Desperate and Desired Housewife:
An autoethnographic textual analysis of Black motherhood from *The Real Housewives of Atlanta*

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Abstract

This research is intended to shed light on the relationship between Black women struggling with fertility issues, specifically uterine fibroids, and their acts of performance in popular media balancing desire and desperation. Using intersectionality theory as a backdrop, the purpose of this research is to bring awareness to how popular media uses the politics of respectability to frame the idea of desperation through the desire of Black motherhood. Through the qualitative methods of autoethnography and textual analysis, I juxtapose examples from my personal, lived experiences against scenes from the *Real Housewives of Atlanta.* The results of my analyses strengthen the presence of how Black women, in popular media, as desperate, bolstered by levels of shame, in their desire to become mothers. In conclusion, I challenge the medical field, society, and popular media to be more supportive in helping meet the motherly desires of Black women burdened with uterine fibroids while simultaneously removing the perception of the desperate, Black woman.

Introduction

There are no shortages of stories that embody the fairytale ending of being called a parent by a child you brought into the world. However, like many fairytale stories framed in today's reality: each comes with its inherent struggles with a possibility of not having a not-so-happy ending. As women, the labor of childbearing naturally falls on us. Yet, this journey to motherhood can be hard for some women to achieve. A contributing factor to this hardship: uterine fibroids. Unbeknownst to many, uterine fibroids are benign growths which can be nuisance for women trying to conceive. More specific, previous scholarship asserts uterine fibroids being more problematic to the reproductive health of Black women. Among various popular media outlets, Black women voices speaking about their inherent fertility struggles are often replaced with wanted displays of spectacle, an open call of shaming by other women who exemplify accepted familial norms, or "if it's not hood, it's not good", placing a black women's general health to background conversation and not forward public speaking progression.

As a Black woman of childbearing age with desires to have children, this research will consider how Black women in popular media are perceived through their wanton desire of becoming a mother while appearing desperate in achieving their goal. This significant absence of public mediated representation about uterine fibroids afflicting a population of black women, their disruptive effect on a black woman's quality of life, and communal beliefs of what and how Black motherhood is achieved contribute to maintaining the health and wellbeing of a black woman to the shadows. My methods of research will be autoethnography supporting textual analysis from the long-time running reality television show, *The Real Housewives of Atlanta*. My focus will be Kenya Moore, one of the show's cast members, who openly discusses her desires of becoming a mother throughout the seasons while living with uterine fibroids. My textual

analysis will begin with the season six reunion episode, which originally aired on May 5, 2014. This scene shows a fiery diatribe between Kenya and a fellow castmate over her potential method of having a child. The theory of intersectionality and respectability politics implied from the role of desperation are what my research will be grounded in. From an intersectional lens, I hope my research will inform how differences in race, gender, profession, and societal class standing, all of which can vary greatly amongst black women, can equate to a common denominator: black women continue to suffer in silence while seeking a solution of understanding and pragmatism when dealing with uterine fibroids. Informing from the perspective of respectability politics which speak on the perceived behaviors of marginalized individuals, I encourage readers of my research to question how the performance of Black women with fertility challenges in mediated spaces showing desire and desperation are seen as both a gift and a curse among audiences performed for and audiences performed with. Finally, through my implications and conclusion, I hope to shed light on the need for more support from society and popular media towards Black women who face fertility challenges when seeking avenues towards motherhood. This could lend encouragement in understanding, empathizing, and realizing their lived experiences and reverse the notion of Black women being desperate by design through their mediated behavior.

