

The Masculinization Project of Hospital Birth Practices and Hollywood Comedies

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The ideal of masculinity embodies financial power, physical strength, public legitimacy, and private superiority. The feminine ideal is then defined in opposition to these characteristics. She is physically weaker and socially inferior. Therefore, as a mother is thought to descend into the uncontrolled animality of giving birth, a father is expected to assert himself over her. He is to exert his powerful presence to prevent her total disintegration. (Reed, 2005, p.214)

What happens to men's masculinity in the event of childbirth and new fatherhood? In the face of demasculinization by the sensitive man movement of the 1990s combined with the empowering yet simultaneously disempowering role for fathers in the medical birth setting, the ways in which men negotiate their masculinity during their partner's labour and delivery is historically and contemporarily complex. The aim of this paper is to examine visual representations of childbirth in Hollywood comedies of the 1980s and 1990s on the subject of early parenthood that reveal masculinity at work in childbirth for either fathers or medical institutions. Birth is featured within the comedy genre as a medical event that situates the labouring mother within the institutionalized hierarchy of patriarchal power in the hospital. By placing the mother under the male control of either her husband or the medical institution, as directed by the 'natural' or prepared childbirth models adopted by hospitals, filmic representations of medicalized childbirth function not only as an anti-feminist project but also as a complicated pro-masculine project that simultaneously works for and against fathers. I have labelled this process the masculinization project of hospital childbirth practices.

The 1980s and early 1990s were a particularly rich time for representations of pregnancy and childbirth in popular culture. New reproductive technologies expanded traditional definitions of family to include gay and lesbian parents, infertile couples and surrogate mothers. At

the same time prepared childbirth models (equipped with childbirth education classes) became standardized in hospitals and were often biased toward heterosexual couples and the dynamics between the male/female partnership within the context of a male dominated medical environment. From Jane Fonda's pregnancy workout videos and maternity fashion to Annie Liebovitz's photograph of actress Demi Moore at nine months pregnant and nude on the cover of *Vanity Fair* magazine in August 1991, cultural representations of maternity reflected changing landscapes surrounding the pregnant body. The most revealing of the many mainstream cinematic themes surrounding pregnancy in the 1980s and 1990s in regards to masculinity in the event of childbirth, such as the career mom, the pregnant man, teen pregnancy, and horror birth, are those of the family-oriented childbirth films, that is, films that feature early parenthood and focus on the development of the male protagonist's procreation. In order to illustrate the moments in which Hollywood comedies most explicitly depict childbirth as an anti-feminist project that perpetuates the masculinity of the medical institution over the mother *and* father, I will analyze John Hughes' *She's Having a Baby* (1988) and Chris Columbus' *Nine Months* (1995).

Admittedly, both of these films feature heterosexual couples grappling with childbirth in the hospital, and despite the presence of strong female nurse characters the medical environment in both of these films are male dominated. Analysis of these particular films shows that pregnancy and especially birth functions as a 'softening' of the traditional masculinity as posited by the real man movement in preparation for the emotional aspects of fatherhood. The failure of individual masculinity in the face of childbirth is a common theme, and this visual trend of Hollywood cinema's childbirth scenes are situated in the larger social and medical discourses surrounding pregnancy and paternity. To outline a few of these traditional masculine stereotypes, I will first borrow from psychologist Mark O'Connell's description of the real man movement. I will then explore how these stereotypes get played out in the hospital birth setting in the Hollywood comedies selected.

