participate in such cultural conversations while viewing television programs. Next to the internet, entertainment television is one of the most pervasive media forms in America’s cultural experience. However, according to Carpini and Williams (1996), entertainment television’s influence on, and engagement with, American public opinion has not received enough attention. Little research has been given to examine women’s responses to television’s discourse, their challenges to it, and their opinions about it. (Press & Cole, 1999).
Mass media have ignored social class issues specifically relating to abortion, along with the affect issue of social class may have on both pro-life and pro-choice supporters. “The abortion seeking subject, on television, is working-class or poor, articulated by a series of signifiers typical of television’s portrayal of working-class or poor women” (Press & Cole, 1999, p. 6). According to Press and Cole (1999), abortion on prime-time television has become an issue of class, in which the social class of women almost completely determines whether abortion is shown as a possible choice. “When single middle-class women are occasionally shown seeking (or contemplating) abortion, the choice is presented as a questionable and selfish solution to a problem with other possible resolutions. Because financial hardship is, by this unstated standard, a ‘legitimate’ circumstance for choosing abortion, in general it is only poor or working-class women who actually obtain abortions” (Press & Cole, 1999, p. 27). Press and Cole’s (1999) study found that images of economically disadvantaged women seeking abortions dominated images of middle-class women seeking abortions on television.

Press and Cole (1999) argue that this media representation is an absolute norm coded by social class. “On television, middle-class or upper-class women seek abortion only in the most extreme cases: rape, incest, to save the mother’s life, or if genetic testing reveals a severely deformed fetus” (Press & Cole, 1999, p. 27). According to Press and Cole (1999), network television does not depict women choosing abortion to further their careers or to financially sustain middle-class status for their families; the lack of these images implies that television does overlook these choices (Condit, 1990).

According to Rapping (1999), television genres were directed at “a presumably homogeneous (implicitly white, middle class) audience assumed and meant to perceive
themselves as essentially ‘family’ members,” consisting of a clearly defined structural hierarchy of gender roles and relationships (p. 272). Identification by belonging to a real-life family, and the constructed gender norms and roles in association with that identity, have symbolized the subject position into which television has always constructed and situated all viewers for both economic and ideological reasons. Specifically, television programs such as Leave it to Beaver and The Cosby Show have portrayed the ideology that family life is constructed by a public sphere working father, a stay at home, private sphere, mother, and children who followed the rules and planned to adhere to the same gender roles as adults. The program, Father Knows Best, also depicts a mother who works in the private sphere of the home, caretaking for the family and worrying about her appearance.

Until the 1990s, most television genres still upheld traditional gender and familial roles, regardless of pressure in society from those supporting women’s changing lifestyles and viewpoints and from feminists. Such ideological roles have been harder to depict realistically due to the changing roles and lives of real women. In particular, several factors such as divorce, single motherhood, and increasing importance on having a job and possibly a career have made traditional representations harder to portray (Rapping, 1999). Also, with the rise of industrialism and post industrialism, children have also been indentifying less with family life, values, and norms.

Condit (1990) found that the way in which television responds to the audience’s possible concerns depends upon the category of the abortion programming. According to Condit (1990), television reworked public discourse “in line with the medium’s own characteristics to produce a unique compromise of its own” (p. 123). At first glance,
public discourse on abortion seemed to transform from the mouths of different pro-life or pro-choice activists into the cultural realm of the mouths of television characters, and the character’s values and viewpoints were transformed into their actions. Entertainment television appears to have allowed audiences to take sides in the abortion controversy (Condit, 1990). Discussion of abortion on television reflects the public discourse about abortion at the time (Condit, 1990). According to Hurt (2007), “While television representations seem to remove abortion from its political context and translate it into the personal realm, these representations cannot be mistaken for sending one singular message about abortion” (p. 10-11). “Since all television programs are influenced by different dramatistic, political, and economic forces, each has the opportunity to offer its unique versions of abortion” (Hurt, 2007, p. 11). At the time of Condit’s study, eighty percent of real-life abortions were by unmarried women, and television’s representations supported this number. According to Condit (1990), three program structures cooperated altogether to create a much more integrated and collective set of interpretations of acceptable abortion in American culture. These structural viewpoints will now be discussed.

Specifically, Condit (1990) lists three different opposing viewpoints of entertainment programming focusing on abortion. The first, called professional choices, addresses the relationship of legal and medical professionals to legal abortion. These programs of the 1980s, Cagney and Lacey, St. Elsewhere, and Hill Street Blues, all featured doctors and law enforcement officials counteracting the effects of extra-legal violence directed against abortion practices. In these episodes, both physicians and lawyers were forced to take a stand in support of the law allowing abortion. In this
episode, justifications for abortions were situated only in specific conditions surrounding a women’s age, marital status, or financial instability. The second set of shows, consisting mostly of family series, Condit (1990) labels as “false-pregnancy” programs (p. 125). In these “anti-abortion” programs, main women characters found themselves with “unwanted pregnancies;” abortion was then discussed and then the decision to keep the child was made. The dialogue of potentially and willingly giving up a career for a family reaffirms the value of family and motherhood over career. Also, the men characters of these episodes were all portrayed as being very supportive of keeping and birthing the child. The final category includes pro-abortion programs, in which main women characters decide to have abortions and clearly went through with having them. In these programs, choices for abortion fell into the “suitable” reasons that were also used in the other two categories of programming. Abortion was only approved when it did not contradict with the values of family and motherhood, specifically for those not married or in severely problematic circumstances. Even in the strongest pro-abortion episodes, television acknowledged abortion only as an unclear and restricted practice. Overall, Condit’s (1990) study concluded that abortion was depicted as a women’s choice but morally objectionable, especially as a procedure for women in supportive and financially secure marriages. “The positive worth of abortion as an act to achieve specific goals for specific women was portrayed but overlaid with a set of evaluations that described abortion as an action to be avoided wherever possible” (Condit, 1990, p. 139). Therefore, abortion on television focused on representing the reasoning of individual woman’s lives and their stories and relationships rather than political conversation concerning the development of the fetus (Condit, 1990).
Most of the episodes’ portrayals of reasoning for abortion focused on women’s lifestyle choices, such as education and career goals, not on incidents of rape or a deformed fetus (Condit, 1990). However, according to a study by Press & Cole (1999), two episodes of *Dallas* depicted a married couple who are contemplating aborting a fetus they learn carries the genetic sign for Down’s syndrome. Yet, the same theme found throughout Condit’s study permeates throughout these two episodes of *Dallas*. These two episodes reinforce that for financially stable persons, abortion, even of a deformed or unhealthy fetus, is prohibited on television (Press & Cole, 1999). Furthermore, matters of socioeconomic stability are missing from this narrative of characters portrayed as being able to fully financially support a child. Again, for the wealthy, choosing abortion over children would test their mobility, their authority: “it is wrong in almost every case” (Press & Cole, 1999, p. 32).

The television movie, *Roe vs. Wade* (Hoblit, 1989) depicts the story of the plaintiff of the *Roe v. Wade* abortion rights case in 1972 (Press & Cole, 1999). The lead character, the plaintiff, Ellen Russell, discovers she is pregnant with her second child. Ellen was briefly married to the father of her first child; Ellen’s mother was currently raising her first child, but refuses to support another child. A lawyer suggests that Ellen seeks an abortion by traveling out of state where abortion is legal or by trying to change the state abortion law in Texas. Ellen is frustrated and says that she does not have the financial resources to do either. Therefore, the lawyer recommends that Ellen gets in contact with two women lawyers who are searching for a plaintiff so they can bring a suit opposing the legalization of the current abortion state law in Texas. Ellen meets with the lawyers and becomes their plaintiff. Afterwards, Ellen is shown drinking beer at a bar
while telling her friends about her abusive former husband, why she left him, and that she
greatly misses her daughter. Press and Cole (1999) believe that Ellen’s use of language,
interest in astrology, her beer drinking, and her informal attire all contribute to depicting
her character as lower class. Elliot’s character is portrayed similarly to Mrs. Herrera, a
one-episode character in Cagney and Lacey. Mrs. Herrera, a Latin American woman,
expressed her position of being highly motivated to have an abortion since her husband is
on disability, she doesn’t want to be on welfare, and she wants to finish business school
and eventually have a career (Condit, 1990).

The most current study on the discussion of abortion on television was done by
Hurt (2007), who analyzed an episode discussing abortion on Sex and the City. Miranda,
a successful partner at a law firm, becomes accidently pregnant by her ex boyfriend and
contemplates having an abortion. Miranda never imagined becoming a mother. Hurt
(2007) found that the themes of individualism, secured rights, and not “having it all”
were permeated throughout the episode. The portrayal of Miranda’s character
contemplating abortion depoliticized the issue of abortion and depicting it as a personal
issue revolving around her personal life conditions and choices as an individual woman
(Hurt, 2007). This episode depicts abortion as a personal decision- “one that works for
women if they make it work for them” (Hurt, 2007, p. 14). Similarly, in a study of the
television sitcom Friends, Rockler (2006) illustrates that television has been known to
reduce feminism to individual transformation and therapeutic rhetoric by presenting or
resolving women characters’ issues in a personal and individualized form.

The second theme, the right (or lack thereof in many states in America) to obtain
an abortion, is not pondered at all (Hurt, 2007). This episode’s portrayal took the right for
all women to obtain an abortion for granted, and focused instead on men’s abortion rights, including the right to know about the woman’s pregnancy and consideration of a man’s opinion to abort the fetus they helped create (Hurt, 2007). No consensus is made about the purpose and importance of men’s abortion rights throughout this episode; however, the episode’s focus on men’s rights encourages the audience member to view women access and right to abortion as a given fact that does not require further debate or discussion. Therefore, in this episode, “feminism has done its job” and the representations moved past women’s “secure” rights to deliberate on men’s abortion rights (Hurt, 2007, p. 18).

The last theme discussed by Hurt (2007) is termed, “having it all.” Hurt (2007) elaborates:

Miranda, then, must make a decision about abortion in a context that already frames it as uniquely hers and utterly available. Her “choice,” however, is no “choice” at all due to the third theme that permeates the episode, which is that women cannot “have it all.” (p. 14)

A major warning or threat to Miranda’s conquest to have it all is Charlotte’s (another main character) infertility. After Miranda learns that Charlotte only has a 15% of conceiving due to her age and a medical condition, Charlotte’s infertility becomes a greater threat to a pregnant Miranda, who also may not be able to “have it all” and conceive naturally in the future when she finally feels “ready” and actually wants to procreate (Hurt, 2007). Even though Miranda did not want a child at the time and was more interested in furthering her career, while at the abortion clinic, she decides to keep the baby. Hurt (2007) elaborates:
The program concludes that women cannot have it all as feminism once promised them. Instead, they must choose between ideals of motherhood and selfhood, and the “choice” becomes an easy one when unwanted pregnancy is contemplated alongside infertility. (p. 19)

Hurt (2007) asserts that “when her dilemma is viewed alongside Charlotte’s infertility struggles, Miranda looks quite selfish and naïve for thinking that she can ‘have it all’” (p. 20). This end result suggests that motherhood and family will always defeat career and selfhood. Hurt (2007) also discusses that the character’s social status as white, upper-middle class, urban women can create problematic assumptions about abortion. The question stated throughout the episode was not “can you get/afford/find an abortion? Instead, the question was what are you going to do?” (Hurt, 2007, p. 23). Outside of the SATC’s characters’ demographic, women viewers would be more concerned with the first set of questions than the later. According to Hurt (2007), “State legislatures have restricted abortion to the point that it is no longer as easy as saying ‘I am getting an abortion’” (p. 23). Therefore, the episode deters audience members from viewing abortion “as a social or systemic issue with broad political ramifications” (Hurt, 2007, p. 23).

