

15. From Paternalism to Paternity

The Portrayal of Fatherhood in Medical TV Series

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ABSTRACT

TV content has been documented to portray male and female roles which contribute to maintaining gender stereotypes. Even though they feature male and female health care workers, medical shows have also tended to associate male characters with professional attributes and female characters with interpersonal ones. This study thus explores the portrayal of male physicians as fathers in three American medical TV shows set in highly-frequented urban hospitals and spanning over the last three decades: *ER* (NBC, 1994-2009), *Grey's Anatomy* (ABC, 2005-) and *New Amsterdam* (NBC, 2018-2023). Findings point towards a more equalitarian depiction of fathers who are fighting to be more involved in their children's lives than their own fathers were. This was first initiated with *ER* and coincides with the end of the paternalistic representation of the doctor as a hero, and was further developed in *Grey's Anatomy* and *New Amsterdam*. These more recent shows provide the viewer with portrayals of nurturing fathers which challenge the hegemonic representation of masculinity, while still retaining some traditional characteristics of masculinity by turning the doctor into father heroes.

KEYWORDS

Fatherhood; masculinity; stereotypes; gender; portrayal.

Introduction

Research carried out since the 1970s on the gendered portrayals of characters on prime-time television has consistently found that female characters are more likely to have interpersonal roles – that is to say roles involving romance, friends and family – whereas male characters are more likely to be identified with work roles (Tedesco 1974, Signorielli 1982, Signorielli and Kahlenberg 2001, Lauzen et al. 2008, Vande Berg and Streckfuss 1992, Ward and Grower 2020). These different characteristics, while they do not strictly respect the separation between the private sphere and the public sphere – female characters can have interpersonal roles while being employed – reinforce the association of female characters with domestic attributes and male characters with professional ones, thus maintaining – and even reinforcing – gender stereotypes through representation on television (Sink and Mastro 2017, Scharrer and Blackburn 2018, Signorielli 2011, Wille et al. 2018). Because they are set in a professional environment, medical dramas could be seen as a way to erase this gender bias since all lead characters – male and female alike – are health care workers, and are thus represented as enacting work-related roles. However, studies have demonstrated that even for TV shows set in a professional environment, gendered stereotypes could remain. For instance, Kalsich and Kalsich (1984) and Vande Berg and Streckfuss (1992) found that, even in shows where women were nearly as likely as men to be employed as professionals, they were far more likely to hold lower positions than their male coworkers (i.e., for medical shows, nurses rather than physicians). In addition, female professionals – i.e., nurses – were also depicted as being less assertive, less work-driven, and more benevolent than male professionals – i.e., physicians (Kalsich and Kalsich 1984). Female characters also tended to be shown as performing fewer decisional and operational actions and more interpersonal actions (such as socializing, reassuring, listening, counseling, etc.) than male characters (Vande

Berg and Streckfuss 1992). In other words, even though women are present in the workplace, they are still attached to their domestic role and attributes. To a certain extent, these representations echo the reality of a highly gender-segregated US health care system. Over the last decades, a growing share of female physicians have started to rebalance a professional field which used to be widely dominated by men; according to the Association of American Medical Colleges (AAMC 2022b), in 2021, more than one-third (37.1%) of the active physician workforce in the United States was female, compared to 28.3% in 2008 (AAMC 2008). In addition, for the first time in 2017, more than 50% of students enrolled in U.S. medical schools were women (Pelley and Carnes 2020). Yet, U.S. medicine is still organized around lingering gender stereotypes, with male-dominated specialties (more than 90% of the workforce) being associated with characteristics traditionally attributed to masculinity – strength, vitality, virility, intelligence: orthopedic surgery (94.1% of male physicians), sports medicine (92.2%), cardiology and thoracic surgery (91.8%), neurological surgery (90.4%), urology (90%) (AAMC 2022a). Conversely, the top 6 specialties with the lowest proportion of male physicians are all linked with traditional female attributes or areas such as care, nurturing and maternity: pediatrics (35% of men), obstetrics and gynecology (39.5%), pediatric oncology (44.3%), geriatric medicine (44.9%), child psychiatry (45.5%) and neonatal medicine (45.8%) (AAMC 2022a). In short, American male physicians tend not to choose specialties which can be associated with domestic roles and attributes – taking care of children, elderly people or family members – and require more interpersonal actions – reassuring, comforting, playing.