The Real Man Movement in the Hospital Birth Setting

Developed alongside the ‘sensitive man’ movement in the 1970s, the ‘real man’ movement culminated in the ideology of the ‘hard school.’ In his study of fathers’ aggression and authority, O’Connell describes how ‘the hard school posits a father’s authoritative masculine presence as shaping, generative, and organizing’ (O’Connell 2005, p.16), in part because he is expected to be ‘self-sufficient, unafraid of dominating, competitive, and proud of it’ (2005, p.36). Accordingly, a real man ‘values his aggression. He competes, he fights, he even revels in the surge of his testosterone’ (O’Connell, 2005, p.37). Because testosterone is the root of maleness and aggression – although it is not necessarily a direct-cause relationship since both testosterone and aggression influence each other – O’Connell points out that a strong and powerful man is typically viewed as a product of biology and is socially valued as such. Importantly, such stereotypes of the ‘real man’ are played out in the relationship between masculinity and paternity is revealing In their social demographic study of young men’s fertility experiences, William Marsiglio and Sally Hutchinson observe that sexuality and procreative abilities only partially illustrate men’s sense of masculinity, and that when faced with paternity the range of reactions possible undeniably transforms men’s previous notions of manliness. While they point out that biological paternity by itself ‘does not prove manhood’ nor does it serve as ‘an emblem for masculinity,’ in fact the willingness to assume responsibility implies being in control and thus ‘equate[s] manhood with responsible adulthood’ (Marsiglio and Hutchinson, 2002, pp.203-205). Control is a recurring issue for masculinity particularly in the face of childbirth, an event in which fathers in actuality have very little authority. This scenario is heightened in the hospital birth setting where there are numerous patriarchal forces at work. Despite the stereotypically feminine characteristics of caring and nurturing that can be found within the hospital system, in childbirth one may find a husband’s attempt to control his labouring partner as well as the hospital’s attempt to control them both.

The real man movement expresses itself and its masculine norms of male control and domination in childbirth through the institutionalized medical setting of the hospital delivery room. This historically male-controlled space is embedded with ideas of technology, modernity, science and progress that stem from the industrial revolution. Della Pollock defines industrialization as ‘a “masculine” ideology of control over the body as a material object: a machine, literally a means of production’ (Pollock, 1999, p.13). A particular notion of industrialization which continues to carry significant weight in our Western collective imagination is the creation of a body-as-machine metaphor, where the male body is the ultimate machine and the pregnant, birthing, or maternal body is a broken one. Thus, the inadequate birthing body needs repair, fixing, or assistance.

With its trained staff and technological advancements, the hospital delivery room functions to restore the broken, female, body machine back to its pre-pregnant state under the control and guidance of the nurses and head obstetrician. In her study of masculinity and childbirth education, Carine M. Mardorossian describes the hospital as ‘an environment that by its very nature defines birth as illness and labour pains as symptoms of a disease’ (Mardorossian, 2003, p.125). Mardorossian goes on to discuss how couples collaborate with the medical staff to jointly create ‘a climate that sacrifices the mother’s autonomy and authority by giving the birth experience away to technology, anaesthesiologists, and nurseries’ (Mardorossian, 2003, p.125). Similarly, in an anthropological approach to understanding obstetrical practices and ‘rituals’ in Western hospital delivery rooms, Robbie E. Davis-Floyd argues the hospital to be ‘a highly sophisticated technocratic factory’ (Davis-Floyd, 2003, p.55) that systematically and detrimentally treats the maternal body as a machine and childbirth as an institutional, rather than a personal, act. Historically the biomedical realm insists on Western pregnancy as pathology, the mother-to-be as primarily a patient, childbirth as a purely biological event, and fathers as unnecessary and perhaps even dangerous components to the process. However, with the birthing revolution of the late 1960s, husbands were invited to be present and participatory in

the delivery room under the specific guidelines of childbirth education methods such as Lamaze.

Within this prepared childbirth model, husbands' roles are to train, coach and control their pregnant partners through labour and to collaborate with the obstetrician during delivery. The anti-feminist rationale for fathers' participation in birth echoes ideals of masculinity according to the sentiments of the real man movement. Richard Reed explains in his analysis of men's role in birthing that according to these models, 'birth is understood to be a biological process of females' bodies, which men must meet with their equally biological masculinity. Strength, rationality and objectivity are to 'counteract the inherent weaknesses of the female psyche' (Reed, 2005, p.106), putting a father in the role of objective trainer and superior manager who is expected 'to direct and "command" his wife to relax' (Reed, 2005, p.116). To achieve this, Reed goes on to describe how 'men are to be the choreographers of a sequence of breathing techniques to induce relaxation' (Reed, 2005, p.117); the father-to-be is responsible for defining the stage of labour and advising the proper breathing pattern. As biologically superior and rational, the impractical goal for men within this rhetoric is to control their so-called out-of-control partners.