Similarly, two successful films, *Juno* (2007) and *Knocked Up* (2007), have also portrayed pregnant women in “nontraditional contexts” (Goren, 2009, p. 159). The two lead women characters both become unexpectedly pregnant and are single, and therefore these two characters provide the most recent cultural representations of what it means to be unwed and pregnant. According to Goren (2009), these representations also “continue what has become a rather endemic cultural focus on female reproduction, especially in nontraditional contexts” (p. 159). Both Goren (2009) and Latimer (2009) discuss that
although these two films depict a message about female empowerment and autonomy, this message is overshadowed by the portrayal of a message involving an anti-abortion, anti-choice narrative. In these two films, abortion is either overlooked or dismissed as an option for the lead women characters (Latimer, 2009). In *Knocked Up* (2007), Katherine Heigl’s character, Alison, is a financially stable single woman who just got a job promotion when she finds herself pregnant through a one-night stand. Alison will not even consider having an abortion, and the word “abortion” is not even uttered throughout the entire film. Latimer (2009) argues that taboo language is not problematic throughout this film, yet the dialogue shuns away from directly using the word abortion. In both these films depictions of “an unwanted pregnancy brings compassion, maturity, and romantic love” (Latimer, 2009, p. 217). Regardless of age, these films also portrayed women who have all the financial, mental, and emotional resources of choice available to them, and they make the decision to have the child with nothing but happy results. Latimer (2009) argues that this depiction ignores the fact that in reality most women in their circumstances do not have availability to those resources, and that reproductive choices are always greatly restricted by circumstances.

In *Juno* (2007), dialogue involving abortion is mentioned by the lead character, Juno, yet she decides not to get an abortion because the abortion clinic she goes to smells like a dentist’s office. This film used sarcasm to insert traditional morals into the discussion about teenage pregnancy and abortion (Latimer, 2009). In this film, Juno hears the fetus’s heartbeat and decides not to have an abortion; instead she will be totally selfless and give the baby to somebody through adoption (Latimer, 2009). An apparent split between the woman and the fetus, or future child, is also depicted in these two films.
Even though it is general knowledge that the fetus can be seen by looking at a digital picture of sound waves passed through a pregnant woman’s body, the way these pictures are talked about and used in these films establishes the fetus as independent of the woman’s body. More specifically, this is depicted in *Juno* (2007) when Juno shows the future adoptive parents her ultrasound photo. Juno holds the photo up for the adoptive mother and says in a baby voice that it looks like the baby is waving and saying “Hey Vanessa, will you be my mom?” (Latimer, 2009, p. 221). Berlant (1994) argues that depictions such as this suggests a kind of “fetal citizenship,” where “the pregnant woman becomes the child to the fetus, becoming more minor and less politically represented than the fetus, which is in turn more privileged by law, paternity, and other less institutional family strategies” (p. 147). In other words, in real life, “the fetus indicates an independent subject with interests and rights of its own that are often imaginable only at the expense of pregnant women’s,” and one can recognize “how easily the mother’s choice can be taken away and how easily fetal personhood can become institutionalized” (Latimer, 2009, p. 221).

Timson (2008) compares these depictions to real life situations of thousands of women who make the choice to have abortions daily, and wonders whether popular culture is pretending that abortion does not exist, “whether these films are part of a subtle attitudinal shift against abortion, or whether abortion is simply the last Hollywood taboo” (L1). However, during the 1980s, comedic and romantic films such as *Fast Times at Ridgemont High* (1982) and *Dirty Dancing* (1987) depicted abortion, and Latimer (2009) argues that both *Juno* and *Knocked Up* could have also discussed or depicted abortion seriously while also remaining within a comedic plot. Latimer (2009) suggests that
abortion discussion could have been incorporated into these films’ plots by Alison stating that she will not consider having an abortion because she is pro-life, or for Juno discussing all her options with a parent or counselor comically, but ultimately decide on adoption. According to Latimer (2009), these incorporations of abortion would have at least presented “the politics of choice in a more honest manner because it would have acknowledged, at base, that all reproductive choices are political” (p. 223). Juno and Knocked Up conceal both social and material situations by having both heroines, the main woman characters, disregard, trivialize, or avoid abortion altogether. The next section of literature will further discuss portrayals of motherhood on television.

Television Portrayals of Motherhood

Television sitcoms and dramas have dedicated a lot of time to the subject of pregnancy and birth within their narratives, and continue to do so, especially when ratings for the show are at their peak. Pregnant women characters, both on television and film, who decide to keep the baby, have been depicted as becoming uniquely better women because of their “secret weapon” of having a child (Goren, 2009). Specifically, in sitcoms, such as Murphy Brown, Friends, and Sex and the City, single pregnant characters have become greatly incorporated into plot lines, with their abilities enhanced by having a child. In these plot lines, a so-called “career women” character finds herself unexpectedly pregnant, unmarried, and decides to keep the child. Rachel on Friends, Miranda on Sex and the City, and even Allison Scott in the film, Knocked Up, all fall into this categorical situation. Goren (2009) notes:
In this post- *Murphy Brown* world, instead of the previous stigma associated with single motherhood, these women develop a more secure sense of themselves; they are often portrayed as ultimately more grounded, more mature than before they had a child. (p. 161-162)

According to Goren (2009), even though these plots involve rather traditional heterosexual (and I would add, white) portrayals, when looking back on the history of sexuality in television, these representations provide a “dramatic leap from the days when Lucille Ball could not use the word *pregnant* to describe her condition on *I Love Lucy* in the early 1950s;” or when most television couples who were married slept in separated twin beds in the 1960s; and when a leading actress’s character had to hide her real pregnancy by strategically placing large handbags over her stomach, or the character was sent to some exotic location for a few months in the plot to explain her absence (p. 160).

Since the mid 1990s, media images of women contemplating having abortions have focused primarily on the “anguish” of the decision to terminate an unplanned or unwelcome pregnancy (Kaufmann, 1997). Cloud (1998), Press and Cole (1999), and Goren (2009) all discuss the pregnancy of Candice Bergen’s character Murphy in *Murphy Brown*. Murphy’s character was singled out for criticism of not upholding “American family values” during a speech given by Vice President Dan Quayle while running for reelection. In his speech, Quayle argued that Murphy Brown had made a morally incorrect “lifestyle choice” by having a child “out of wedlock” and by not caring to provide a father to help raise the child. The vice president’s assertions about upholding traditional “family values” and a popular and loved television character opened up a new aspects in debates in the culture wars of the 1990s, and also exposed some of the absurdities that have revolved around the debate of single, white motherhood (Goren,
The idea that an educated, older (as in over thirty or even forty!), wealthy white woman would choose to have a child, without having a husband as well, seemed completely absurd a few years ago” (Goren, 2009, p.161). In a way, Murphy Brown’s character’s decision to have a child broke the glass ceiling for representations of embracing single motherhood in popular culture (Goren, 2009). Since Murphy Brown, most of the women characters in both television and film that are also portrayed as embracing single motherhood closely resemble Murphy’s character. Most of these characters are wealthy and established enough to provide adequately for a child; most have supportive and attentive friends; and most characters are also usually white, heterosexual, and over the age of thirty. Murphy’s character illustrates prime-time television’s tendency to portray the practice of abortion as only occurring among poor or working-class women (Press & Cole, 1999). Murphy’s character, depicted as a liberal feminist, seemed more likely to be open to choosing abortion; yet, the word abortion is never mentioned nor discussed after becoming pregnant. A similar situation is depicted in Beverly Hills 90210, a program on Fox, when Andrea becomes pregnant and chooses motherhood and marriage over her ambitions to advance with a career in medicine. However, Rapping (1999) argues that Melrose Place, also a program on Fox, offered a radical approach to representations of gender. Jane Mancini’s character worried about finances and future career goals and contemplates about having an abortion with her friends, instead of consulting her husband, Michael.

Heide (1995) noticed that even with the cast of four main characters, representing different life situations, the narrative worked to “punish” or mock the two unmarried characters; and instead affirmed and admired the married women character, who gave up
her career to raise her children. In an analysis of a baby shower episode of *Sex and the City*, Lotz (2006) illustrates that although the four main characters have a variety of different attitudes about motherhood, the selection of perspectives and experiences contradict fundamentalist beliefs that all women are nurturers and aspire to be mothers, and that all other life goals diminish or fade away once a woman becomes a mother. Therefore, no beliefs towards motherhood appear to be favored or even more feminist, and the episode rejects the representation of only one vast perspective as characterizing all women. Therefore, Beail (2009) concludes that modern prime-time dramas provide a wide range of perspectives regarding relationships, motherhood, and careers but do not create one perspective as “correct” (p. 105).

Essential research involving depictions of abortion and motherhood has been presented. One final section of literature must be reviewed which accompanies representations of abortion on television. Portrayals of medical professionals, specifically physicians and nurses, on television will now be further discussed.

Portrayals of Medical Professionals on Television

Since the 1970s, many studies have analyzed the representations of physicians and nurses on television shows dating as far back as the 1950s (McLaughlin, 1975; Kalisch & Kalisch, 1982, 1984; Signorielli, 1990; Bytes & Kayhan Parsi, 2001; Chory-Assad & Tamborini, 2001; Mierlo & Van den Bulck, 2006; Goodman, 2007; Gibson, 2008). Former CBS News President Van Goren Sauter observed:
The two greatest franchises in television are detectives and doctors. Programming about doctors and health have three major advantages to programmers: the life-and-death stakes in any story about doctors and patients, the clear dramatic resolution of the medical problem, and the audience desire to see their health professionals idealized. (Atkins & Arkins, 1990, p. 15)

According to Meier (1999), physicians and nurses are both unrealistically represented on television. McLaughlin (1975) found that television physicians often take risks or test their reputations by performing an unusual or dangerous treatment for patients; television doctors often disobey regulations and conventions, “always succeeding against odds to treat or cure some disease or settle some crisis” (Singorielli, 1990, p. 100). McLaughlin (1975) found that although physicians couldn’t always cure their patients, they still always solved the personal problems of their patients and hold personal power over the patients and their families. Therefore, according to much scholarship, television physicians often try to fulfill the role of and are portrayed as the hero/heroine, the “heroic” savior of the episode (McLaughlin, 1975; Kalisch & Kalisch, 1982, 1984; Signorielli, 1990; Bytes & Kayhan Parsi, 2001; Chory-Assad & Tamborini, 2001; Van Mierlo & Van den Bulck, 2006; Goodman, 2007; Gibson, 2008).

Gerbner, Morgen & Signorielli (1982) found that nine out of ten physicians on television are male, white, and young or middle-aged (Kalisch & Kalisch (1984); physicians are portrayed as superior to the mostly female nurses; and that physicians are shown exercising command over the nurses (Gerbner et al., 1982; Turow, 1992). Besides Dr. Quinn, Medicine Woman (1993-1998), few modern television shows or films have portrayed a lead woman physician (Bytes & Parsi, 2001). Also, nurses are usually both women and overrepresented as being young (Kalisch & Kalisch, 1984; Chory-Assad &
Tamborini (2001), and “yield an image as totally dependent on and subservient to male physicians” (Kalisch & Kalisch, 1984, p. 533). Furthermore, “television nurses largely serve as window dressing on the set and have little opportunity to contribute to patient welfare” (Kalisch & Kalisch, 1984, p. 533).