Recent findings have shown that media, and in particular the expectations around masculinity that are conveyed on television, contribute to boys and men's beliefs about manhood and to how they perform their masculinity (Ferris et al. 2007, Giaccardi et al. 2016, Scharrer and Blackburn 2018). Therefore, to determine whether recent medical TV shows are contributing to maintaining gender stereotypes, this chapter thus intends to assess the extent to which men are shown performing interpersonal actions and given domestic attributes. More particularly, because one major aspect of gender stereotyping has been the portrayal of women as mothers (Ex et al. 2002, Feltmate and Brackett 2014), this study will focus on the portrayal of male physicians as fathers. In order to do so, we will focus on three American medical series spanning over the last three decades: *ER* (NBC, 1994-2009), *Grey's Anatomy* (ABC, 2005-) and *New Amsterdam* (NBC, 2018-2023).

Because these three shows are set in highly-frequented urban hospitals (in Chicago, Seattle and New York), they picture doctor-fathers with similar working conditions. Michael Crichton's *ER* might be considered as one of the first post-paternalistic medical dramas featuring male doctors struggling in their jobs but also with their family lives, especially with fatherhood. *Grey's Anatomy's* creator and producer – the self-proclaimed post-feminist Shonda Rhimes (Warner 2015) – has put the emphasis on more equalitarian gendered depictions, and that includes more equalitarian fathers. Finally, the plot of *New Amsterdam* revolves around the male lead character, Dr. Max Godwin, who, after spending months torn between his commitment as the new medical director of New Amsterdam hospital and his pregnant wife, becomes a single father when his wife dies very shortly after giving birth.

Analyzing how male characters are depicted as fathers in a medical and highly-demanding professional context in these three shows will enable us to see whether the portrayal of fatherhood in medical drama TV series challenges traditional and hegemonic representations of masculinity and gender stereotypes.

Moving the Line Between the Professional and Private Spheres Along the Gender Line

Over the last decades, a shift in family roles in North-American societies has made the line between the private and the public spheres more porous. Starting in the 1970s, women massively entered the labor market, and more specifically, mothers did, demonstrating that parenthood and work were not incompatible: in 1980, only 41.9% of mothers with a child under 3 and 46.8% with a child under 6 worked, up to respectively 64.2% and 66.5% in 2021 (US Department of Labor 2021). As a result, the line between the domestic and the professional life started to be blurred, with more women having legitimate claims over the professional sphere. This trend was reflected on television, in particular on medical shows, with narratives which were built around women's professional ambitions. In the 1990s, *ER* started to portray female characters who refused to sacrifice their careers for the sake of family, such as Dr Mark Greene's wife, eventually leaving him for a position in a law firm in Milwaukee. For these physicians doing long hours at the hospital, reconciling their private and professional lives can be challenging, leading some female doctors to put their job first; when Susan Lewis is asked by a patient

if she is married, she answers “No, I’m a doctor” (24 hours, 01x01). *Grey’s Anatomy* goes further in portraying women prioritizing their professional careers over family: in the first seasons of *Grey’s Anatomy*, Miranda Bailey is constantly accused by her first husband of spending too much time at work and not enough at home with him and their baby. Her husband is presented as being the main care provider for their young son while she is shown systematically putting surgeries before important family moments. When given an ultimatum by her husband to choose between their marriage and applying for a new fellowship, she decides to leave him (*Now or Never*, 05x24). Cristina Yang is also an ambition-driven female doctor putting her love for surgery before family: in season 2, she plans to have an abortion for her unwanted pregnancy – but eventually miscarries before the procedure – and in season 8 (*She’s Gone*, 08x02) she has an abortion despite her husband’s opposition. Her love for her job is explicitly mentioned as being the reason why she does not want to have children, as Meredith Grey explains to Cristina’s husband:

Do you know what will happen to Cristina? If she has a kid that she doesn’t want? It will almost kill her. Trying to pretend that she loves a kid as much as she loves surgery will almost kill her. [...] The guilt of resenting her own kid will eat her alive (*Free Falling*, 08x01).

