

## Background

Dr. Bethany Johnson is a Research Faculty Associate in the Department of Communication Studies and a Research Affiliate with the Women + Girls Research Alliance at the University of North Carolina at Charlotte. A graduate of The New School for Social Research (MA, American Studies) and The Centre for Development Studies, University of Glasgow (MPhil, Development Studies), Johnson has more than 12 years teaching and 9 years' research experience.

## Research

She describes her current research as rooted in history and working for change, focusing on the history of birth and infertility, women's place in medical history and the continuing tension between non-traditional practitioners and highly traditional, classical trained physicians. Recent work includes studying practitioner-patient communication at selected US reproductive endocrinology units, where she (and colleague Dr. Quinlan, Department of Communication Studies) use qualitative interviews to advance understanding of how doctors and patients share information. Johnson and Quinlan are also studying how the media depicts medical procedures specific to those who define themselves as female, and have introduced the idea of "high-society framing" of these procedures, which can repel, attract or conflict the viewing public. An associated area of interest is her research on epidemics, historically and in the present, and how the media portrays risk and severity through use of gendered language and the impact of that language on public opinion. Johnson's courses cover the history of women in medicine from the mid-18<sup>th</sup> Century on, in particular comparing the populist alternative health movements of the past and today, including doula and midwifery work, art therapy, hydrotherapy, aromatherapy and others.

## Relevance

Johnson views her current research as a catalyst for change in the areas of health and well-being first, by telling the stories of women who face cultural taboos surrounding gynecological care, infertility, miscarriage, barrenness and alternatively, by helping women to recognize the legitimacy of choosing not have children in pro-natalist communities. "How can the desire to have children and/or the desire to remain childless exist together within the wider feminist movement? How can we effectively heal the rift of the "mommy wars" so that women can focus on the broader issues impacting their health and well-being? My current work seeks to say what is unsaid, thus breaking the power of these taboos and allowing women to build better community with each other and possibly with their healthcare providers. And by speaking openly about the challenges women face as they enter the childbearing period of their lives, this research can help alter the dialogue between and among women, their family members and friends."