According to Chory-Assad & Tamborini (2001), older scholarship of medical professionals on television found very idealistic and stereotypical representations, while recent research continues to portray negative images of such professionals. Physicians were depicted as considering their job as a more important part of their lives than nurses did on television (Kalisch & Kalisch, 1982). According to results of Kalisch & Kalisch’s content analysis of personal attributes and primary values of physicians and nurses on television:

Physicians demonstrated higher levels of ambition, intelligence, risk taking, rationality, adeptness, aggression, self-confidence, and sophistication, and values for achievement, integrity, intelligence, power, self-sacrifice, duty, humanism, and family. They were even portrayed as more sincere, altruistic, honest, and perceptive than the nurses. Nurses scored higher only on obedience, permissiveness, conformity, and flexibility, and serenity. (p. 265)

However, Kalisch & Kalisch (1982) found that the physicians and nurses attributes of efficiency, organization, and discipline and values of virtue and love showed no difference in portrayals. Nurses were also portrayed as being more concerned about having romantic interests in male physicians and getting married, than they were about their positions as nurses and overall career goals.

The portrayal of nurses as more concerned with romance and marriage, than their positions and careers as nurses, is similar to Naranch’s (2009) film concept of “marriage telos.” In film, “marriage telos” refers to “the goal of romance, the conclusion of the film
either explicitly or implicitly, is the marriage contract” (Naranch, 2009, p. 39). Similar to the conventional narrative of romance and marriage in films such as *The Wedding Planner* (2001) and *Sweet Home Alabama* (2002), television shows depict nurses whose ultimate goal is obtaining romantic marriage, instead of succeeding with other life ambitions (Naranch, 2009).

Television scholars (Rabinovitz, 1989; Schulze, 1986) have argued that a woman character’s position can only be composed “narratively” in relationship to male privileges and only portrayed as meaningful within the genres of romance and family melodrama (Rabinovitz, 1989, p. 3). Therefore, dominant patriarchal values remain stabilized through this textual construction of women characters. Male television genres always depict men as dominant, adventuresome, and heroic; yet, women genres, such as the *Mary Tyler Moore* show, traditionally portrayed women dwelling in the private sphere of the home (Rapping, 1999). This scholarship reaffirms the studies conducted on television portrayals of medical professionals. In both genres of television, women roles are generally portrayed as being more concerned with relationships, marriage, and the home, while men roles are depicted as being more concerned with career ambitions and being heroes. Hence, the private vs. public sphere dichotomy still prevails in television depictions of men and women’s gender roles. Regardless if a woman has a job as a medical professional, she will still be portrayed as being more nurturing towards patients and worrying about her marital status and family life then male medical professionals.

Research has also been conducted specifically on the portrayals of medical professionals in stories of abortion on television. Condit (1990) analyzed physicians’ roles in television episodes of abortion. In an episode of *Cagney and Lacey*, the limits for
choice were articulated by the abortion clinic’s male physician who raised awareness over the financial issues of birthing and raising children, regardless of a woman’s marital status. The physician stressed financial issues for those “who had only marginal economic self-sufficiency” (Condit, 1990, p. 129). This episode presented abortion as an issue of support for particular types of abortions, rather than as a matter of principle of supporting women’s choice. (Condit, 1990). The physician’s support of the pro-abortion position contained powerful dialogue since physicians carry authority in both realms of society and dramatic life. Mrs. Herrera, a woman seeking an abortion, had to justify her reasoning for abortion to the detectives, yet the physician lectured his positions to the detectives. According to Condit (1990), the physician even defined the pro-choice reasoning for the pro-abortion opinion, not as a moral matter or principle but instead as both a sympathetic matter and being socially necessary. Similarly, the doctor represented the role of physicians in the real life abortion controversy by portraying himself as an expert witness providing firsthand testimony. The physicians reasoning centered on the need for choice because otherwise women will turn to mutilating themselves to abort the fetus. Therefore, physicians would have to deal with the health complications of such mutilated women patients. In contrast, in an episode of *St. Elsewhere*, a man argues that abortion is wrong and fights for the fetus’s rights, while future female physicians and young professional women defended the interest of pregnant women (Condit, 1990).

This literature review has addressed scholarship on topics of health, abortion, television, and medical professionals. This thesis will now examine the medical dramas, *ER* and *House*, from a feminist rhetorical approach. The following critique will examine what sorts of messages and images are being conveyed about abortion and motherhood.
Specifically, there will be an analysis of portrayals of dominate gender roles in stories of abortion in these medical dramas, including the gender roles of medical professionals when treating patients seeking an abortion.
CHAPTER IV

A FEMINIST CRITIQUE OF PORTRAYALS OF GENDER ROLES ON THE TOPIC OF ABORTION IN MEDICAL DRAMAS

Many medical dramas have depicted the topics of pregnancy and abortion. Five episodes from two prime time medical dramas will be examined for the purpose of the following analysis. Three episodes of ER, “Shades of Gray,” (1998) “For the Greater Good,” (2003) and “If Not Now” (2005) and two episodes of House, “One Day, One Room” (2005) and “Fetal Position,” (2007) will now be examined. The following critique will attempt to answer the following questions pertaining to the portrayals of abortion in these two medical dramas:

1). What types of messages and images are being conveyed about abortion and motherhood in these medical episodes?

2). How do these medical dramas perpetuate or challenge dominant gender roles?

Answering these questions through a feminist rhetorical analysis will further feminist research on portrayals on issues of women and abortion on television, as well as the representations of medical professionals that treat such patients. The first section will analyze how episodes portray issues of personhood and fetal rights. Several portrayals demonstrate how fetal personhood overpowers the rights of the mother and father, and also dominates over the treatment the mother of the fetus receives from physicians. Depictions of the rights of the fetus will now be examined.
Fetal Citizenship Prevails

After the decision to legalize abortion in the United States was made in *Roe v. Wade* (1973), the issue of fetal citizenship became an essential component of the pro-life movement. Since then, the pro-life movement has focused on the competing rights between the mother and the fetus (Latimer, 2009). In particular, pro-life activists have focused their attention on proving and promoting the idea of fetal personhood. ¹ Therefore, the abortion debate between pro-life and pro-choice activists became “framed within the parameters of this dichotomy: the woman’s ‘choice’ vs. the fetus’s life; the woman’s ‘privacy’ vs. the fetus’s vulnerability; the woman’s reproductive ‘freedom’ vs. the fetus’s freedom to live” (Latimer, 2009, p. 215).

As discussed throughout the review of literature, the issue of fetal citizenship has been examined through television and film (Latimer, 2009). Specifically, Berlant (1994) discusses how media depictions may suggests a kind of fetal citizenship where “the pregnant woman becomes the child to the fetus, becoming minor and less politically represented than the fetus, which is in turn more privileged by law, paternity, and other less institutional family strategies” (p. 147). In regards to portrayals depicting fetal citizenship, only most women characters are depicted as subjective to the fetus; while most men are seen as dominant over such fetal citizenship. Overall, in each of the following episodes, the fetus’s rights prevail over the mother’s rights, the father’s rights, physicians’ expertise, and anyone else involved in the pregnancy decision making process.
The first depiction notes the fetus’s rights prevailing over the expertise of a woman physician. In the *House* episode, “Fetal Position (2007),” Cuddy, the dean of medicine, specifically gives preference to the fetus when treating Emma, the pregnant patient, by saying that she is the fetus’s doctor and the fetus is the one in control. Cuddy and Dr. House further debate the fetus’s condition.

*House*: My real patient is dying. Very quickly…The fetus is nothing more than a parasite at this point. Removing it is an instant cure.
*Cuddy*: You’re not going to get Emma to see it that way. She’s probably already named the baby. Read him books. Had conversations with him.
*House*: See you get it. She’ll listen to you.
*Cuddy*: No.
*House*: You let this woman refuse to terminate, you’re helping her commit suicide. As her doctor, my recommendation is against suicide.
*Cuddy*: If the baby had a doctor, I think she would recommend exhausting all possibilities before taking its life.
*House*: Then she’d be an idiot.
*Cuddy*: Too bad she’s your boss.
(Friend & Shakman, 2007)

Cuddy says she is in line with the interests of Emma. Cuddy understands Emma’s determination to bring the unborn child into the world at ultimately any cost, including sacrificing Emma’s life. Therefore, Cuddy gives citizenship to Emma’s unborn child by showing that the fetus is controlling the situation and that it is up to the physicians to solve the “medical mystery” for the best interest of the fetus; however, not necessarily for the best interest of the mother, who is, in essence, portrayed as an incubator for the fetus. Cuddy further conveys personhood to the fetus by saying that Emma has probably conversed with the fetus. By referring to the unborn child as a baby and not a fetus, Cuddy also uses the rhetoric of pro-life activists. The pro-life movement views the unborn child as a living baby, not a growing fetus, and thus purposely refers to it as such.
This use of diction gives further preference to the recognition of the unborn child as a “citizen.”

In another scene Cuddy, Dr. House, and Dr. Chase debate the rights of the fetus. Yet again, the woman physician, Cuddy, awards personhood to the fetus, while the male physicians refer to it strictly as a non-living “parasite.”

**House:** What would we do if this patient were not just a tadpole. Say it was an actual person?
*Cuddy:* He… is a person.
**House:** Thanks for playing along. Pretend that it’s a one pound adult.
**Dr. Chase:** If it were really a person and we had no other options, we’d do an exploratory surgery.
**Dr. House:** Let’s do that. [He turns to speak to Cuddy.] You’re the one who insists we treat it like a person. I’ll put it back when I’m done.
(Friend & Shakman, 2007)

The mother, Emma, also speaks of her fetus having “fetal personhood” as a human being, while Dr. House gives preference to the mother’s rights. In this depiction Emma gives up her rights and gives preference to her the life of her fetus. Dr. House insists that the fetus is no more than an incurable tumor that is killing Emma, while Emma insists that both of them can be saved. She refuses to even consider the idea of having an abortion, even though she is dying.

In these two scenes, the male physicians are portrayed as viewing the unborn child as a fetus and do not grant the fetus personhood. In contrast, the woman physician and the expecting mother both reward the unborn child with fetal citizenship.

Furthermore, these depictions may suggest that women do or are supposed to take the pro-life stance and grant the fetus personhood. However, the male physician’s portrayals may suggest that men tend to be pro-choice activists, and therefore only view the fetus as
an uncharacterized being that has no personhood. These ideological portrayals (which will be further discussed in another section of the analysis) bring about motives that women should be more focused on the needs of children, even an unborn child, than a man should; as if it is in women’s nature to feel a certain way about signifying an unborn child’s personhood, regardless if the woman is pregnant.

At the end of this episode, the emphasis remains on the need and importance of motherhood. Dr. House is put in direct contact with the exposed fetus during a procedure to finally properly diagnose the problem. Dr. House is taken aback when Emma’s stomach is opened, and the fetus’s left hand reaches out and strokes Dr. House’s hand. After that encounter, Dr. House begins to view the fetus as a baby and refers to Emma’s child as a baby. This portrayal depicts Dr. House conveying personhood to the fetus. In the concluding scene, Dr. House is shown alone in his home rubbing his left thumb against his fingers as if remembering the feel of the baby’s hand. In the background, music is playing with the words, “Are you all right? Do you have someone to hug and kiss you?” (Friend & Shakman, 2007). Then, months later, Emma is shown holding her baby and looking very content. This portrayal depicts a “happy mother” ideology, in which women are supposed to be mothers, are naturally inclined to be mothers, and will even put their lives on the line to have a child of their own. Furthermore, this episode depicts fetal citizenship outweighing and winning over any other aspects of life, including the health of the mother; and also suggests that motherhood always wins, regardless of what physicians think is in the best interest for their primary patient, the mother.
Similarly, conflicts over the rights of the fetus erupt between physicians in two episodes of *ER*. In “Shades of Gray” (1998), a reproductive center, functioning as an abortion clinic and a prenatal care and family planning facility, is bombed. The physicians at County General deal with the aftermath of the pregnant bombing victims, including women that were in the process of receiving abortions, other women who were at the facility receiving prenatal care, employees of the center, and pro-life activists protesting outside the center. Dr. Weaver and medical intern, Anna, are helping Brianna Thomas, an unconscious, white, twenty-eight-year-old victim who, due to the bombing, hadn’t fully received an abortion. Anna thought the fetus was too far along, at about 18 weeks, for Brianna to be seeking an abortion. However, Brianna’s medical paperwork from the clinic revealed that she was in the middle of receiving an evacuation abortion when the clinic was bombed. Brianna is hemorrhaging and needs immediate care to finish removing the fetus. Dr. Weaver asks Anna to finish the abortion, and Anna steps back and says she can’t finish it. Therefore, Dr. Weaver finishes it herself. Afterwards, Dr. Weaver asks to speak to Anna regarding her performance with the patient.