However, within Lamaze, men are asked to step aside during delivery, to take their place at their birthing partners' head to share the subjective experience, therefore transferring their authority, control, and I argue their masculinity itself to the obstetrician. Thus, the labouring mother in the hospital birth setting is subject to the control of either her husband or the obstetrician at all times; the male coach collaborates with the hospital to reassure the silenced mother's disempowered role within the medical establishment. Her bodily and instinctual knowledge are silenced and marginalized in the face of what childbirth anthropologist Brigitte Jordan has labelled the authoritative knowledge of the hospital-institution, its staff and technology. Authoritative knowledge, Jordan argues, is the systematic privileging of medical knowledge and technology over the instinctual knowledge and lived bodily experiences of the labouring woman. As Reed

acknowledges, fathers are 'integrated' into the already established structures of authoritative knowledge which 'exert themselves over female patients' (Reed, 2005, p.242). Fathers who act as birthing trainers and coaches in subordination to the already established power hierarchy of hospital staff are asked to participate in the favouring of the doctor's medical knowledge over the mother's bodily knowledge and to act accordingly.

Furthermore, men too are victims of authoritative knowledge, and hence of disempowerment and demasculinization. While the word demasculinization refers to the removal of the male testicles, I use it here as synonymously with disempowerment and to metaphorically invoke the process of losing one's stereotypical, 'real man' masculinity. For example, Reed argues that men are empowered over women at the same time that they are disempowered in the face of authoritative knowledge when he states, 'as medical birthing reinforces the father's power over the mother, it asserts its own power over him' (Reed, 2005, p.242). Consequently, childbirth is constructed within the hospital setting as disempowering for the labouring mother and empowering for the male labour coach (albeit briefly) and for the medical institution (permanently). The modern-day real man movement's version of masculinity in hospital birth offers a limited individual masculinity yet still manages to reinforce patriarchy. In the medical environment childbirth is marked as an act of passivity for women, rather than as a source of power.

Individual and institutional male control over the labouring woman's body is maintained in labour and delivery. By cutting the umbilical cord after delivery, the husband is reinstated as patriarch of his new family unit as he physically and symbolically separates the newborn from its mother. Masculinity is emblematically restored to the new father in this moment, yet this designated authority is subject to 'good behaviour' and continues to operate within the institutional masculinity of hospital policy and practices. In this scenario where power resides in patriarchal control, masculinity does indeed equate power, and that this particular form of masculinity/power

resides in the ideology and ideals of the real man movement which continually revolves around the issue of control.

Hospital Birth in Mainstream Hollywood Comedies

In cinematic birth scenes from Hollywood comedies in the 1980s and 1990s, husbands undoubtedly fail in their masculine roles as prescribed to them by prepared childbirth models within the biomedical setting. After briefly addressing the comedy genre, I discuss the symbolism of the Caesarean section as depicted in Hollywood and its impact on the masculinity of the husband-fathers portrayed, using the film *She's Having a Baby* as an illustrative example. In comparison, I look at the film *Nine Months* as a basic example of Hollywood comedy's depiction of vaginal delivery birth, with the argument that men in this context are as equally out-of-control, useless, and un-masculine as the Caesarean section fathers represented in the other films about pregnancy and early-parenthood.

It is important to acknowledge that films in the comedy genre which feature pregnancy and childbirth are situated along-side other romantic comedies such as Charles Shyer's *Father of the Bride II* (1992) and Andy Tennant's *Fools Rush In* (1996). Conventional to this genre, these films are stereotypical of traditional gender roles that emphasize unrealistic expectations and failed (individual) masculinity. A common staple of the formulaic comedy is the incompetent and unqualified blundering boy of a man who must do his best to keep up, not to mention avoid getting in the way. Certainly, nothing brings out the discrepancies of traditional gender roles in comedy more quickly and clearly than perhaps the ultimate enactment of sexuality: pregnancy and childbirth. Birth functions as the extreme of men's estrangement from the female body. Unsure of how to proceed or be involved beyond their sperm contribution, new fathers in comedy often regress to a child-like boy-state; birth works to highlight men's misunderstanding and alienation of the female procreative experience. Not only is femininity, in all its reproductive force, deemed as outside the realm of men's work, masculinity itself is mocked as

unattainable for comic figures such as the doctor played by Robin Williams as he negotiates between the two fathers played by Tom Arnold and Hugh Grant in *Nine Months*, as well as the inadequate partners played by Kevin Bacon in *She's Having a Baby* or Matthew Perry in *Fools Rush In*, not to mention Steve Martin's performance as dad or Martin Short's act as his flamboyant sidekick in *Father of the Bride II*.