When women in the show prioritize work over family, they are blamed by the men in their lives (Mark Greene, Miranda’s husband, Cristina’s husband), however, men are equally blamed when they make that same choice. In *Grey’s Anatomy*, Chief Richard Weber is accused by his wife of putting the hospital before his family on several occasions, which results in her leaving him after years of marriage. When Mark Greene’s wife blames him for refusing to quit his job in Chicago to follow her to Milwaukee, his answers is “Why are you so intent on making me give up a job I spent years trying to get?” (*Sleepless night in Chicago*, 01x18). She thus objects that he is the one who has never sacrificed anything for her, and leaves him. In *New Amsterdam*, Max Goodwin’s pregnant wife left him because he accepted the position of medical director of New Amsterdam without telling her, when they had both decided to focus on their family. She compares Max’s relation to work to a toxic addiction (*Six or Seven Minutes*, 01x10):

Georgia: We made a promise Max, remember? We were going to raise this child together. We were going to put our careers second. I gave up everything. This job is the opposite of that.

Max: I'm gonna make it work. [...] I'm going to figure out a way to squeeze everything in.

Georgia: Oh, great Max, will you figure out how you can squeeze me in and... and your child?

Max: [...] I can come home early. I can take weekends.

Georgia: You won't.

Max: But Georgia, this is the life of a doctor. This is my life.

Georgia: No, it's not. [...] You're obsessed. [...] I know you love me. But when the hospital calls, it always wins.

If male physicians prioritizing their job over their family is not initially considered as positive, it is nevertheless still possible for male doctors to move past this dichotomy between job and family, as Georgia proves when she later tells Max not to step down from his position: "This job is who you are. It's who you've always been" (*Six or Seven Minutes*, 01x10). Male doctors can have it all, caring for their family while being strongly committed to their careers, as the regular depictions of Max carrying his baby with his New Amsterdam ID card pinned on his baby carrier illustrate. In these medical shows, being an involved father does not call into question their professional competence.¹

On the contrary, Max is shown as being really efficient in his job while caring well for his baby; he is often staged as chairing important staff meetings while feeding and burping his newborn baby daughter at the same time, making important decisions while playing with her, or having talks with his colleagues while carrying her to daycare.

While men's identities are still strongly associated with their jobs, medical shows gradually decorrelate masculinity and professional attributes

¹ This it is not necessarily the case for women who occupy a position that can be considered as inconsistent with the gendered expectations around female characters. For instance, when women are featured in top professional positions, as Lauzen et al. explain: "The association of female characters with interpersonal roles focusing on romance, family, and friendship is gender consistent and thus familiar. The association of male characters with work roles is similarly consistent. Programs featuring characters in gender-inconsistent social roles must address how a female could occupy a work role commonly thought to be inconsistent with female capabilities (i.e., *Commander in Chief*). In other words, nearly every episode in these series must be consumed with explaining how a female or a male could possibly fill such a role, how the character came to find herself or himself in this role, how they navigate this less-traveled road, and other characters' reactions to this role reversal." (2008: 211).

and this process is reflected in the opening scenes of our three shows. In the oldest one, *ER*, that first aired in the 1990s, the pilot opens on Mark Greene, clearly identified as a doctor and set in his professional environment – sleeping in an on-call room during a night shift in the E.R. Eleven years later, *Grey's Anatomy* opens on a very private scene between Meredith Grey and Derek Shepard, in a private place – Meredith's home – without any indication about their professional status. The same choice was made in 2018 for the opening scene of *New Amsterdam*: the first image the viewer gets to see is Max Goodwin's phone background, picturing him and his wife; we learn about his relationship status before learning he is a doctor. The lines between professional and private are blurred, male doctors are no longer uniquely defined by their profession. As women became professionally empowered, men were encouraged to take a more active role at home (Wall and Arnold 2007), which they did, although they did not cross the domestic line to the same extent as women crossed the public line. Reports on how American men and women spend their time show that men spend more time taking care of household activities now than they used to: in 2003 they spent an average of 23 minutes/day on housework compared to 30 minutes in 2021; in 2003 they spent 25 min/day on food preparation versus 42 min in 2021 (US Department of Labor 2005, 2022). Fathers have also been encouraged to be more involved in their kids' lives: fathers who have a child under 6 used to spend an average of 1h22min caring for them in 2003, up to 2h in 2021.