**Anna:** I don’t know, the fetus was so far [pauses] along and… **Dr. Weaver:** Well what about Brianna Thomas? She was your patient and she was hemorrhaging? **Anna:** I don’t know, I didn’t…the baby had a chance. **Dr. Weaver:** Look, there are plenty patients and procedures that we may find distasteful. **Anna:** Distasteful? Come on Kerry. I’m not squeamish. It just felt wrong. **Dr. Weaver:** We can’t allow our feelings to dictate the standard of care that we give people.

At the end of episode, the two female physicians discuss the abortion issue again.

**Anna:** If you would have asked me when I got up this morning I would of I would of said the same thing, but in this case she was so far along… **Dr. Weaver:** And what if another Brianna Thomas comes through those doors?
Anna: I’d love to be able to tell you that if the same case came in tomorrow I’d able to do the same procedure without a second thought, but I don’t know. (Howard Corbin & Gentile, 1998)

Due to the progression of the developing fetus, Anna had moral objections to performing the abortion. Therefore, the rights of the fetus prevail over the body and rights of the mother. By Anna believing that the fetus can and should be kept intact, Anna was greatly jeopardizing the mother’s body as well as her right to choose an abortion. Anna could have ended the life of the mother by trying to let the fetus remain intact.

In addition, the ER episode, “The Greater Good,” (2003) depicts a conflict between two male physicians regarding a pregnant patient. The patient, Dennie, is a twenty-seven-year-old, married woman who had two prior miscarriages. She is only twenty four weeks pregnant and already going into labor. Her husband is out of town on business, so the decision about the baby is ultimately hers. When discussing her situation with Dr. Pratt, a new resident physician, she bluntly states that she does not want to have a premature baby. She doesn’t want to take the risk that a premature baby could have brain damage and have to live on a ventilator. Although she says she really wants children, if it would be premature then she says, “I don’t want it this way” (Gemmill & Thorpe, 2003). Dennie originally thought she was having another miscarriage, but Dr. Pratt tries to assure her that she is going into labor and the hospital will try to save the premature baby. Dr. Pratt is fairly confident that the baby can be saved, while Dennie wants no part in birthing a premature baby. Dr. Pratt is surprised that Dennie doesn’t want to keep the baby. Therefore, he seeks the advice of the other physicians regarding Dennie’s medical case, including one medical student. The medical student advises Dr. Pratt that the mother has no rights in the decision due to the County General’s hospital
policy that states any fetus or birthed baby weighing over 500 grams must be resituated by a physician. Dr. Kovac says he disagrees with the hospital policy and doesn’t think the child will have much of a chance to live a normal life. Dr. Lewis advises Dr. Pratt to do what’s in Dennie’s best interest, regardless of the hospital policy.

Even though Dennie is in the beginning stages of labor, she leaves the hospital on her own without being properly released. She tries to make it to another hospital for an abortion, but she starts hemorrhaging in the taxi cab. At this point, Dennie has to deliver the child at County General and has two options to choose from once the child is born. She can either put the child on a ventilator or let the child die naturally. During the birth, Dennie is awake and says, “It’s too soon…Let him go… I don’t want this baby” (Gemmill & Thorpe, 2003). Once the baby is delivered, Dr. Kovac insists that the baby must be weighed first, before the physicians can try to save and tube the child. However, Dr. Pratt seems persistent to save the baby, regardless of the baby’s weight. The baby weighs in at over 500 grams and is tubed. During this time, Dennie, Dr. Kovac, and Dr. Pratt are debating the tubing of the baby. Dennie adamantly tells the physicians that she doesn’t want tubes on the baby. Dr. Kovac wants to grant her requests. However, Dr. Pratt insists on following hospital policy, and is also intent on saving the baby since it is out of Dennie’s womb and still breathing. While in the operating room, after the birth, Dr. Weaver comes in to speak with Dr. Kovac in regards to another teen aged patient. Referring to both the teenager’s and Dennie’s medical cases, Dr. Kovac indirectly speaks towards Dr. Pratt, who is shown caring for Dennie’s baby. Dr. Kovac says, “Everybody’s so concerned about the rules and policies that they’re forgetting that there’s a kid caught in the middle of this” (Gemmill & Thorpe, 2003).
In this episode, the baby was still in Dennie’s womb when she demanded that she didn’t want it to live. In this portrayal, Dennie’s rights were violated, not necessarily by the physicians who were following hospital policies, but by an institution that operates politically. The policies, involving politics, of the public institution violated the rights to Dennie’s body, along with the right to govern a fetus growing inside her body. In her ill stage of labor, she tried desperately to make it to another hospital which respected her choices. When seeking treatment, Dennie’s rights as a patient did not prevail over the rights given to the fetus. Like Brianna Thomas in the *ER* episode, “Shades of Gray” (1998), Dennie was also hemorrhaging and her health was put at risk by giving birth. In the episode, Dennie lost a lot of blood during the delivery and had to have a blood transfusion, yet the focus remained on the needs of the premature baby.

One argument for legal abortion is to provide women with the choice to protect their bodies from harm due to the fetus. Similar to Emma in “Fetal Position,” (2007) Dennie’s fetus is causing her body harm; however she didn’t want to keep the child and her wish was not granted. However, in “Fetal Position” (2007), Emma desperately wanted to keep the child, even though all the physicians, besides Cuddy, thought she should abort it. Yet, Emma’s baby is miraculously saved from termination, since the medical problem is solved. Although these two depictions portray opposite opinions of pregnancy, the overall message conveys that fetuses should be birthed, no matter what. While Emma does everything possible to not abort the fetus; Dennie is portrayed as “unmotherly” since she doesn’t want the baby to fight to stay alive after being born. Since Emma saved the fetus and had a healthy child, Dennie’s portrayal suggests that she didn’t do her part “as a mother” to believe in the baby’s survival and to grow up healthy.
Similarly, in society, women are meant to feel responsible for procreation and fulfilling the roles of an appropriate and “traditional” mother. Women are supposed to accept the responsibility of birthing children, regardless if it is seen as a burden or form of hindrance to them. This ideology is also a recurring theme seen in portrayals of women in popular culture and throughout this analysis.

Pregnant women are also often blamed if something goes wrong during the pregnancy. Anderson and Elfert (1988) elaborate on this notion by discussing the idea of the “competent mother.” Within a societal context, Anderson and Elfert (1988) define “competent mother” as an ideology which structures the lived experiences of women and is emphasized the moment a woman finds out that her child is afflicted with a chronic illness. Within the ideology of the competent mother lies the ideology of the “blame mother.” Women “successfully” initiate their competence of the mother role by birthing a healthy child. However, ideologically, having a child born with a health problem makes the mother wonder what she did wrong and the mother is seen as less competent.

Furthermore, Goldner (1985) argues that women’s socialization sensitizes them to the feelings of others and promotes the notion that caretaking is their responsibility. As a part of a woman’s nurturing abilities, she will do almost anything to fix things. According to Anderson and Elfert (1988), “Making things right in the family is how a woman is taught to display her competence” (p. 741). Furthermore, women who defy any of these roles, including by having an abortion, are considered demeaning the purpose of women in society. In this case, Dennie is portrayed as a “bad mother” since she does not want to do everything in her power to save her premature baby. She is considered an “unfit mother” who isn’t willing to sacrifice her desires for the life of her child.
At the end of Dennie’s episode, Dr. Kovac, the attending physician, and Dr. Pratt are still debating the birth of her premature baby. Dr. Kovac still believes that the child was not worth saving, since it will more than likely require “twenty four an hour nursing care,” and the resources could have been better used towards a new born who had a better chance of survival (Gemmill & Thorpe, 2003). Dr. Pratt’s dialogue suggests that all babies should be saved, since the hospital has the technology and the expertise to offer for all babies’ survival. This is one of the few instances when the concept of money or finances is discussed throughout any of the episodes. Dr. Kovac is concerned about the money that is being wasted by the hospital on the technology being used, due to its cost and limited amount of availability. Dr. Kovac believes that both the money and technology could have been better used for other patients who had a better chance of survival. This is the only dialogue that does not promote the survival of Dennie’s baby saying that such technology could be better used for a more developed being. However, Dr. Pratt is favoring the rights of the fetus by implying that by letting babies die Dr. Kovac would be practicing inefficient medicine. In this episode, the mother’s health was considered secondary to the survival of the fetus.

Overall, in these episodes, the fetus’s rights trump those of the mother. Specifically, the stories emphasize physicians’ moral objection to termination even when the health of the mother is at stake. In these episodes, several physician’s moral objections to abortion may be depicted as hindering the legal right for women to choose, and furthermore may jeopardize the health of the mother. Also, similar to the confrontation between Dr. Weaver and Anna regarding Brianna Thomas’s care, Dr. Pratt and Dr. Kovac debate the idea of doing everything they can for their patients. However,
medical care seems to be granted primarily to the fetus, further demonstrating its personhood; while the women characters are portrayed as secondary patients of the fetus. Throughout these portrayals the emphasis of rights is granted foremost to the fetus.

This section has evaluated portrayals of fetal personhood and aspects of the ideological construction of motherhood. However, none of the above portrayals depicted any person who had religious objections to obtaining an abortion. The next section will now examine the religio-moral standpoints that two pregnant rape victim patients hold against seeking an abortion. Furthermore, the religio-moral objections of pro-life activists will also be analyzed in the following section.

Religio-Moral Objections

Before going into the analysis portion of this section, it is important to first distinguish the differences between the terms, moral and religious beliefs. A person is able to object morally to abortion or any other notion or element in life without having any religious convictions. However, the characters of the following depictions primarily hold religiously constructed objections to abortion. Their beliefs are first shaped by the teachings of their religion, in these portrayals, Christianity. Their religion tells them how they should morally perceive different ideas and elements in life, thus constructing their moral convictions through a religious affiliation.

Women who have religio-moral objections towards abortion and still choose to go through with an abortion may live with feelings of guilt for the rest of their lives due to the moral pressure received from their religious affiliation. Such an experience is
something that a woman and/or couple may never mentally recover from. Prevailing social norms pressure women to feel responsible to procreate, since they are the ones who ultimately bring life into the world (Goldner, 1985). Guilt may be associated with such responsibility to procreate, if a woman chooses not to do so; while, the majority of men don’t have to deal with such feelings of guilt.

Furthermore, women are meant to feel guilty about expressing any kind of sexuality that is considered masculine, including the authoritative power to make the choice for abortion. Women are often subjected to demeaning and derogatory comments for dressing provocatively or expressing their sexuality in other ways, including intercourse. Within the context of Christianity, women are discouraged from sexual activity before marriage and are subject to feelings of guilt if they do engage in premarital sex. Such derogatory name calling and guilt doesn’t end once a woman takes the steps toward pregnancy to fulfill her ultimate role as “mother” in society. If the woman keeps a child, she will be expected to be the primary caregiver, possibly end her career, and will be criticized for anything she does that doesn’t “fit within” the ideological depicted image of a “good mother.” She may always feel guilt if others comment that she does not raise her children correctly.