Perhaps it is unsurprising to see these male leads desperately disown the prospect of procreative consciousness and flounder at the possibility of paternal responsibility. The comic focus comedies featuring early parenthood revolves around the resistant man who clings desperately onto his bachelor-version of masculinity, fleeing responsibility and commitment. Romantic comedies that incorporate pregnancy inevitably highlight men as initially unwilling and consistently incompetent in their attempts to be in control and controlling. This recurring issue of control (or lack thereof) is both comically and melodramatically acknowledged as an unattainable tenet of masculinity in the face of childbirth, as can be seen in a common scene in these films where the frantic husband speeds away to the hospital alone, without realizing his wife never made it into the car. Men are further depicted as inept when dealing with their labouring wives as well as inadequate when fitting into hospital's roles for them. Unrealistically expecting men to control not only themselves but their wives as well, the hospital struggles to control them both. The result is that men are quixotically asked to collaborate with the already established power hierarchy of the hospital by submitting their wives to hospital authority and procedure.

Perhaps the most apposite examples of how men are co-opted by physicians and thereby, as Reed states, 'reinforcing the power of the medical process to enact its own rituals of transformation over the mother' (Reed, 2005, p.31) can be found in Hollywood's 'natural' birth scenes gone awry, resulting in a Caesarean section delivery. Of the four popular family-oriented films that feature childbirth that I have mentioned, two of the three which take place in the hospital result in an emergency Caesarean section.

Nothing is more illustrative of the call of fathers to collaborate with medical staff than (emergency) Caesarean section deliveries. Childbirth by Caesarean section operation is perhaps the most evident contemporary repercussion of the mother-as-broken-machine metaphor reminiscent of the industrial revolution. What was once a life-saving surgery has transformed into an everyday practice whether or not the lives of mother or baby are at risk (as can be seen in the contemporary popularity of elective Caesarean sections by mothers-to-be and the favouring of this surgical intervention by doctors over vaginal delivery or forceps intervention).¹ By raising the level of technical intervention to that of an invasive operation, the outcome of the birth is placed entirely in the hands of the surgeon-obstetrician. Thus crossing the threshold into surgery, Caesarean section patients are classified by the medical institution as failed birthing machines in need of saving. ‘Never mind,’ Mardorossian argues, ‘that nothing in the high-tech and high-traffic delivery room is conducive to [the] relaxation’ (Mardorossian, 2003, p.121) required for a successful “natural” or non-interventionist delivery. Mardorossian blames the unreasonably aggressive management style of labour and birth for the couple’s sense of failure (caused by the husband-coach’s impossible task of controlling her labour) when extensive medical intervention such as an invasive operation is supposedly called for.

The high presence of Caesarean depictions in comedies actually mirrors a high number of Caesarean sections in practice. It may be that filmic depictions of Caesarean sections reflect a societal need for a ‘working through’ in the public imagination to deal with the astronomical increase of unexpected interventionist deliveries during this time.² These depictions

¹ For the medical counterpart to the celebrity-driven too-posh-to-push movement, Davis-Floyd explains that Caesarean sections are referred to in the medical community as abdominal delivery or delivery “from above” (Davis-Floyd, 2003 p.130). By 2004, according to Linda Andrist, it was established that 2.5% of births in American hospitals were Caesarean delivery on maternal request, or CDMR (2006).

² Although my sample base of films may appear to be too small to make this claim, books like Nancy Wainer Coen and Lois J. Estner’s Silent Knife: Cesarean Prevention and Vaginal Birth after Cesarean (VBAC) (1983) and organizations like International Cesarean Awareness Network offer impossible-to-ignore evidence of the growing trend of unnecessarily high Caesarean section rates. As reported by Molly M. Ginty in the September 2nd, 2005 article titled “As C-Section Rate Grows, So Does Resistance” on the Women’s e-News website, statistics reveal that Caesarean sections account for 28% of total births, *up from only 5% in 1970* (emphasis mine). This high percentage of up to 30%