The three medical shows under study reflect this will to depict more involved fathers, while showing this evolution over the decades. Starting with *ER*, in which fathers are shown *trying* to be involved in their kids' lives, while still mostly failing because of how absorbed they are by their professional careers. At the beginning of the show, Mark Green, for instance, is presented as a family man, trying to maintain a family life with his wife and daughter despite his long hours in the E.R. When his wife and daughter move to Milwaukee, he *tries* to maintain the family unit by commuting for a year, before his wife eventually leaves him. Ambitious surgeon Peter Benton fights several custody battles in court to make sure he plays an active role in his son's life. If *ER* fathers of the 1990s *try* to be more involved, *New Amsterdam* and *Grey's Anatomy's* fathers took it one step further by not only *trying* to do better but by fully embracing paternity. In *Grey's Anatomy*, gender equality is pushed quite far with male characters who seem more willing and ready to have children than female characters: Derek Shepard is the

one leading in the adoption process of Zola, the couple's first kid; Owen Hunt is the one pushing his first two wives (Cristina Yang and Amelia Shephard) to have kids, and since their refusal leads to their divorce, he eventually adopts a kid alone; Atticus Lincoln (Linc) is also the one pushing his partner to have other kids (her refusal will lead to them separating), and he also helps his friend Jo Wilson by adopting a baby for her; Mark Sloane wants to adopt his daughter's baby when she considers giving the baby up for adoption. In *New Amsterdam*, Iggy Frome loves having children so much that – even though he has already adopted four and his husband refuses to have any additional children – he goes on with an adoption procedure without his husband's consent. Even when they are not with the baby's mother, these fathers want to remain involved. *ER* had this ambition with Mark Greene agreeing with his ex-wife to share custody of their daughter Rachel. However, in addition to being unrealistic because they live miles from each other, Rachel is never shown on screen in Mark's daily life. And while he blamed his wife for taking Rachel away, resulting in her “not growing up with her father” (*Sleepless night in Chicago*, 01x18), he also admits that he would not be able to take care of her on his own. A few decades helped the custody arrangements: in *Grey's Anatomy*, Mark Sloane, Linc and Jackson Avery all have joint custody (which Jackson legally fought for).

The New Father: Mending the Past

Pediatrician Doug Ross in *ER* is a notable exception: in the first season, the viewer learns that he has a son whom he has never seen and whose name he does not even know. Interestingly, choosing this plot for Doug Ross was a means for *ER* executive producer John Wells to mirror what he saw with a lot of men around him who were not involved in their children's lives, as he explained in an interview (Gelman 2019):

There are people among us who lose track of their children. [George Clooney and I] talked about it at the time. We both know men who had children that they have no contact with for whatever reason. That's what we were trying to play with”

Society's expectations around fatherhood have changed since the 1990s, and most fathers of the shows have integrated it. Most of them blame their own fathers for being negligent and they want to turn the tide on fatherhood by

being more involved and more caring than the previous generation of absentee fathers. Mark Greene has a very strained relationship with his father, whom he accuses of choosing his Navy career over his family; Peter Benton's father is never mentioned but Peter is the one caring for his aging mother; Doug Ross's father abandoned his family when Doug was a kid. In *Grey's Anatomy*, Alex Karev's dad was a violent alcoholic and drug-addict who left his young son in charge of his schizophrenic mother, which led him to different foster homes and a juvenile detention center; Jackson Avery's dad abandoned his son after he divorced his mom and did not even recognize Jackson when he went and found him years after; Derek Shepard's dad was killed when he was a kid. *New Amsterdam's* Floyd Reynolds grew up without his father; Iggy Frome has an eating disorder because of his abusive father. For all these men, missing or resenting their absentee or negligent father is a defining element in their identity, a major storyline in their characterization and a recurring topic throughout the episodes.

Because they know what it feels like to have a deficient father, this new generation of dads want to mend the past; they blame themselves when they feel they have not lived up to their own expectations, and they try to redeem themselves. For instance, the storyline of neurosurgeon Vijay Kapoor, one of the older doctors at New Amsterdam, revolves around him blaming himself for not being a caring-enough father for his now grown-up son and he is intent on redeeming himself by being a better grand-father.

ER executive producer John Wells also revealed that there is a redemptive dimension to the character of Doug Ross, who tries to make amends for being an absentee father and decided to "become a pediatrician and care for children" because of "his guilt that he wasn't the person he wanted to be when he had a child as a young man" (Gelman 2019). Yet, the best two examples of mending the past are maybe provided by Mark Greene from *ER*, and Alex Karev from *Grey's Anatomy*. When Mark Greene learns he has terminal cancer, he uses his last days trying to fix his relationship with his troubled teenage daughter Rachel by taking her to Hawaii, where he spent a few childhood years and remembers being happy with his father. He apologizes for not being present enough in her life and tries to be the father he wished he had been.

