

You're Doing It Wrong!: Mothering, Media, and Medical Expertise. Bethany L. Johnson & Margaret M. Quinlan. New Brunswick, New Jersey: Rutgers University Press, 2019. 259 pages, \$29.95 paperback, \$99.95 cloth, \$29.95 PDF, \$29.95 EPUB. Publisher webpage:

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In *You're Doing It Wrong!: Mothering, Media, and Medical Expertise (YDIW)*, Bethany Johnson and Margaret Quinlan redefine expertise as dynamic, using the example of advice given and received during the life cycle of early motherhood. Analyzing generations of motherhood advice, which comes from myriad and contradictory sources, the authors show how the different voices do not neatly fit a definition for technical or lay expertise. Rather, the authors show how a technical versus lay binary is a false dichotomy and does not accurately represent “separate, siloed, or merely combative” forms of knowing (p. 31).

Through archival research and contemporary interviews, surveys, and rhetorical analysis, the authors depict “medical expertise and lay knowledge as transactional” (p. 9) and demonstrate “the fluidity and interactive nature of expert knowledge, past and present” (p. 11). They focus the scope of their studies on the “life cycle of early motherhood in America” (p. 16). This life cycle includes preconception, conception, pregnancy, infancy, and early childhood, as well as the losses that occur, including infertility, miscarriage, and infant and child death. Broadly, the studies focus on, and seek to benefit, mothers, particularly “mothers as consumers of medical expertise, negotiators, and creators” (p. 13). With this scope, the authors gesture toward a social justice component in their work. While advocating for all mothers generally, they also advocate

specifically for underrepresented mothers, including women of color, who have a higher maternal mortality rate, and transgender men, who receive limited medical advice on birth and breastfeeding.

With eight chapters across four parts, the book's structure follows the life cycle of early motherhood. Part I covers conception and (in)fertility and includes an introductory chapter, chapter 1, and chapter 2. The Introduction summarizes the book's objectives for theory and practice and defines key terms, such as "mother." Chapter 1, "On Pre-conception, the Beginning of the Life-Cycle of Early Motherhood," explores conception myths, such as advice for conceiving a particular sex. Historical analysis shows how both technical and lay experts have propagated conception myths, and analysis of social media shows how those myths affect individual behavior. Chapter 2, "A State of Mind?": Fertility Treatment(s) and Expertise," shows how both technical and lay experts have perpetuated the idea, since at least the nineteenth century, that infertility indicates a lack of mental discipline. Both Chapters 1 and 2 show how technical advice for conception and fertility overlaps with lay advice, blurring any distinction between the two.

Part II covers pregnancy and birth and includes chapters 3 and 4. Chapter 3, "Red Underwear, Genes and Monstrosity: Pregnancy and Social Media Surveillance," describes how expert advice, both technical and lay, demands that pregnant bodies perform good health. Every aspect of living with a pregnant body is under scrutiny, from how to eat, how to move, and even how to watch a solar eclipse. This scrutiny intensifies further for bodies with fewer class, race, ability, or gender expression privileges. The authors show how much of the technical and lay advice from the early twentieth century continues today, except that social media and smartphone apps increase opportunities for surveillance and self-surveillance. Chapter 4, "You

Women Will Have to Fight for It’: Twilight Sleep and Transactional Childbirth Expertise in Twentieth-Century America” compares the Twilight Sleep birth method campaign of the early twentieth century with mid-century campaigns for natural birth. The authors find that lay expertise and technical expertise are transactional, with lay experts who have class and race privileges influencing technical practice, and technical experts using personal social media accounts to give advice counter to technical practice (p. 98).

Part III covers the postpartum period, also known as the “fourth trimester,” and includes chapters 5 and 6. Chapter 5, “‘One of the Most Curious Charities in the World’: Infant Incubation as Sideshow and/or Medical Specialty,” describes how Martin Couney, a self-credentialed “doctor” and technical expert, influenced technical and lay opinion of mothers’ roles in premature births, with his traveling sideshow of infant incubators and highly trained (but often unrecognized) female support staff. Chapter 6, “Not Just Baby Blues: Historical Realities and Social Media Accounts of Postpartum Care Today,” discusses the advantages and disadvantages of using social media to seek technical and lay advice for postpartum care, given the relative absence of postpartum healthcare in the United States in the twenty-first century.