may also be attributed to the theatrically-gripping nature of emergency Caesarean birth which is more conducive to film drama than drawn-out labours and deliveries. Not only are these films shaped by hospital's medical practices and women's real experiences within medicalized childbirth, but these films also shape the public's perceptions of childbirth – namely, the (false) perception that childbirth is inherently dangerous and that women need intervention in order to survive. Additionally, these notions are simultaneously embedded in the larger discourse of the prepared childbirth model that a failed vaginal delivery may be the husband's fault (as trainer and coach) for not doing his job of controlling his wife and the progress of her labour. Mardorossian explains that husbands who give-in to the authoritative knowledge of the medical staff in the face of labour pain and panic become 'as invested as the professional staff in having the birthing process be over as soon as possible' even if it means letting the process be taken out of their hands (Mardorossian, 2003, p.125). Men are unrealistically expected to prevent the emergency Caesarean section not necessarily through a loving witness approach or emotionally supportive role but through timing contractions and orchestrating the proper breathing techniques. Not only does invasive intervention mark the failure of men to maintain their masculinity via control during childbirth, a Caesarean surgery weakens fathers' roles to merely observers. In Hollywood comedies, however, fathers-to-be are denied even that, for they are banished from the operating room into the other marginalized spaces of the hospital.

In addition to the failed attempts at assisting in his wife's 'natural' delivery and the consequent relinquishment of all authority and masculinity to the obstetrician and medical institution, the husband-fathers of *She's Having a Baby* and *Father of the Bride II* are banished to the unfortunate space of the hospital's hallways and waiting rooms while the operation takes place. Reminiscent of fathers' marginalized role prior to the birthing revolution of the late 1960s – where holding a symbolic vigil for their own and their partner's transformation by pacing the waiting room or even

Caesarean sections was actually established by the time of publication of Coen and Estner's book in 1983.

drinking was common and expected behaviour – the spaces outside the actual delivery or operating room undeniably mark men as incompetent, powerless and ultimately useless for both their labouring partners *and* the medical institution. Indeed, the husband in *She's Having a Baby* is deemed an incompetent and child-like outsider throughout the labour and emergency surgical delivery.

Not only does Jake Briggs, played by Kevin Bacon, lack the embodied knowledge of his labouring wife Kristy, played by Elizabeth McGovern, he is unable to accomplish the two specific jobs designated for him within the Lamaze method: to breathe with his wife through contractions and to time them. When Kristy is being wheeled into her hospital room, Jake seems like a capable coach, happily instructing her to breathe in through the nose and out through the mouth – that is, until the nurse makes a sharp turn and runs over Jake's foot with the wheelchair. Despite the comic relief, it is already evident that Jake is on unfamiliar territory and will have to struggle to keep up, not to mention to be in control and controlling. Once Kristy's contractions begin, he fumbles: he cannot recognize the onset of contractions much less coach her through them. He fails to decipher her various signals and blocks the view of her focal point which is a set of ceramic bunnies on the dresser). When Kristy loses focus and struggles to stay within the breathing technique, she cries 'Oh God,' and in response Jake yells for the nurse.

Even as Kristy is being wheeled from her hospital room to the delivery room by the nurses who nonchalantly exhibit their control of the situation as experts and professionals, Jake clearly is at a loss – should he accompany her right away or do the nurses want him to stay in the hospital room? Kristy appears to be in good hands and Jake submits to his designated place in the hospital power hierarchy as instructed by the nurses: he stays in the room and waits for a nurse to return to escort him to the delivery room. While waiting, he awkwardly makes the bed and is laughed at by two female nurses who are watching him on a monitor ('look at this one!'); they even scold him on the speaker ('don't touch that'). We cut to Kristy in the

delivery room who is already beginning to push, and the camera remains in a series of close-up shots of Kristy's face throughout most of the upcoming process. Coached by an off-screen male doctor who instructs Kristy to hold her breath and push while he counts to ten, Jake's role as the husband-coach has already been supplanted by the obstetrician and Jake seems to be forgotten within the inner workings of the hospital and at the discretion and timing of the nurses.

When the nurse does return to retrieve Jake, she finds him on the bed positioned as if in labour and panting through a contraction. She gives him the protective hospital robe and pants for him to wear and he eagerly begins to undress to put them on; the nurse somewhat sympathetically and patronizingly tells him the robe is to be worn *over* his clothes. Continually disoriented and without direction, Jake is at a loss for how to behave within the medical setting. Meanwhile in the delivery room Kristy wonders where her husband is and begins to panic. Were Jake present in the delivery room and functioning as a properly masculine coach to his wife throughout labour, then the delivery would have played out much differently. However, by the time Jake is escorted to the delivery room it is too late to offer his masculine contribution and control *or* his encouraging companionship, for a complication has occurred and Kristy is in a panic.