In *Grey's Anatomy*, being the father he wished he had had is also an obsession for Alex Karev. When he discovers that his ex-wife Izzie Stevens has been secretly raising the kids he did not even know he had, he abandons everything – his current wife included – to go live with them. He writes a

letter to his wife to explain his decision, explicitly saying that he wants to mend the past:

But Izzie had my kids. And I know you get what that really means. I know you of all people understand why I can't just leave now, why I can't miss another second of my kids' lives. I have a chance to make this family whole. I need to give these kids the family you and I never had, with barbecuing out on the back porch and soccer games and movie nights and book reports. I didn't know she would have my kids and now that she does, I don't know how to look anyone in the eye if I don't stay and do everything I can to make this work, make this a life, make this a family. [...] I missed five years of their lives. And not because I was a junkie like my dad or off my meds like my mom. I didn't exist to them until I walked through the front door. And once I did, I had this family I never knew I had on this insane farm, and I wish getting everything I always wanted didn't have to hurt you in the process (*Leave a Light On*, 16x16).

Fatherhood as Challenging Traditional and Hegemonic Representations of Masculinity

Going beyond the portrayal of stereotypical ideals that would conform to hegemonic masculinities (Connell 2005, Connell and Messerschmidt 2005), the new generation fathers of *New Amsterdam* and *Grey's Anatomy* are depicted as being full hands-on dads, not only “fun dads” (Poniewozik 2012, Neuhaus 2013). They are not simply portrayed as occasional caregivers or unexperienced and unequal parents, nor are they depicted as the *Father-Knows-Best*-type of parents, playing with their 6-or-7-year-old children or helping them in difficult situations, offering a paternalistic style of parenting. Here, father doctors are shown as emotionally connecting with and providing nurturing care to their children – often babies – in a way that does not necessarily fit with patriarchal expectations of gendered family roles: feeding babies and burping them, changing their diapers, pushing strollers, carrying them in baby carriers, kissing them, taking them to doctor's appointments, etc. In addition, these fathers embrace this nurturing paternity in plain sight at the hospital in front of – and with the validation of – their male colleagues. This more equalitarian approach of child care reflects a gradual – yet much slower in reality than as depicted in *New Amsterdam* and *Grey's Anatomy* – evolution of American fathers' family behaviors. The US Department of Labor (2005, 2022) found that, out of the additional 40 minutes a day American dads

spent taking care of their children in 2022 compared to 2003, time spent on tasks traditionally associated with interpersonal relation and nurturing – and therefore with the mother – such as physical care, reading to children or talking with them, had increased, showing that involved fatherhood is slowly challenging expectations about masculinity.

Some elements of the traditional depiction of masculinity are tested by the way fatherhood is portrayed in these shows. Ability, physicality and strength for instance are tackled in *ER* with Peter Benton's initial hard time accepting the disability of his hearing-impaired son, before he eventually rises to the challenge and fully accepts it. In *Grey's Anatomy*, body and gendered norms are questioned when Owen Hunt and Teddy Altman's son, Leo, exhibits early signs of gender fluidity, which Owen Hunt fully supports. When asked by his mother why Leo is wearing a tutu – as he often does – Owen simply answers: "Cause he likes tutus" (*Here Comes the Sun*, 18x01). Owen does not force masculinity onto his son, and he calls him "cowgirl" when Leo wears a pink cowboy costume (*Should I say or Should I Go*, 18x16) or "Elsa" when he wears a *Frozen* princess costume (*Some Kind of tomorrow*, 18x02). And when his wife Teddy expresses doubts about Leo's gender fluidity, Owen is the one defending his child: "Teddy, if Leo says he is a girl then I'm just gonna listen. [...] We just have to follow his lead" (*Should I say or Should I Go*, 18x16).