Literary Review

Uterine fibroids, also known as leiomyomas, are common benign tumors found in women. As the name suggests, these tumors reside within or around the uterus of a female. These tumors inhabit "seventy percent of white women and more than 80% of Black women" (Zota, 2020), making these growths a natural occurrence within women. Some of the common symptoms of uterine fibroids are "abnormal uterine bleeding, usually excessive menstrual bleeding. Other symptoms include pelvic pressure, bowel dysfunction, urinary frequency and urgency, urinary retention, low back pain, constipation, and dyspareunia" (De La Cruz & Buchanan, 2017). However, uterine fibroids naturally occurring are likely the only common denominator women of all backgrounds may share. "African-American women have the highest incidence of fibroids (2 to 3 times higher than white women)" (Reynolds, 2007). Supportive to this statistic, "Black women are disproportionately burdened by fibroids. They experience a higher risk of fibroids, an earlier age of onset, and more severe symptoms than do non-Black women" (Zota, 2020). With no definitive, determinant cause of uterine fibroids, previous scholarship asserts a variety of factors why Black women experience this disparity at a higher rate than other non-Black women demographic groups. An ethnoracial factor study conducted by Orellana et al. (2021) amplified participants' adverse treatment of their uterine fibroids after "feeling as if they were steered away from uterine-sparing treatment options and that provider responses suggested they were unworthy of motherhood due to their race, insurance status, or other socioeconomic characteristics." These biases, inclusive of profession and societal class standing, are the foundation for why my autoethnographic textual analysis using various episodes from *The Real Housewives of Atlanta* can advance the existing intersectional framework current scholarship often utilizes when speaking about black women health

disparities. Supported by Orellana's work, my personal story would detail treatment differences I experienced when I was first diagnosed with uterine fibroids. Through my research, I would also challenge current scholarship to open a discourse about the politics of respectability through media, analyzing the role of gender performance when choosing an alternative route to start a family while combating individual shame and shame from others, all while maintaining face.

"For decades, social scientists have been interested in the media's influence on how individuals construct their behavior and self-identity" (Barber & Axinn, 2004). While predominately Black casted television shows have existed for quite some time (*Good Times, A Different World, The Cosby Show, Girlfriends, Living Single, Blackish*), most, if not all, tell stories of Black lives and experiences through fictional characterization while existing within Caucasian-accepted societal norms. Being able to identify with storylines as a consumer of media makes for reliable and relatable content. Yet, when unable to rely on or relate to the content offered, this mars the relatable references audiences can experience. The reality television niche, supporting storylines about Black women's health disparities, is overdue a more magnified representation of the *real* reality faced by marginalized individuals.

Sacks (2018) asserts, "although Black middle-class women are rarely studied in the context of health care disparities, they continue to face stereotyping and differential treatment." This notion should come as no surprise when you consider the positioning of the Black woman throughout society. Ample research has "documented the continued impacts of systematic oppression, bias, and unequal treatment of Black women. Substantial evidence exists that racial differences in socioeconomic (*e.g.*, education and employment) and housing outcomes among women are the result of segregation, discrimination, and historical laws purposed to oppress Blacks and women in the United States" (Chinn & Redmond, 2021). Representation on

television is no exception. Luna echoes Sacks' sentiment by mentioning the historical attitudes towards the Black female body in American society. With implications that "emphasize hypersexuality, matriarchal dominance and hyper-reproductive capacity, these images, with their origins in slavery, have produced a narrative of easy childbearing that supported capitalist slavers' needs. (Luna, 2018). Ceballo et al. (2015) spoke of a "'Black fertility mandate'" that 'represents the simple, yet stereotypical, assumption that all African-American women are fertile.'" Acknowledging that not all Black women are fertile, "we are reminded that biological motherhood is the gold standard, be it natural, through reproductive assistance or gestational surrogacy, with egg donation and adoption being presented as preferential to childlessness, but not on a parenting par with their genetically related maternal counterparts" (Feasey, 2019). This scholarship suggests although we see indicators of transgressive advancements of starting a family today, there remains an undercurrent of traditional familial norms audiences subconsciously approve and accept. I concur with the responsibility that "mainstream media has a crucially important role to play in helping to smash the silence, quash the secrecy and debunk societal taboos as they relate to reproductive disruption" (Feasey, 2019).

I found it difficult to find existing academic scholarship using reality television shows as a gateway to speak about uterine fibroids in Black women. I imagine my research bridging the gap between the private conversation about uterine fibroids to enhance the significant lack of public mediated representation discussing this topic and the behaviors of Black women informed from the discussion. From an autoethnographic lens, my research will consider how representation of Black women stories suffering with uterine fibroids are told in popular media. From the lens of respectability politics, my research will pose the question: How does popular

media use the politics of respectability to frame the idea of desperation through the desire of Black motherhood?