In particular, these prime time medical dramas perpetuate these gender ideologies in episodes depicting women and abortion. Previous media scholarship has primarily focused on moral objections to abortion, in which religion is not the basis for the objection to abortion. A few scholars (Condit, 1990; Press & Cole, 1999) have noted several episodes depicting religio-moral objections to abortion. However, these scholars
have noted that the portrayals seem to only be framed within the rhetoric of the pro-life movement. In other words, when religio-moral objections are portrayed, these depictions are only done so through the ideas of the pro-life movement, further perpetuating the ideologies of both pro-life and pro-choice rhetoric (Condit, 1990). A look at prime time medical dramas indicates that religio-moral objections are linked to the sanctity of motherhood.

Two episodes depict young pregnant rape victims who are contemplating abortion. In the *ER* episode, “If Not Now” (2006), a white fifteen-year-old girl, Amanda, comes in by herself with symptoms of stomach pains. A medical intern, Neela, reveals to Amanda that she is pregnant. Amanda is both shocked and devastated by the news and tells Neela that the father is a student from her school. Amanda, who was raised Catholic, suggests that she has two options to either keep the child or give it up for adoption. Neela suggests she also has the third option of abortion. Amanda replies, “I could never do that. That would be against God” (Zabel, 2006). During an ultrasound, Amanda and a gynecologist discuss the pregnancy. Amanda says that her parents “won’t understand” and think that she has sinned (Zabel, 2006). Her parents are called to the hospital so that Amanda can inform them of her pregnancy. Her parents are not happy about the pregnancy, but know that Amanda must keep the potential child. Neela tries to offer her parents options and places for counseling, but her parents insist they will handle the pregnancy themselves. Neela tries to persuade Amanda’s father into agreeing that Amanda should consider having an abortion.

Neela: It’s just that she’s young and it was an accident.
Amanda’s father: No. No. I don’t believe in accidents. I know you may not understand this, but it is God’s will for her to have this child.
Neela: I only mean you may want to consider the long term effects.
Amanda’s father: You may want to consider the spiritual effects of what you’re suggesting.
Neela: It’s my job to make sure that the patient understands all the options available to her.
Amanda’s father: Human life has just been created, and I’m sorry but anything that interferes with that is morally indefensible.
(Zabel & Gallagher, 2006)

Neela holds interest in Amanda’s well being. Through Neela’s dialogue and tone, it can be implied that Neela would suggest Amanda have an abortion if she wants one, regardless of religious or moral implications. Neela justifies her position in two ways. First, Amanda is still in high school and only fifteen. This may make her less competent to properly gestate and also provide stable care to a child. Second, Neela suggests an abortion being that Amanda’s conception was by rape, which is revealed later in the episode. When Dr. Kovac and Neela come in to release Amanda from the hospital, she reveals that she was drug raped at a party. Amanda tells Dr. Kovac and Neela that she doesn’t want to keep the child. Neela says her parents will understand, but Amanda informs both physicians that she has already told them and that they still demand that she has the child.

Neela suggests to Dr. Kovac that Amanda take an abortifacient, such as misoprostol. Dr. Kovac insists that Amanda does not want to abort the baby and would not even consent to that form of abortion. The conversation ends with Neela accusing Dr. Kovac of being unfit to handle this case, since he is a Catholic. He is highly offended and says that he always puts the patient’s best interests before his own personal beliefs. Yet again, the religio-moral objections, specifically of Amanda’s parents, convey personhood on the fetus. Amanda’s right to choose is also silenced by her religio-moral objections,
which give ultimate preference to the fetus’s survival. Regardless of how the baby is conceived, Christian affiliated religio-moral beliefs promote birth over abortion every time.

At the end of the episode, Dr. Kovac speaks to Amanda alone and asks her if she really wants to keep the baby. Amanda says she has to keep the baby. Then, Dr. Kovac asks if it is something she wants, which she replies no. Therefore, Dr. Kovac suggests that she use a laminaria procedure to try to induce a miscarriage.

Amanda: Is it a sin?
Dr. Kovac: It’s just a medical way we have of giving God a chance to reconsider.
(Zabel, 2006)

A laminaria procedure opens up the cervix in hope that the fetus will come out of the uterus. In other words, it is similar to an abortifacient used to induce an abortion. Therefore, Amanda basically had an abortion, but Dr. Kovac used different terminology to describe it and used different technology to induce the abortion. In some senses, this episode underscores the arbitrary nature of many of the issues surrounding abortion. In this portrayal, the physician simply altered his terminology so as to make the procedure fit within the religious prescriptions of the patient. Dr. Kovac is implying to Amanda that God will make the final decision regarding the fetus’s survival or not. This portrayal depicts a barrier between science and God. Even though both Dr. Kovac and Amanda both hope that, in this case, science wins, by the “miscarrying” of the fetus, ultimately it will be God who makes the decision for Amanda. Dr. Kovac’s words comfort Amanda’s beliefs that even though she is trying to terminate the fetus, she is still morally sound, in the eyes of God, her parents, and herself.
In this portrayal, Amanda did not actually face the confliction of her morality by having an “actual abortion” as some real women may have to do. Women who morally and/or religiously object to abortion must contemplate their convictions when deciding to abort a fetus or not. In reality, there are woman who, for which ever reason or circumstance, may not want to or are unable to birth a developed fetus. Religo-moral conflictions towards having an abortion can limit the opportunity of choice.

Furthermore, it is interesting to consider how American society views abortion. It can be considered morally and religiously “sinful,” and it can also still be considered politically incorrect. The legalization of abortion is controlled by the government. Women who abort fetuses are not legislatively “condemned for their sins,” or put on trial as prisoners and sentenced to prison. However, some religious organizations, including such extremist pro-life activists, would deem this as appropriate “punishment” for those who do not obey (their) God’s law. As discussed in the review of literature, pro-life activists believe that women who choose abortion are killing a sacred life.

The American government gives women the choice to terminate, and women are not “prosecuted” for doing so. Yet, American law, society, and popular culture, including television, all promote the idea that abortion is still frowned upon and should not be directly used, even in cases of rape. Instead of imprisonment, those who choose to have an abortion may be made to feel morally condemned by society. Even though women cannot be convicted of terminating a fetus, they may feel morally condemned to guilt and wrongdoing for the rest of their lives.

Additionally, Biblical scriptures are used to justify the condemnation of women who choose abortion. As discussed in the review of literature, one reason in which the
pro-life movement, including Christian and other religious institutions, is against abortion is due to the interpretations of biblical passages referring to the sanctity of human life. The *ER* episode, “If Not Now” (2006), presents women’s reproduction as secondary and subjective to men’s authority and approval. In this depiction, Dr. Kovac and Amanda discuss her morality and Christianity. They both cite bible scripture passages, and Dr. Kovac reveals that he is also Christian. However, instead of using biblical passages to prove the immorality of abortion, Dr. Kovac uses biblical passages relating to creation to show that human life does not begin in the womb.

*Amanda:* Before I formed thee in the belly I knew thee. And before thou camest forth out of the womb I sanctified thee and ordained me a prophet unto the nations.

*Dr Kovac:* Jeremiah 1.5. Man was born of dust. It was only when God breathed life into Adam that he became a living soul. Genesis.

*Amanda:* You’re a Christian.

(Zabel, 2006)

Referring to the story of Creation in the Old Testament’s book of Genesis, Dr. Kovac tries to ensure Amanda that life begins when a person takes their first breath. Therefore, Amanda has done nothing “wrong,” nor did she take away life from a living being. In this portrayal, the idea of the start of human life is only discussed to prove that she is not a sinner going against God’s will. This is another example of how this episode portrays objections to the rules of both religion and morality without the person actually go against their religion’s beliefs. Once again, Amanda is portrayed as not breaking the “laws” concerning her religious morals. Dr. Kovac finds a way to end the pregnancy without it seeming sinful, further suggesting his role as Amanda’s “savior.” The use of bible passages demeans the essence of a woman’s body and of creation. These passages only discuss the birth and reign of men, not humans in general, and certainly not women.
The scripture implies that man was born first by dust. The covenant between God and man is made known by God breathing life into Adam. Using this scripture denies the religious creation story of women. It also shows that women’s wombs and abilities to create life are secondary to the primary existence of men.

Furthermore, Amanda’s discussion of God’s use of prophets also demeans women’s place in society as unable to preach God’s word, since prophets in the Bible are only men. Here, the Bible passages depict women as having no power and authority to preach the word of God, including the ideals of morality and creation. It is as if women have no rights in how religious organizations preach about their own “bodily” sexuality.

Religio-moral objections are also contemplated in the episode of *House*, “One Day, One Room” (2007). Dr. House unwillingly counsels a pregnant rape victim. Eve is in her mid twenties and a college graduate with a major in comparative religion. It can be further implied that the character’s name, Eve, draws symbolic parallelism to the name of the “first created” woman, Eve, in the Christian-Judeo Old Testament biblical creation story of Adam and Eve. Eve wants Dr. House to primarily counsel her as a rape victim. However, mid way through the episode it is revealed that Eve is pregnant. Therefore, Dr. House, who did not want to counsel Eve in the first place, is forced into discussing both moral and philosophical reasoning regarding rape, pregnancy, and abortion. Similar to Neela’s suggestions for Amanda’s treatment, since Eve was also raped, Dr. House suggests she has an abortion. Additionally, Eve, like Amanda, is also a Christian, and thinks that abortion is morally wrong and believes it is murder. Furthermore, Eve believes that “every life matters to God;” while Dr. House believes that every life cannot
be valued as equal and that God does not determine the equality of human life. Instead, Dr. House believes that nature determines the value and worth of every human life.

Dr. House justifies his pro-choice position for two reasons. Similar to Neela’s advice regarding terminating Amanda’s pregnancy, Dr. House also advises Eve to have an abortion since her conception was through rape. Dr. House’s second reason, used to try to persuade Eve, involves the recognition of start of human life. Similar to Dr. Kovac’s definition of life when speaking to Amanda, Dr. House acknowledges that human life begins at birth, not conception. In this portrayal, Dr. House recognizes that an unborn child is a life, but this episode does not depict Dr. House as fully aligned with the pro-life position. In this episode, although Dr. House does recognize the fetus as a life, he still favors the existence of nature to overpower the notions of both God and morality. Dr. House presents Eve with two opposing philosophical viewpoints concerning the sacredness of life. He states that either all life is sacred (therefore, abortion should not exist); or due to the idea that life is based on the theory of evolution, in which nature controls the destiny of all living beings, not all life is sacred (therefore, abortion is permissible). Dr. House assigns the rights of morality to nature on which religion does not have an effect. He tries to persuade Eve that science triumphs over religion, and therefore she should be able to choose abortion without any moral objections.

Also, the *House* episode, “Fetal Position” (2007), and the *ER* episode, “Shades of Gray,” (1998) both contemplate the religo-moral notions of abortion as “murder.” In the above *House* episode, the sacredness of life is discussed in comparison to the life of Adolf Hitler. In this depiction, Dr. House is using the (considered evil) lives of Hitler and Eve’s rapist to prove that abortion is neither wrong nor evil. Dr. House believes that both
lives of Hitler and Eve’s rapist should not be valued due to their inhuman crimes. Furthermore, Dr. House believes that not every life is sacred; therefore, Eve shouldn’t feel sacrilegious or immoral about terminating the existence of an unborn child.