Part IV covers infant loss and early childhood and includes chapters 7 and 8. Chapter 7, “*Memento Mori* in the Victorian Era and on Social Media: The ‘Right’ (Way) to Grieve” considers the use of photographs to remember deceased infants and toddlers. The chapter compares the use of these photographs in the mid-nineteenth century with those on social media today. Chapter 8, “‘Better Babies’: Early Twentieth-Century Scientific Babyhood and Constructions of Twenty-First-Century Infancy on Instagram,” describes how classist and racist criteria for “better baby” contests were developed by lay experts and still influence the child development milestones used by technical experts today. The chapter also examines how the

social media trend to post monthly updates on an infant's development is a continuation of better baby contests, in which users who may be lay or technical experts judge the infant and the mother.

Finally, a conclusion chapter considers the implications of defining lay and technical expertise in medicine, especially within the ever-evolving context of social media. The chapter includes questions about the role of doctors and researchers in social media, which seems inevitable but risks increasing self-surveillance and reinforcing social inequities.

Questions about ontology and *ethos*-making run throughout the book: how do we know what we know, and who gets to be right? These questions are a core component of much of rhetoric of health and medicine (RHM) research. Whether determining whose pain is real (Graham, 2015) or whose experience with vaccines is valid (Lawrence, 2020), RHM researchers examine how different groups define legitimate and illegitimate forms of knowledge in medical controversies. With its examination of generations of technical and lay expertise on topics of motherhood, *YDIW* makes a significant contribution to this area of research.

In *YDIW*, the authors find ample opportunity for studying forms of knowledge and expertise on topics in the life cycle of early motherhood. Fertility, pregnancy, and the caring of healthy infants are topics ripe with myths and "old wives' tales." Likewise, in the twentieth and twenty-first centuries, this life cycle was increasingly medicalized, producing additional advice about these topics. From advice about timing sex to conceive a boy, to cautionary measures to protect a pregnancy during an eclipse, the authors demonstrate that mothers receive all forms of advice from all manners of expertise. Furthermore, mothers struggle to resolve the contradictions in this advice because lay expertise and technical expertise often overlap to an extent that renders distinction between them impossible.

This inability to distinguish between lay and technical expertise presents a challenge for the book. As discussed among the limitations in the conclusion chapter, the terms “lay” and “technical” are never clearly defined. Medical professionals are typically labeled “technical experts,” and anyone who gives medical advice but does not have a medical degree is “lay.” However, the terms “lay” and “technical” are also used to describe expertise and services that do not have a medical component, such as photography for creating *memento mori*. The difficulty in defining “lay” and “technical” expertise speaks to the overarching theme that the two labels present a false dichotomy. However, future RHM research might take up the ambiguity for further study. That is, if this distinction has meaning for a particular group, how does that group define the terms?

In addition to RHM research about the making of expertise or on topics of motherhood, *YDIW* is relevant to RHM research involving digital rhetoric. Drawing on interviews, observations, and analysis of artifacts on social media, the book devotes much attention to the dissemination of lay and technical expert advice on social media. The authors describe the effects of engaging with both types of advice, which is important given how social media platforms can be the most accessible vehicles of information during times of personal and public health crises (p. 201). RHM researchers examining the effects of misinformation and disinformation in online spaces, especially as they relate to health crises, can benefit from this work.

YDIW also contributes to RHM work with a social justice focus. When the authors describe how lay expertise informs technical expertise, they clarify that lay expertise *with power* has this potential. The authors make this distinction when they warn against referring to the Twilight Sleep campaign as a “grassroots” movement: “characterizing all lay expertise as

grassroots ignores the ways that lay and technical expertise was and continues to be transactional, particularly for lay experts who work within available power structures” (p. 98). Throughout the book, the authors remind the reader that groups and individuals who traditionally have less power are silenced by both lay and technical experts, such as transgender men who give birth. The authors also offset any attempts to extol the benefits of social media, such as increased access to expert advice, by reminding that social media use also increases surveillance, which is more dangerous for mothers with less privilege.

Finally, the variety of research methods described in *YDIW* are useful to the larger, ongoing discussion of methodology in RHM. Justifying their methodology, the authors describe their approach as using “historical research to extend the study of medical expertise directed toward mothers into the Internet age” (p. 12). Therefore, each chapter includes at least one historical perspective and at least one contemporary, but the contemporary perspectives come from many different sources. In an appendix chapter on methodology, the authors detail the different studies that informed their findings on twenty-first-century advice about the life cycle of early motherhood. With an increasing interest in mixed-methods approaches to RHM research (see for example, Melonçon & Scott, 2018; St.Amant & Graham, 2019), *YDIW* provides a useful example for conducting and incorporating a variety of qualitative and quantitative methods in one cohesive work.

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