Methodology

The Real Housewives of Atlanta (RHOA) is an American reality television series that "focused on the personal and professional lives of several women residing in Atlanta, Georgia (2008). Premiering on the Bravo network on October 7, 2008, *RHOA* became the third installment of *The Real Housewives* franchise and will be entering its 14th season later this year. *RHOA* was one of the first reality television shows to showcase a predominately Black female cast speaking about their personal and professional lives in a televised, mediated space. It would become one of three shows from Bravo nominated for the Reality Show of 2019 in the 2019 People's Choice Awards (Hahn, 2019). With various women making appearances on the show over the years, one of the most vocal and unforgettable cast members has been Kenya Moore.

Introduced in season five of *RHOA*, Kenya Moore made her debut in November 2012 on the "Got Sexy Back" episode. Already established in her career, Kenya was best known for winning the 1993 Miss Michigan USA and becoming the second African- American woman to win Miss USA, also in 1993. Vocal and dynamic from the start, Kenya captivated audiences with her direct, tell-it-like-it-is personality. Never one to shy away from a chance to speak her thoughts, she drew the attention of her fellow cast members and audiences alike. When viewers are first introduced to Kenya, she is in a relationship with a man named Walter Jackson. While dating, Kenya speaks often of her desires to be married to Walter one day. Teased by some of the other women on the show, Walter becomes known as "Kenya's rental boyfriend" and not believed to be her actual boyfriend because she displayed a playful, flirtatious personality with some of the spouses on the show. Her spouse of choice to flirt with: Apollo Nida, the then-husband of fellow housewife Phaedra Parks. Kenya and Phaedra started with an amicable friendship, which quickly turned sour after a group trip to Anguilla, seen on the "Hold onto Your

Weave" episode, which aired on December 9, 2012. Now frenemies, their relationship reached a boiling point two years later during the season six reunion, which aired on May 4, 2014. This reunion scene will serve as the starting point of my analysis.

I chose to do three textual analyses covering three different scenes from *RHOA.* In addition to these analyses, I will also provide supportive glimpses from my personal story through autoethnography. I chose both textual analyses and autoethnography to inform potential readers of my research on the positioning of Black women's fertility issues, specifically uterine fibroids, and the lack of mediated representations. My textual analyses, with snapshots of my personal story, will illustrate a pattern of desire mirrored along with desperation through the following themes: when others see our desires as desperation (shame within ourselves), when our desires require desperation (shamelessness), and when our desires are replaced by acts of desperation (validation of shame). Through these qualitative methods, I want to create a discourse that allows my research to be relatable, helpful, and insightful.

Primary Research/Analysis

When desire equates desperation (Shame within us)

> "While she sitting around talking about my husband, she spends her weekends pedaling through sperm banks to try and find a donor. Honey you don't know if yo baby daddy gone be an axe murderer or a child molester, but you will know that he needed $10 to get him a medium size pizza so he ejaculates in a cup so YOU can have a kid. Now check that!" (Dunlop et. al., 2014, 34:21)

This "read", a popular colloquial term used heavily within the African American community, is defined as an "attack on one's credibility" (https://www.urbandictionary.com/define.php?term=Read.). This scene ignited a fury of conversation among viewers of *RHOA* when this reunion special aired on May 5, 2014. Mrs. Parks, a married cast member on *RHOA*, begins to verbally assault Kenya Moore stemming from their fallout two years prior from rumors Kenya was making passes at Phaedra's husband, Apollo. While her husband sits next to her, Phaedra attacks Kenya's mediated desire to have a child, knowing Kenya is also single at this point in her life. Accompanied by neck rolls and finger-pointing, Phaedra leans forward in Kenya's direction even though they are seated across from each other.

As an avid viewer of *RHOA*, I remember this scene vividly. As I sat watching this scene play out, I recall being in a state of complete shock after hearing these vile statements made by Phaedra. I could not believe a woman; a Black woman would be so insensitive and cold towards another Black woman. At this moment, Phaedra uses Kenya's desire for motherhood as a weapon to hurt her. After openly sharing with all her castmates her wishes of becoming a mother one day, Phaedra makes a point to sully Kenya's path to motherhood by mocking and demeaning

her fertility plan. By assuming Kenya would need to use a sperm bank to have a baby, there is the sense of Phaedra's superiority as an established mother versus Kenya's inferiority of aspirations to belong to the same, elusive establishment. Phaedra's "read" is no longer an attack on Kenya's credibility as a person; it is an attack on Kenya's credibility on becoming a mother. It is here we see the element of shame based on potential choices one makes for themselves.