Opposite to Dr. House’s justification for abortion, in “Shades of Gray” (1998) Miss Martinez, a pro-life activist, speaks to Anna, a medical intern, using the example of Hitler’s military regime to draw comparison to the act of abortion as being immoral and evil.

Miss Martinez: It’s like that old poem about the Nazis. You know first they came for the Jews, then for whoever, and when they came to take me…
Anna: Doctors who perform abortions are not Nazis.
Miss Martinez: Of course not, but if we sit around while they are taking the children, then who’s next?
(Howard Corbin, 1998)

As a pro-life activist, Miss Martinez, is implying that just as the Nazis started to conquer and murder different groups of people throughout Europe and Asia during the 1930s and 1940s, the legalization of abortion also gives people the opportunity to take away human life. She is implying that like the Nazis killing of Jews and other groups of people, abortion kills unborn children. Therefore, in Miss Martinez’s opinion, abortion is murder and evil.

Another religo-moral notion of “everything happens for a reason” is also discussed in two episodes. In the House episode, “One Day, One Room,” (2007) Eve believes in the notion that God makes everything happen and for which ever reasons God “chooses” you to do something, you must accept it, whether it be good or bad. Due to Eve’s pregnancy as a result of being raped, Eve tells Dr. House that maybe God was challenging her by making her go through such experiences. In the ER episode, “If Not
Now,” (2006) Dr. Kovac also tells Amanda that everything happens for a reason and that she may just have to accept her pregnancy (however, Dr. Kovac says this before he finds out that Amanda’s pregnancy was conceived through rape). When applied to both of these portrayals, the moral belief that “everything happens for a reason” implies that women have no choice when it comes to pregnancy or being raped. This notion implies that their destiny and life choices are controlled only by God. In application to abortion, by believing in this moral idea, real women are limiting their options as they make choices concerning their own well-being and interests. However, in the *House* episode, Eve does end up getting an abortion. Eve is only persuaded to have an abortion after Dr. House opens up about his past experiences of child abuse. Eve wanted him to speak about his previous or current grievances in life, so that she felt comfortable discussing her rape and a possible abortion with him.

This is one of the few portrayals of a white woman choosing an abortion on television. Even white women who are raped are not usually portrayed as seeking abortions. Although Eve’s class status cannot be precisely determined, it may be implied that she is lower to middle class. The suggestion that she may be lower class comes from the fact that she is recently out of college, unmarried, doesn’t mention having a career or steady job, and doesn’t seem to have any financial support from family or even mention her parents throughout the episode. The depiction of a white, lower class woman seeking an abortion is almost nonexistent on television. Throughout the review of literature only a few women are depicted as choosing an abortion and the majority of these depictions are of Latina, such as Mrs. Herrera, or black women who choose abortion, due to their economic status. Even in the portrayal of the plaintiff for *Roe v. Wade* in the television
movie, *Roe vs. Wade* (Hoblit, 1989), Ellen Russell is depicted as a presumably, lower class, white woman who, although desperately is seeking a legal abortion, is unable to (Press & Cole, 1999). Therefore, it can be implied that she perpetuates the same representations of women on television. When it comes to abortion on television, white women are still only portrayed as choosing abortion in extremely limited cases due to rape.

Although Eve’s depiction is considered progress for the equal representations of all races and classes of women on television, this portrayal doesn’t defeat the notion of religio-moral objections to abortion. In both Eve’s and Amanda’s portrayals, religio-moral objections are represented as a way of limiting women’s freedom to choose, in these cases to choose abortion. Religious morals are upheld throughout these portrayals, since both Amanda and Eve find other ways to terminate the fetus, without interfering with their religio-moral convictions. Amanda has an “induced miscarriage,” while Eve makes the decision for abortion based on the conditions that Dr. House opens up to her about his previous grievances as a victim of child abuse. Eve wanted to feel that other people are victimized as well, making it “okay” for her to choose abortion since she, too, is a victim. Although Eve does have an actual abortion, Dr. House does not persuade her to think differently about her religio-moral objections to abortion. She still believes in her religious objections that abortion is immoral, therefore limiting her options as a pregnant woman. During the final scene, she only gives preference to abortion based on the fact that she is a rape victim.

Overall, Eve’s portrayal is still perpetuating the notion that abortion is still immoral and not a valid choice, but may be advisable only in cases of rape. These
depictions perpetuate the idea that abortion is wrong and only a choice strictly in cases of rape, and even then the woman should still favor keeping the unborn child. Therefore, these depictions promote the prevailing ideology of obtaining motherhood, regardless of any situational factors. Thus far, throughout this analysis, the ideology of women as “natural” possessors of motherhood has been briefly discussed. The next section of this analysis will further examine depictions of women urgent to obtain motherhood at all costs.

Urgent Motherhood

Since motherhood is culturally constructed, dominant ideologies pertaining to motherhood have permeated throughout all parts of American culture. Condit (1990) discusses the dominance of the “myth of motherhood” in American mass culture before 1960, and defines this myth “as the primary or sole identity of women” (p. 227). In particular, Condit (1990) elaborates that, according to the pro-life movement, these activists hold this general assumption that, in reality, motherhood is the essential definition of womanhood.

As discussed in the earlier sections, one underlying ideology of the “myth of motherhood,” is the claim that all women should fulfill the “private sphere” role as primary caretaker to family and friends. When discussing why women carry the burden of caretaking in society, Anderson and Elfert (1988) assert:

Women are expected to be the caretakers; this is a societal ideology that is internalized by them and recreated in their everyday lives. Their everyday activities reflect the ways in which they meet societal expectations. Caretaking is
organized around the societal category of gender and the act of caretaking displays how gender relations are structured. (p. 740)

Media analyses of motherhood have found such ideological constructions of women and motherhood throughout both television and film. Specifically, research has found that portrayals of motherhood still portray the underlying ideologies of the “myth of motherhood.” According to Condit (1990), Press and Cole (1999), and Hurt (2007), regardless of marital status, white, middle-upper class women are portrayed as always “choosing” family over career and other goals. These scholars all agree that these portrayals reaffirm the value of family and motherhood over career. Furthermore, women of a certain age, who have financial stability, are suppose to contribute to society by obtaining the ultimate “fulfillment” of motherhood. Hurt’s (2007) research reminds audiences that even when women do contemplate an unplanned pregnancy, abortion is not portrayed since the characters always pick family over other goals. In addition, the portrayals of women contemplating abortion depict a “classless” decision, in which finances are of nonexistence and abortion centers are readily available for use, if need be. In other words, the idea of obtaining an abortion is alive, but is presented as classless and highly available, but never portrayed as desirable or obtainable.

In these portrayals, regardless of any other factors, Hurt’s (2007) theme of “having it all” can be interpreted as the need for all women to obtain the life of a heterosexual family. In other words, family triumphs over abortion every time. Media depictions further portray the need for all women to have children, especially women characters that are in their mid thirties to mid forties. Media programs depict pregnancy and obtaining motherhood as the “savior” towards ultimate fulfillment for these women.
in society. Otherwise, the audience is left contemplating what these women characters would do, as citizens in society, without obtaining motherhood. In the following portrayals, two pregnant women, within the age range of late thirties/early forties are depicted in situations in which abortion is contemplated. Within the ideological construction of parenthood, the role of father’s rights will also be briefly discussed. The ideological “urgency” to live out the “myth of motherhood” will now be evaluated in the following episodes.

In the episode of *House*, “Fetal Position” (2007), Dr. House is trying to diagnose the medical condition of Emma. Emma, a photographer, is forty two, divorced, pregnant, and just had a stroke. Emma had two prior miscarriages and believes this is her last chance to have a child. After the stroke, Emma’s kidneys and liver start shutting down. She is not far enough along to let the fetus be born prematurely. Dr. House and the team of physicians and interns realize that something is malfunctioning in the fetus’s body, causing Emma’s stroke and her body to shut down. The group of physicians is having trouble finding out what specifically is the root of the fetus’s problems.

The two main story lines of this episode revolve around Cuddy’s, the dean of medicine at the hospital, and Emma’s, the dying pregnant patient, quest for motherhood. The two stories also involve the medical expertise and sarcastic opinions of Dr. House, who is treating Emma. Throughout the medical journey to quickly finding the cause of problem, Emma and her unborn child are put at risk, sometimes greatly, to try and find the cause; however, Emma refuses to put the fetus through seriously dangerous medical tests that could possibly harm or kill the fetus, even if such tests could save Emma’s life.
The episode reeks of women desperately seeking motherhood, even if they die along the process. Since Emma’s conception was unnatural, with a gay man donating sperm, Emma is portrayed as a single, white woman who is making the ultimate sacrifices and choices to become a mom, on her own, at all costs. Even though Emma does tell Cuddy that she may not be meant to have children, the episode portrays woman as seekers of ultimately motherhood (or bust).

Emma does not give up on her quest to save her unborn child and herself. Dr. House tells her that her unborn child is killing her and they can’t figure out the reason since the fetus is not fully developed. Dr. House practically insists that Emma have an abortion, but she refuses to consent to an abortion and instead tells Dr. House to find a way to save both of them. In the end, motherhood and family life prevails, since the root of fetus’s medical condition is properly diagnosed. Therefore, the will for motherhood always triumphs, and the depiction dictates that even severely ill pregnant woman should fight to remain pregnant for the “ultimate sacrifice.” In this episode, Emma sacrifices her own life and rights as a woman; and from Emma’s viewpoint, the fetus is granted the right to life, first and foremost. Therefore, the mom becomes nothing more than an incubator in which the fetus must grow and fully develop within.

Similarly, Cuddy, the dean of medicine, has made Emma’s medical case top priority and made sure she received the best care by assigning Dr. House, the best diagnostician at the hospital, to solve the problem. Cuddy, a wealthy, extremely successful white physician in her forties, is also desperately seeking motherhood. Cuddy sacrificed one of her ambitions in life, motherhood, for her career, in which she has become very successful in but is still depicted as being unfulfilled without a family. Even
though Emma took the more “traditional” route of trying to have children while married, Emma is also portrayed as being unfulfilled without children. This is the reverse of most mediated portrayals of women in their forties. Such women are usually portrayed as giving up their careers for their husband and children, or they never have a career at all. Most portrayals of women on television depict women as home dwellers, sometimes unsatisfied, who didn’t get the opportunity to explore their career ambitions.

In this portrayal, since Cuddy is not pregnant, but understands the “imperative” need for women in their forties to conceive, she tries to live out her “dream” by saving Emma and her unborn child. Cuddy questions House’s judgment about care for Emma and the fetus; Cuddy also tries to do everything in her power to save the fetus, even when the rest of the physician’s staff have concluded that the only solution to saving Emma is to abort the fetus. Cuddy is portrayed even more desperately in her quest for motherhood, since she is not pregnant, but anxiously wants to be. Dr. House trivializes Cuddy’s commitment to Emma’s case and yearning for motherhood.

Cuddy: She’s an important patient.  
Dr. House: Because she takes pictures? Or because she is you? Woman in her forties. Single. Using a turkey baster as last gasp of motherhood. And you want to make sure she succeeds, so that you’ll still have hope. Can’t be a good doctor if you’re not objective.  
Cuddy: Why did you say all that stuff?  
Dr. House: To humiliate you.  
(Friend & Shakman, 2007)

In this instance, Dr. House is telling Cuddy to overlook her personal biases about motherhood and focus on the patient’s survival. Dr. House can be seen as domineering over Cuddy by telling her to set aside her motives for motherhood and to think like a doctor. However, in this portrayal, Cuddy’s motivation towards motherhood was framed
as empowering, and was beneficial for both the mother and potential child. However, Dr. House is demeaning the empowerment of motherhood; he is also demeaning women past a certain age (or any women who are having trouble conceiving) by insinuating that such women are desperate to obtain motherhood.