These fathers also question hegemonic masculinity by showing alternate possibilities of fatherhood, for instance by accepting to be weak and vulnerable. This is the case of *Grey's Anatomy's* cynical, self-centered and sexist neurosurgeon Tom Koracick, whose portrayal changes when the viewers learn that he had a 10-year-old son who died in an accident. A very emotional Tom admits that he was a mess after the accident, that his marriage fell apart and that he never recovered. Being a vulnerable and wounded dad humanizes him, and his arrogance and apparent cold-heartedness are then balanced with occasional reminders of his vulnerability – for instance when he starts crying while explaining to a coworker that he now hates Halloween because it painfully reminds him that it was his son's favorite holiday (*Whistlin' Past the Graveyard*, 16x06). Men are commended for showing signs of weakness and accepting their flaws. In *New Amsterdam*, Max earns the respect of his parents-in-law, and of the viewers, for acknowledging that he is not infallible and struggles as a dad: "Everything that you said this morning is true. I'm not a perfect father and I never will be. But I am a good father and I will be better tomorrow and the day after that" (*Fight Time*, 03x13).

From the Doctor Hero to Father Hero

In *ER*, *Grey's Anatomy* and *New Amsterdam*, male doctors are fallible on a professional and on a personal level: they are not always likeable, they go through depression and addiction, they have doubts, they make mistakes, they make wrong decisions. As Ryan Eggold – the actor who plays Max Goodwin in *New Amsterdam* – put it in an interview:

I had a lot of conversations with Eric² about what his struggles [as a doctor] were, and he reminded me that doctors are not always infallible. That was a good reminder not to play a knight in shining armor but to play a human being, warts and all (Li 2018).

This shift away from the figure of the ‘doctor hero’ is quite recent. In older medical shows – *Dr Kildare* (NBC, 1961-1966) in the 1960s or *Marcus Welby, M.D.* (ABC, 1969-1976) in the 1970s for instance – the “doctor-hero figure was a constant reminder that medicine can be good, and doctors can be nice and caring about their patients and families” (Cambra-Badii et al. 2020: 105). This idealistic and paternalistic portrayal began to change in the mid-1990s, as Pfau and Garrow (1995: 444) found:

What has changed is that contemporary prime-time television depictions of physicians [...] reveal occasional uncertainties in diagnoses and mistakes in treatments, and exposing unflattering personal traits (adultery, arrogance, and avarice, to name a few) [...] Needless to say, this is a significant departure from the medical programs of years past, which collectively portrayed a “super-doctor”.

Right from the start, male doctors from *ER* and *New Amsterdam* are presented as fallible family men. Two minutes into the pilot of *ER*, we learn that Mark Greene is having problems with his wife. In the pilot of *New Amsterdam*, Max Goodwin is separated from his pregnant wife Georgia as a result of Max betraying his promise not to put his job first: “Listen, I know what I did was wrong, I should have put you and the baby first, but I’m gonna change, I’m gonna win you back” (*Pilot*, 01x01). In *Grey's Anatomy*, the opening scene introduces a naked Derek Shephard who has just spent

² Dr Eric Manheimer, the formal medical director of Bellevue Hospital in New York, whose story – and memoir *Twelve Patients* – inspired the plot of *New Amsterdam*.

the night with a woman – Meredith Grey – whose name he does not even know, a depiction that does not inspire family reliability at first.

One feature of the doctor hero that endures in more contemporary depictions, however, is the idea of self-sacrifice. In 1965, Myerhoff et al. described the figure of the doctor hero as follows: “The physician [...] has been traditionally depicted as a charismatic hero, a harbinger of progress, and a self-sacrificing, uniquely gifted semi-divine figure.” (1965: 189). With contemporary father doctors, medical shows have moved from an era of doctor heroes to an era of father heroes. These fathers are very talented doctors who are driven by ambition and whose love for medicine is of paramount importance. However, they do not hesitate to sacrifice their careers for the sake of their children. Peter Benton from *ER*, while being constantly portrayed as being overly ambitious and career-oriented, resigns from County General to work better hours in a private hospital when he risks losing custody of his son because of his long hours. In *Grey’s Anatomy*, Alex Karev leaves Seattle and his well-established career – he was the head of pediatric surgery, the interim chief of surgery, a member of the hospital board – to move to Kansas to be with his children. As for Max Goodwin, the episodes focusing on the Covid-19 pandemic portray him as a martyr figure, sacrificing himself for his daughter Luna’s sake by entrusting her to his parents-in-law far from New York with no possibility for him to see her. When his parents-in-law file for Luna’s custody, they accuse him of always putting the hospital first, but instead of appearing as an unfit father, he appears as a martyr (*Fight Time*, 03x13):

Max’s lawyer: Dr. Goodwin has a very important job. Mother-in-law: Well, you could leave it. You could work fewer hours. But you choose work over Luna at every opportunity, even when it meant sending her away for months. You work in a hospital. You brought a child into the middle of a plague to make yourself feel more like a father. You were in a recovery ward for days because you exposed yourself to toxic chemicals. Did you stop to think about Luna then? Max: I think about her every moment of every day. About protecting her, but no one will be safe until everyone is, so that is a lot of people.