According to Merriam-Webster, shame is "a painful emotion caused by consciousness of guilt, shortcoming, or impropriety" ("Shame," n.d.). The scene presents Kenya's consciousness of guilt when she remains stoic and silent in her seat during Phaedra's tirade. Thinking that she was in a safe space to share her innermost troubles with women who could empathize with her, she now sees that this is not the case. She is reminded of her own choices, now connected to shame, when the same desire gets thrown in her face. Presented with no easy path to motherhood, the audience understands Kenya's lack of a child as her shortcoming. The silent shame depicted is part of her lived reality.

I share Kenya's shame at this moment because I also have had to manage my own reminders of my uterine fibroid shortcomings and my hardships to motherhood. This is the reality of our collective situation, no? Viewers watch the rest of the RHOA cast sit quietly on the couch following Phaedra's read. No one lends any support to defend Kenya or contradict Phaedra's words. In this moment, it does not matter that statistical information indicates every woman sitting on that couch is equally susceptible to uterine fibroids based on their coded ethnicity and race. Viewers see no collective empathy or sympathy from any other of the other women towards for Kenya. What matters in this moment is Kenya, a single woman who has been open about her struggles towards motherhood, is not given the space to respond to Phaedra's claims. Her voice is silenced. Her purpose is silenced. Phaedra, comfortable in her wifely and

motherly space, is given the allowance to speak to Kenya about her disadvantages and shame her in the process.

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It is 2006. I am 23 years old, but I do not feel like I am in the prime of my life. My body feels heavy and bulk. I feel a constant discomfort in my abdomen I do not recognize. It is painfully honest others do not recognize it either. In the past weeks, I find myself politely reassuring family members, friends, acquaintances, and complete strangers that I am not pregnant, while incensed by the constant asking. I am concerned that something could be drastically wrong with me. I keep getting bigger and bigger. Hell, I have never been a size five, but I have never been this big either. What the hell is wrong with me? Why is this happening to me?

I finally make an appointment with the OB-GYN doctor. As I sit in the examining room the same white female nurse that admitted me walks into the room:

> "Cindy, before we give you this pregnancy test (I already taken two prior to this appointment), understand there is nothing to be ashamed of if the test comes back positive. There are many programs and options available nowadays that can be of assistance to you. I understand you are not currently in a relationship and that is fine. You are a good girl and you come from a good family. I am sure they will be supportive of you and the results of this test, whatever you decide."—Interaction with nurse, January 2006

The pregnancy test came back negative. No surprise here. The experience with the nurse was also negative. This surprises me. I sat in shock comprehending that my young and single status equated with being pregnant and potentially unable to care for a baby. I am acutely aware of how

this white woman saw me, and in this moment, how others could begin to see me. I am held as the young, Black, incapable adult who is selfishly looking to bring a child into the world she cannot even care for.

Inquiries and opinions of my pregnancy status are still a constant in my life. Regardless of how many times I denied being pregnant to all those who inquired, the perception became I was hiding something and ashamed about it. I feel dejected. I feel like people see me as a liar. I do not know my own body. Yet, the reality is I do not know my own body. I have no idea the story my reproductive health was going to tell. I was not prepared for how much my life would change with my diagnosis of fibroids and the psychological impact it would have on me. This illustration speaks directly to how societal norms dictate differences in social equity. Crenshaw (1989) defines intersectionality theory as "the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise." ("Intersectionality," n.d.). Preconceived ideas complicate social spaces who view women like myself and Kenya differently from women like Phaedra and my nurse who have children. As women, we already struggle for opportunities for our voices to be heard in comparison to men. Now, we must bear the labor of asking for camaraderie from women while considering their opinions of our lived realities. This becomes even harder to achieve when no support is offered from women who look like us. Already feeling ashamed by our uterine hardship, we are now shamed by their view of our status as discussion and opinion for them alone to comment about. Our desperation becomes their story to tell and not ours. Present now is the shame within ourselves. Yet, what happens when wanted desire requires consideration of desperate measures?