In the height of crisis, Jake is dramatically denied entrance to the delivery room although he sees from outside its swinging doors that there is trouble inside; he fights the nurse who forces his exit and inadequately attempts to reinstate his position as husband and authority in order to gain admittance and knowledge of what is going on. He is unsuccessful and has no choice but to panic by himself in the hallway. After the nurse has scolded and banished him to the outer set of doors, the camera follows the nurse as she exasperatedly walks back towards the delivery room, leaving Jake in the background of the frame, emphasizing his now-official outside status. Inside the delivery room, Kristy is deemed to be out-of-control for she insists on pushing ('I've got to get it out' she desperately repeats) when the doctor commands her to wait ('I want you to listen to me right now, you've got to

listen to me,’ ‘I want you to stop pushing with your contractions,’ ‘You’ve got to listen to me’). Certainly Kristy would have been less likely to panic and more likely to cooperate with the obstetrician’s directions were Jake present and an effective coach. She is instead disciplined: the obstetrician’s stool is cast aside, Kristy’s stomach is prepared, the metal stirrup clatters to the floor, she received an IV injection and anaesthesia is administered. Without her husband’s coaching and support, Kristy is on her own to battle first her contractions and then the medical institution by herself.

Outside the delivery room, a crying and distraught Jake is gently informed by the nurse that the baby is in the breech position – in the nurse’s words, ‘the baby is coming out backwards...its head is caught’ – and they are doing everything they can.³ Left to cry in the hallway, shots of Jake are intercut with slow-motion images of their life together such as the marriage altar, Jake’s clumsiness while painting the house, being locked outside in the rain without a key, the moment they decided to keep the baby. These images are intercut with the unveiling of the obstetrician’s surgical tools and the pairing of Jake’s teardrop with a drop of Kristy’s blood hitting the floor of the operating room. Far from being what Read appropriately calls the ‘tower of rationality’ (2005, p. 212) that the Lamaze model requires of him, Jake has failed miserably. Not only is he portrayed as a fish out of water in the medical environment, but his masculinity has abandoned him and the film focuses on his highly emotional and subjective experience, qualities stereotypically reserved for pregnant women in the prepared childbirth rhetoric.

While there certainly are fundamental differences between representations of pregnancy and childbirth and actual, lived experiences of

³ In *Spiritual Midwifery* (2002 [1975]), the landmark book for homebirth within the holistic health movement, midwife Ina May Gaskin discusses that breech presentations (feet or buttocks first with an after-coming head) are common – “breech presentations at the onset of labour occur in three to four percent of pregnancies” (Gaskin, 2002, p.384) – but present a slightly higher risk. Gaskin recommends that breech deliveries be assisted with a knowledgeable midwife or experienced doctor, and offers instructions on how to successfully deliver a breech presentation baby that may become ‘stuck’ at the shoulders, arms, or head, and even with the use of forceps if necessary. However, Gaskin argues that “most breech babies will deliver spontaneously or with a minimal amount of help” (Gaskin, 2002, p.393) and that the second stage of labour can safely last up to two hours (a time-span that intervention-based hospital practices generally do not grant).

childbirth, filmic depictions of childbirth in Hollywood comedies offers a telling illustration of men's disempowerment and demasculinization within the medicalized childbirth setting. To follow Reed's observations of fathers' experiences in hospital birth, *She's Having a Baby* also highlights the ways in which fathers end up working with the hospital staff to symbolically reinforce the so-called 'inferiority of mothers as patients in a medical world' (Reed, 2005, p.105). Jake Briggs is unable to maintain an objective stance in the birth process and is depicted as having his own highly subjective and emotional experience, which contradicts the hypothetical expectation of rationality, power and control he is supposed to exhibit. Unfortunately for this character, his demasculinization occurs prior to the moment of delivery, causing his labouring partner to be subject to the continued control and domination by the hospital staff and medical institution.