Selflessness and self-sacrifice are typical attributes of heroic figures in popular culture, it is also a characteristic we can expect from traditional depictions of masculine values. By being martyrs, or father heroes, these doctors claim back elements of hegemonic masculinity that were softened by

previous nurturing depictions. All the more so that, as for typical heroic figures, the idea of the righteousness of the fight is very present. In this case, fathers fighting for their children and never giving up on them. Fathers fighting custody battles, for instance, are featured in all three shows. In *New Amsterdam*, Max's love interest, Dr Helen Sharpe, while talking about his custody battle, illustrates the significant place fighting righteous battles has in Max's life: "Fight for her. When have you ever not wanted all of us to aim higher, to fight? It's all a fight. Luna, vaccines, this hospital, us. If you don't have to fight for it, it's because it's not worth it" (*Fight Time*, 03x13). Max then comes to embody that knight in shining armor – that his character was not supposed to be – for his daughter, as exemplified by his speech to his parents-in-law (*Fight Time*, 03x13):

If you want to go to court, we can, but you'll lose, and when that happens, I will walk out of that courtroom and you will never see Luna again. And I don't want that – for Luna, for you, for Georgia. Because she knew so clearly what you clearly don't, and that is that I will never stop fighting for my daughter. I will fight for her until the day I die. Now I'm here to take her home.

By giving such a striking demonstration of strength, determination and power, and by leading that righteous fight, Max's character reconciles the nurturing dimension of his fatherhood with more traditional characteristics of masculinity.

Conclusions

The image of fathers in the media (in movies, on television, in the newspapers, in magazines) is slowly changing as they are increasingly portrayed as parenting and nurturing rather than just breadwinning. However, depictions of fathers still largely overemphasize men's stereotypically masculine identities while placing them in secondary parenting positions (Drakish 1989, Schmitz 2016). Research has shown that men are aware of the discourses about fatherhood in the media and may internalize the cultural and gendered messages they receive through this channel (Brownson and Gilbert 2002, Schmitz 2016), which may well shape their beliefs about fatherhood and their behaviors as fathers. In particular, Kuo and Ward (2016) found that first-time expectant fathers may be especially vulnerable to media rep-

resentations of fatherhood. *Grey's Anatomy* and *New Amsterdam* could therefore influence fathers' behaviors by portraying father doctors who emotionally connect with their children – and babies – and who embrace a nurturing paternity. More importantly, having a working environment – and male colleagues – which support and even encourage expressive and nurturing paternity could have a gradual impact on fathers who often lack professional and institutional support to be as involved as mothers.³

The case of medical shows may be particularly relevant when it comes to influencing men's cultural beliefs and behaviors surrounding fatherhood. First, because the era of the doctor hero has come to an end, making way for flawed, fallible and vulnerable doctors and fathers. Barboza (2018) has shown that having a flawed father on screen improved viewer's reliability; these fathers were seen as more human and as potential role models and tended to be identified as 'good' fathers. The male audience of *Grey's Anatomy* and *New Amsterdam* may then realize that struggling and learning, as encouraged in the shows, is part of being an involved father. Second, when working on first-time expectant fathers' reception, Kuo and Ward (2016) noticed that men could react positively to negative TV portrayals of male characters as fathers – incompetent parents or men who were not sensitive or emotionally connected with their children – simply because these characters were powerful, dominant or sexually virile, which led them to conclude that expectant fathers may be encoding messages about masculinity that are discordant with sensitive and involved fatherhood. In this case, doctor fathers in *Grey's Anatomy* and *New Amsterdam*, because they all retain some stereotypical attributes of masculinity – beauty, power, virility, talent, money, ethics – while promoting a more nurturing approach to fatherhood, could be particularly important in shaping more equalitarian fathers among their male viewers.

³ The fear of social stigma and perceived professional penalties is the main obstacle preventing American fathers from taking a paternity leave to be with their newborn (Rehel 2014, Patnaik 2019).

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