In the *ER* episode, “If Not Now” (2006), Abby, a white, former nurse and current medical intern, becomes accidently pregnant by her good friend, Dr. Kovac. Just like Miranda in *Sex in the City*, Abby’s main reason for considering keeping the child is her age. Abby says to Dr. Kovac, “I don’t know what I want. I mean I’m thirty seven years old. If not now, when?” (Zabel & Gallagher, 2006). Mirroring Miranda’s pregnancy choice, at the very last minute in the waiting room of an abortion clinic, Abby makes the decision to keep the baby. Abby tells Dr. Kovac after the abortion appointment, “I didn’t do it. I couldn’t. I want to keep it. I want us to have this baby.” The title “If Not Now” suggests that motherhood can’t wait and that when it comes to procreation, it is either now or never. The notion of having children now or never gives preference to keeping the child, since it is basically an ultimatum statement. Just like Hurt’s (2007) analysis on the portrayal of Miranda in *Sex and the City*, due to age, Abby is also depicted as making the choice between becoming a mother now or never being able to procreate again.

Throughout the episode, flashbacks are shown of Abby and Dr. Kovac discussing the pregnancy. Dr. Kovac is shocked she is pregnant and thinks she should consider keeping it. However, he tells her it ultimately has to be her choice to decide. Dr. Kovac encourages them to find a way to make it work, if that’s what Abby wants. Abby also speaks to a gynecologist at the hospital who asks her if it is something she wants.
Abby: I’m not sure. I’m at the [she pauses] right place in my life for this so…
Gynecologist: So you don’t want to keep it? [Abby starts crying.] I can help you.
Whether it’s prenatal care or termination. Whatever you decide.
Abby: Thanks.
Gynecologist: And whatever you do Abby, it’s going to be the right thing.
(Zabel & Gallagher, 2006)

At the end of the episode, Abby tells Dr. Kovac she is leaving for her scheduled appointment to receive the abortion. At the last minute, he is trying to persuade her to keep it. In both of these scenes, the emphasis is put on the woman’s right to choose. However, due to Abby’s age, the dialogue suggests she should be automatically ready to care for a child, and the supportive dialogue of Dr. Kovac and the gynecologist also favors keeping the child. Once again, abortion is depicted as a choice that is “not the right thing” and is therefore nonexistent in portrayals of white, middle class, healthy women.

The majority of television portrayals of parenthood depict the private sphere dichotomy that focuses on women as home dwellers whom solely take care of their children and husband. Even if the wife is depicted as working, the wife usually still has to do the majority of the housework and caretaking for the family. Although the dialogue between Abby and Dr. Kovac still gives preference to birthing the child over abortion, the texts do not place full responsibility on the woman as the sole caretaker of the child. In multiple scenes, Dr. Kovac and Abby discuss her possible role as a parent; yet the sole responsibility is not put on her as a potential caretaker nor is the term “mother” used.

By keeping the focus on parenthood, instead of motherhood, the dialogue is more gender neutral. The emphasis is not placed solely on Abby, as a potential mother, but both on Dr. Kovac and Abby as potential parents. Dr. Kovac isn’t trying to instruct Abby on how to be a “proper mother”; instead, he is giving general advice based on his experience as a
father figure. However, the overall theme of the conversations between Abby and Dr. Kovac and Abby and the gynecologist support the idea that although Abby doesn’t have to face parenting alone, she more or less still has to “pick the choice” to have the child. Again, in the end motherhood defeats all, even as referred to as parenthood. No matter how confident, successful, and educated a woman is, abortion is still portrayed as unacceptable and an invalid option.

On the contrary, few portrayals exist in discussing men’s roles in pregnancy. In the few depictions of abortion and men in television episodes throughout the 1970s, men were portrayed as being very supportive of keeping and birthing a child (Condit, 1990). In Hurt’s (2007) analysis of Sex and the City, the episode took women’s rights to access abortion for granted, and instead focused on men’s abortion rights as potential fathers. However, this portrayal did not present a conclusion regarding the purpose and importance of men’s abortion rights. The depiction only recognized that men’s right throughout pregnancy exists.

In one analyzed episode, fatherhood is both recognized and emphasized. The ER episode, “Shades of Gray” (1998), discusses the seldom depicted role of the father’s rights. In this portrayal, a young teenage couple is victims of the reproductive center bombing and is rushed to the hospital. The white couple was at the abortion clinic seeking prenatal care, since the clinic also functions as a prenatal care and family planning center. The mother, Zoe, severely injured, falls into a coma-like state, from which the physicians say she will never recover. The father, Zoe’s boyfriend, is devastated but still wants to save the baby. Dr. Ross informs the boyfriend, along with Zoe’s parents, that the baby can be saved. Dr. Ross recommends that Zoe serves as an
incubator in a coma on life support until the fetus is fully developed for delivery. The parents finally agree to keep Zoe alive until the baby can be delivered. Even though Zoe is a minor, she still would have complete control over the pregnancy decisions she makes since the pregnancy emancipates her. However, since she is unconscious and on life support, her parents have the power to make all the decisions regarding Zoe’s condition and the unborn child. Dr. Ross tries to convince Zoe’s parents to let the father be involved. Since Zoe’s boyfriend is also under the age of 18, Zoe’s parents legally overrule his parental rights to the unborn child and decide to sue for sole custody of the child.

This is one of the few depictions of pregnancy that actually discusses the father’s rights to the fetus. This portrayal is especially interesting because it depicts a future father, who is very young and yet is so interested in raising the child. Throughout the review of literature, most depictions did not discuss the role of men’s rights in pregnancy. The limited depictions mostly portrayed all potential fathers as wanting the child in all situations. The depiction of Zoe’s boyfriend is a very positive depiction; however, the portrayal is limited since the audience does not get to see what the boyfriend would have done if he would not have lost his parental rights.

As discussed above, these ideological portrayals represent women as being fulfilled by obtaining the ultimate role of motherhood. Overall, ideological depictions have been noted throughout several sections of this analysis, thus far. The last section of this analysis will now further examine the ideological constructions of portrayals of medical professionals. Several portrayals previously discussed throughout this analysis
will be presented again to evaluate the ideological role of medical professionals on television.

Perpetuating Ideologies of Physicians

According to Hall (1981), gender appears to be “given” by nature, and therefore is considered one of the most profoundly “naturalized” of existing ideologies. Scholarship, including feminist research, has evaluated the gender roles of men and women characters throughout different forms of popular culture. In particular, gender inequalities of such characters have been examined on television and film. In the realm of portrayals of medical professionals on television, scholarship has noted that male physicians are almost always depicted as the dominant, all-knowing heroes of the episodes. In contrast, most nurses are depicted as women, who are submissive, unintelligent when compared to the male physicians, and are never portrayed as the heroine. (McLaughlin, 1975; Kalisch & Kalisch, 1982, 1984; Signorielli, 1990; Bytes & Kayhan Parsi, 2001; Chory-Assad & Tamborini, 2001; Van Mierlo & Van den Bulck, 2006; Goodman, 2007; Gibson, 2008). The portrayals of only men as heroes in popular culture reinforce the ideological construction for men to always uphold hypermasculine characteristics. Furthermore, the portrayals of women as “feminine” in popular culture focus on their bodily images, relationships, quest for marriage, and/or duties as wifes. Regardless of career, such depictions still promote the ideology of submissive women confined to the private sphere dichotomy. Such ideologies are perpetuated throughout several episodes of ER and House.
In the *ER* episode, “If Not Now,” (2006) Dr. Kovac and medical intern, Neela, are treating Amanda, a fifteen-year-old, white, pregnant rape victim. Dr. Kovac is unable to see Amanda at the beginning of her hospital visit, so Neela is treating Amanda alone for the first half of the episode. Due to Amanda’s age, Neela suggests abortion, but Amanda says that is not an option for her. Later on in the episode, both Neela and Dr. Kovac are releasing Amanda when she tells them that her pregnancy occurred from being raped. Amanda’s parents already knew that their daughter had been raped, and they still wanted her to keep the baby. Neela tries to convince the parents that they should encourage Amanda to have an abortion. The parents find Neela’s comments inappropriate, and Dr. Kovac tells Neela she is done with treatment for Amanda. Dr. Kovac takes over the medical situation and recommends Amanda has an induced miscarriage if she truly doesn’t want the child. Amanda agrees to this, as long as the procedure is not an actual abortion. Dr. Kovac barely counsels Amanda on her options, yet is still portrayed as the hero for doing what the patient wanted (to not have the baby). If Dr. Kovac would have performed the actual abortion, instead of giving her a laminaria procedure to induce a miscarriage (which in other words is another procedure used to terminate the fetus), he may not have been portrayed as the hero “saving” the patient. Amanda was looking for a way out of her situation without interfering with her religious and moral convictions, and Dr. Kovac “saved” Amanda from a life of young motherhood. He was the “superman” who swooped in at the last minute and solved the medical case without breaking the invisible “moral” barrier. In other words, Dr. Kovac was also portrayed as being a Christian-like hero, further suggesting his role as a “savior” by protecting Amanda’s Christian beliefs and giving validation to the morality of Christianity. He sustained
Amanda’s religious convictions by allowing her moral actions to be kept intact. Whereas, Neela avidly attempted to help Amanda and encouraged her to have an abortion, but both Neela’s advice and the notion of abortion are portrayed as incorrect. If it wasn’t for Neela’s persistence Dr. Kovac would have never intervened and suggested the laminaria. Yet, Neela is not depicted as a heroine, and the notion of abortion is still considered immoral and sacrilegious, even for a high school aged, pregnant rape victim.

Also, in the ER episode, “The Greater Good,” the new medical resident, Dr. Pratt, tries to prove his abilities and dedication to the hospital by following the hospital policy to save Dennie’s premature baby. He also enthusiastically tries to prove to Dennie that he can save her baby and that it will grow up to be healthy; even though she tells Dr. Pratt that she doesn’t want to keep a premature baby that requires life support. Dr. Pratt strives to fulfill the role of a hero, by satisfying both Dennie and the other physicians, without breaking the hospital policy. Dr. Pratt thinks he is “god-like” and therefore heroic, since he is giving the premature baby a chance to survive, instead of letting it die. Through his eyes, both the mom and the baby are benefited by his “good” deeds though his medical assistance.

In the House episode, “Fetal Position” (2007), Cuddy is the physician who runs the procedure that saves Emma and her unborn child. During the procedure, Cuddy saved two potential lives and provided the chance for Emma to finally obtain her goal for motherhood. Cuddy should be the reining heroine of the episode; instead she is portrayed as being defeated because she is “missing” the essence of being a successful woman in her forties, motherhood.
Another ideological portrayal depicts the hypermasculinity of the hero, the male physician, along with “tamed” femininity of the portrayals of the female physicians. In the *House* episode, “One Day, One Room” (2007), Dr. House is unsure of how to speak to Eve, a pregnant rape victim, who insists that he counsels her. Dr. House says that he is only interested in physically diagnosing and treating patients and that he holds no interest in counseling patients. Therefore, he seeks the advice of the other physicians. Dr. Cameron, the female physician, and Dr. Foreman, the male physician, are portrayed as giving stereotypical “gendered” advice regarding counseling Eve as a rape victim.