On a more playful note, this trend can also be seen in the film *Nine Months*, whose dual birth finale (both vaginally delivered) illustrates two about-to-be fathers (played by Hugh Grant and Tom Arnold) who at the height of the first delivery choose to assert their masculinity by fighting each other like boys rather than by coaching their labouring partners like responsible, attentive and in-control men. One wife, played by Joan Cusack, declares, 'I cannot believe they're fighting right now – this is my moment, this is my miracle!' while the other, played by Julianne Moore, breathes through a contraction on her own. Thus, the labouring women are left to the authority of the hospital nurses and the failed authority of the head obstetrician, a Russian doctor played by Robin Williams who has never before attended a *human* birth. The men in this scene are displayed as moronic, highly incompetent fools who fail at their masculinity miserably: disguised as comic relief, the head obstetrician can't walk without running into walls nor can he distinguish between the words 'epidural' and 'enema.' Furthermore, Tom Arnold's character runs about manically videotaping the scene, urging his wife to smile in the midst contractions and attempting to get a between-the-legs shot of the other labouring woman to capture the

crowning of her baby's head. Similarly, Hugh Grant's character who can't get to the hospital without causing four accidents and once at the hospital sends his wheelchair wife rolling out of control, in the climactic labour passes out along with the obstetrician at the sight of an epidural needle. Finally, when it is time to deliver, Hugh Grant plays the baffled husband as the head nurse shouts directions to the labouring mother. He attempts to imitate this nurse's authority and control when he 'catches on' that he can help direct his wife by counting for her while she is holding her breath and pushing. However, neither the nurse nor his wife seems to need Hugh Grant's help.

Couched in the comedy genre, *Nine Months* nicely exaggerates the problematic roles posited for men by the Lamaze method within the hospital birth setting and as described by the bulk of this paper. The notion of men as 'real men' is ridiculed in the Hollywood comedies that feature pregnancy as an unlikely prospect in the midst of something as transformative and challenging as childbirth. While the rhetoric of medicalized birth reinforces men's roles as rational, powerful, and authoritative at least in labour, hospital childbirth as seen in these films depicts men as highly subjective, emotional, or just plain ridiculous. Despite the illusion that men can be involved in birth as prescribed by 'natural' childbirth models, birth primarily takes place in the relationship between women and their doctors or the larger medical institution. Indeed, the husband's potential role as mediator between the two is an unrealistic one. Medical knowledge dominates whether or not husbands and fathers-to-be succeed in their roles as trainers or coaches. Furthermore, even if they *were* to succeed, their masculinity is still disciplined and regulated within the already existing hierarchy of the medical establishment. Thus, the failure of men's individual masculinity is answered by the ultimate masculinity, patriarchy and control of the institutionalized medical authority as it is equipped with technology and the authoritative knowledge of nurses and/or doctors.

In fact, not only in these films but, as described by Reed, in real life men often fail at this task as coach due to the false sense of control instilled

by prepared childbirth models like Lamaze. This is similar to Mardorossian's discussion which extends the husband's failure in controlling his labouring partner to a perceived failure of the expectant couple who 'was given the illusion of autonomy in decision-making' (Mardorossian, 2003, p.120). Such an illusion of autonomy in childbirth can be seen in Hollywood comedies as the reinforcement of the father-to-be's failed masculinity, and in the case of Caesarean sections, the failure of the couple to control their birth experience. The glory of traditional masculinity and its accompanying control and authority are curbed in most comedies as inappropriate and impossible attributes for men, especially in the face of imminent fatherhood. Indeed, men's roles within 'natural' childbirth models as embraced by hospitals are depicted as unrealistic by Hollywood comedies not only because women in these films are ultimately under medical authority, but also because men in these films really are, perhaps, just at a loss in the case of childbirth – particularly in their attempt to control an uncontrollable bodily process that doesn't even take place in their bodies. Perhaps representations of fathers-to-be would become more successful if they allowed the birth experience to prepare and transform them into fathers, a position that requires flexibility, patience, nurturing, and a willingness to let go of control and authority – attributes not common to male figures in Hollywood comedies. Rather than train, coach and control their labouring partners, men in these depictions could be asked to be nurturers and companions. This alternative version of masculinity as well as an alternative visual depiction of childbirth would appropriately encompass and represent all aspects of fatherhood. Incompatible with reality, traditional masculine norms prescribed by the real man movement and highlighted by the comedy genre sets men up for failure: after all, before being men, all men are first human beings.

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