*Dr. Cameron:* You need to get her to talk about what happened.
*Dr. Foreman:* No, he doesn’t.
*Dr. Cameron:* Pretending it didn’t happen…
*Dr. Foreman:* Wrong! Pretending this didn’t happen is the best thing she could possibly do.
*Dr. Cameron:* She’s gotta make this real.
*Dr. Foreman:* You know what we should be trying to make real or process? The few decent moments in our lives, not the crap.
*Dr. Cameron:* Maybe you’re right! Except there’s no way she can pretend this didn’t happen, so she has no choice but to process it.

(Shore & Campanella, 2007)

In this portrayal, Dr. Cameron is urging Dr. House to help her discuss the rape, while Dr. Foreman is encouraging Dr. House to tell her to forget about it. This dialogue further perpetuates the ideological construction of two gendered and often stereotypical characteristics, the feminine and masculine. In society, “feminine” language is often characterized by both expression and emotion; while “masculine” language is usually interpreted as stern and non expressive.

Furthermore, in popular culture, men are depicted as hypermasculine; in other words, unexpressive and unemotional persons who only want to excel in their “own” world of domination by “hunting” and/or using machinery to ultimately be portrayed as
the hero. This is similar to the ideological construction of physicians on television, who only want to diagnose (hunt for the answer to the problem), perform procedures (therefore use machinery), and treat the patients. On television, the physician is usually depicted as the hero in all ways. However, as noted in the literature review, only male physicians on television are portrayed in a dominating, heroic light. In line with this portrayal, Dr. House is a male physician, who protects his masculinity and barely counsels the patient. He also does nothing medically to assist the victim with pregnancy care nor does he perform the abortion; yet Dr. House is still portrayed as the hero. Once again, the portrayal of only male physicians as heroes is still prevalent in prime time television.

Amidst the stories of pregnancy and abortion, relationships were brewing between some of the medical professionals in the episodes. Traditional depictions of gender permeated throughout the portrayals of physicians’ relationships in the House episode, “Fetal Position” (2007). Naranch’s (2009) ideological theme “marriage telos” applies to the two portrayals of Cuddy and Dr. Cameron in this episode, since both woman physicians’ depictions emphasize their urgency toward romantic marriage. In this episode, Dr. Chase and Dr. Cameron are starting a secret sexual relationship and are caught fooling around in the hospital by Dr. House. Dr. House exposes the relationship to the other physicians, and Cuddy is portrayed as using a motherly approach to try to warn and “protect” Dr. Cameron from getting hurt by Dr. Chase.

Cuddy: Dr. Cameron, dating Chase… can only end in one of two ways.  
Dr. Cameron: House told you?  
Cuddy: You get married and live happily ever after or somebody gets hurt and you two can’t work together and I have to fire somebody.  
Dr. Cameron: I would hate to see my personal life become such a burden to you.
Cuddy: I’m telling you this for your own good.
Dr. Cameron: Well I assume you’re going to have this same conversation with Chase for his own good.
Cuddy: Chase isn’t the one who’s gonna get hurt here.
(Friend & Shakman, 2007)

Again, the emphasis is put on Dr. Cameron’s quest for love and not on Dr. Chase. This dialogue depicts woman as being more concerned with relationships and marriage than their prominent careers. Cuddy first confronts Cameron about her relationship, even though Dr. House is the one who discovered the secret relationship. Although Cuddy is the chief of medicine in the hospital and therefore has to address issues with employees, the scene depicts Cuddy as a motherly figure who wants to give advice to and shield a young woman in a “troubled” relationship. It is stereotypical to assume that men are only interested in sex and will never develop any hurt feelings throughout the term of any type of relationship. It is also sexist to say that, since Dr. Cameron is a woman, she should not enjoy sex “like a man” does, without the consequences of hurt feelings or heartbreak, as Cuddy warns. While discussing a medical case in front of other physicians, Dr. House sarcastically discusses Dr. Chase and Dr. Cameron’s sexual relationship:

House: Oh look. Sticking up for your girlfriend. Who says chivalry’s dead?
Foreman: He’s not joking? [Cameron gives him an exasperated sigh.]
House: Be patient. She’s going through all of us. She’ll get that jungle fever eventually (Cameron glares at House).
Cameron: I’m not going through anyone.
House: You love him? [Chase and Cameron each give him a look.]
(Friend & Shakman, 2007)

Dr. House is sarcastically implying that Dr. Cameron is a sexually explicit woman who has a desire to sleep with all the male physicians. In other words, Dr. House is implying that she is a “whore” who can’t control her sexual urges. The term “jungle fever” implies that a white person, generally a woman, is sexually attracted to an African, usually a man.
House is making an extremely racist and sexist comment by implying that Dr. Cameron, who is white, will eventually “get jungle fever” and sleep with Dr. Foreman, who is black. Suggesting that Dr. Cameron is sexually explicit because she is in a casual (in other words, strictly sexual) relationship with Dr. Chase is stereotypical and derogatory in itself; saying that Dr. Cameron will eventually “get to” and have sex with Dr. Foreman is implying that interracial relationships, including casual, are still uncommon or looked down upon in society. Furthermore, Dr. House is stressing the importance of women needing to love the person they are sexually active with. Once again, the portrayal depicts the need for women, specifically physicians, to define themselves romantically in order to feel more complete. The emphasis of female physician portrayals on television remains on the obtainment of romantic marriage, not on treatment for their patients or career ambitions.

Also, the episode of House, “Fetal Position” (2007), is the only one to discuss the gendered uses of pregnancy terminology. Throughout the episode, Dr. House and the other male physicians refer to the unborn child as a “fetus.” On the other hand, both Cuddy and Emma, the potential mother, always refer to the unborn child as the “baby”. Throughout the episode, Dr. Cameron, the only other female physician, refers to the unborn child sometimes as a baby and other times as a fetus. Cuddy’s use of the term, “baby,” is announced against Dr. House’s distinct use of the term, “fetus,” to show that Cuddy believes the unborn child is already a living being who deserves human recognition. It is stereotypical to assume that Cuddy, just because she is a woman, would view the unborn child as an existing life and therefore refer to it as a “baby.” Not all women view an unborn child as an existing life. By both Cuddy and Emma using the
word “baby,” it suggests that all women, pregnant or not, signify an unborn child as a baby and not a fetus. The term “baby” gives more human distinction to the unborn child and can also be accompanied by providing the word “baby” with more human abilities and characteristics, as Cuddy does in the episode. Cuddy refers to the unborn child as being able to listen to Emma read it books. Throughout this portrayal, it is inferred that women who want to keep the unborn child use the term “baby” and the male physicians who think Emma should abort the unborn child use the term, “fetus.”

If women viewers watch a media form in which there is strict “gendered” differences in pregnancy terminology, such women may be persuaded that they are suppose to believe that all unborn children are referred to as babies. Furthermore, referencing the unborn child as a baby reaffirms the ideological notion of women’s “naturalness” towards becoming mothers; therefore perpetuating the need to fulfill the “ultimate role” as a women and also erasing the choice of abortion from their minds. Again, such ideological depictions limit the option of choice to women. It may persuade women viewers to believe that unborn children are constructed as “babies” whom women under all circumstances, except limited cases of rape, should conceive, birth, and certainly never abort. Mirroring the research from the reviewed literature, the consensus from portrayals of abortion in American television still finds the act of abortion to be nonexistent.
CHAPTER V

CONCLUSION

Stabilized Hegemonic Representations

This thesis examined different religious, moral, medical, and social constructions of abortion on television. This analysis furthers research on the area of abortion and feminist scholarship. Specifically, these analyzed portrayals are aligned with previous scholarship on portrayals of pregnancy and abortion in television and film.

In particular, this research, along with Condit (1990), Press and Cole (1999), Hurt (2007), and Latimer (2009), have found that representations of abortion are constructed to primarily perpetuate abortion as both morally wrong and evil. In addition, stories of women actually going through with an abortion on television are almost nonexistent. These narratives further perpetuate the idea that abortion is only sanctioned during extreme cases, such as rape or inability to financially support a child. Specifically, these portrayals perpetuate ideologies pertaining to pregnancy and race. Portrayals of (single) white women tend to focus on abortion in the context of rape; while portrayals of non-white women seeking abortions usually occurs due to financial instability (Condit, 1990; Press & Cole, 1999). Furthermore, previous research and this analysis have both found that white women characters are construed as possessing the resources to have a child.
Regardless if the women are single, non-white women are portrayed as unable to financially provide for a child. Such portrayals promote the prevailing hegemonic norms of the construction of race in American popular culture.

These episodes also convey the notion that abortion is readily available and economically accessible to all women. Even young, white females in their teens and twenties are depicted as not worried about the financial aspects of having a child or paying the costs to receive an abortion. In regards to portrayals of white women contemplating abortion, discussions of financial issues on television is nonexistent.

These medical dramas also perpetuate hegemonic constructions of physicians’ gender roles. In these episodes, female physicians are consistently portrayed as “enacting” the mother role when speaking to other physicians. Similarly, female physicians are depicted as being ultimately concerned with romantic marriage and obtaining motherhood. Even in the portrayals in which a female physician is not foremost concerned with romance and motherhood, the male physicians reinforce the ideology that all women should focus on obtaining such roles.

Abortion in the 21st Century

The depictions in these prime time medical dramas further perpetuate the idea that all (white) women should obtain motherhood and avoid abortion at all costs. In these portrayals the notion of abortion is portrayed as an inaccessible and nonexistent option, as if abortion is a figment of science fiction. Overall, abortion is still considered an inappropriate notion on television.
Such depictions may further influence public perceptions regarding the issue of abortion in the United States. Abortion is still an important issue in the public forum. It has taken precedence in recent health care reform debates and is continuously contested among medical, political, and religious organizations. In the United States, discussion of abortion is so widespread that even presidential nominees are asked to address their position on the topic.

Furthermore, Americans petitioning legislation against abortion are gaining momentum, especially in regards to reversing state regulations. Therefore, it is imperative that media depictions present positive portrayals of abortion to help reiterate the importance of sustaining this legal choice granted to all women. The legalization of abortion is a right that should not be taken for granted. In particular, women movements fought hard for the legalization of abortion in America, and representations of the legalization of abortion in the United States could better reflect this freedom of choice granted to all women.
REFERENCES


1). During the late 1970s and early 1980s, the legalization of abortion in America resulted in the expansion of the pro-life movement. The Supreme Court’s decision in *Roe v. Wade* (1973) focused on the United States Constitution’s Fourteenth Amendment’s guarantee to the right to privacy. The court concluded that the right to privacy, as stated in the Fourteenth Amendment, “is broad enough to encompass a woman’s decision whether or not to terminate her pregnancy” (*Roe v. Wade*, 1973). The court also stated that at some point in time “potential human life” reasonably opposes an individual’s right to privacy. The court’s decision regarding this “point in time” provided the development of the term, “fetal viability.” The court defined fetal viability as when the fetus “has the capacity for meaningful life outside the mother’s womb” (*Roe v. Wade*, 1973). Poovey explains that the court’s definitions left a very equivocal connection between the terms, viability and meaningful life. These ambiguous definitions quickly led to “arguments that the fetus can be interrupted as a legal person, and also, since the viable fetus cannot act independently, for doctors and the state to restrict a pregnant woman’s rights in the name of the potential child” (Poovey, 1992, p. 248). Therefore, the pro-life movement used ultrasound technologies as indisputable proof that the fetus is a being capable of thinking and feeling. Pro-life activists petitioned the courts, the media, and the general public to deem the fetus as a little person (Latimer, 2009).

2 ). Though the reason is not made known, during the two analyzed episodes of *House*, the dean of medicine, Cuddy, is referred to only by her first name. The use of her first name could be demeaning her position as the head of the hospital as a successful woman in authority. However, it remains unclear what the reasoning is behind the use only of her first name, and therefore will not be used as criticism throughout this analysis.