When desires require desperation (Shamelessness)

Season six episode six titled "The Old Lady and The Shoe" depicts a lunch scene at a local restaurant between Kenya and her beloved Aunt Laurie. Aunt Laurie represents a consistent, motherly figure to Kenya, following her open dialogue about the strained relationship with her own mother. Viewers see Aunt Laurie start a conversation with Kenya about her desire to have kids one day. Kenya begins to reflect on her current relationship with a nameless, unseen African male sweetheart, and segways into recent results from her fertility tests coming back not so great. Reflecting on her previous relationships and not wanting to rush or pressure someone into marriage, Aunt Lori then poses the following question:

> "What's more important to you: having a child or getting married? Ok well you need to go for the baby and worry about the man later." (Dunlop et al., 2013, 26:30)

Immediately following Aunt Laurie's statement, Kenya states that she believes in family. She reminds her aunt that for her entire life, she saw marriage first, followed by children.

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"First comes love, then comes marriage, then comes the baby in the baby carriage." It has been ten years since my uterine fibroid diagnosis and first myomectomy (a surgical procedure to remove fibroids from the uterus). I am more aware that of all my friends and family beginning and expanding their families with children of their own. I understand this is happening to everyone around me but no to me. My thirty-fifth birthday is approaching, and nothing is happening. TICK TICK TICK. Thirty-five is the year where everyone tells me my biological clock is likely to slow down or stop. TICK TICK TICK TICK.

It is late at night and am sitting in my living room talking to a former male love interest. The words escape my mouth:

> "Look, I am not getting any younger. I'll be thirty-five in two years, and you know what they say: After thirty-five, having a kid becomes a lot harder. So…if I get to thirty-five and I still don't have a kid at that time, you wanna go half on a baby? — My apartment, 2015

He laughs I laugh. I am serious. As serious as I have ever been. When he says yes to my proposition, I happily respond in kind with "Great, that was easy." Yet, I know I have no desire to be in a relationship with him. The goal is to have a baby. A cute, healthy baby. My baby. Not his. After all, he already has a child. This child would be mine. The fear of turning thirty-five and my biological clock working against me run a close race, with my desire for motherhood coming in a distant third place. I am broken. Damn uterine fibroids. I want to claim my own destiny. I want to be a mother to the child I know I deserve, regardless of how it happens or who gives it to me. I am a good person. I did not ask to have uterine fibroids. I will not let them determine my worth as a mother. No thirty-one-pound fibroid tumor will keep me from my wish coming true, irrespective of how desperate I appear to look.

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Considering Kenya and my experiences, both which suggest a desire for motherhood without the presence of a man. I am aware and accept that my road to motherhood is not viewed as conventional or easy. I am okay with this. I cannot just pretend the fibroids did not exist anymore. They are a part of my daily, lived experience. Yet, in my life or in *RHOA's* depiction of Kenya's experiences, there is no acknowledgment of the presence of uterine fibroids. I do not discuss my condition with anyone, and the show hardly presents Kenya talking about her experience with fibroids. It is as if we want to forget we had them, if even for the moment. But the reality is mediated representations about Black women's fertility issues, specifically uterine

fibroids, are also forgotten. Designed as hindrances in becoming a mother, they should not be a hindrance to the *desire* of becoming a mother. We begin to show shamelessness in our behaviors when our methods of obtaining our desires of motherhood no longer work and we now employ accepted means of desperate tactics. It is as if we excuse our logical selves to uphold the perceived, desperate selves we now appear to have become. The dismissal of logic now makes us desperate. But who decides what is logical? Who decides what is desperate?

When desires are replaced by acts of desperation (Validating shame)

Logic, as defined by Merriam-Webster, is "a science that deals with the principles and criteria of validity of inference and demonstration**:** the science of the formal principles of reasoning." ("Logic," n.d.)**.** Everyone has their scale to measure inference (conclusions) and demonstration (actions) within us or by others. Situations throughout life can influence our measurement of logic. Relationships are logical tests where we constantly balance the principles and validation of conclusions reached and actions shown by our partner/significant other. Throughout her years on the show, RHOA depicts Kenya navigating a few of her relationships while balancing her place and identity among her castmates. Yet, her relationship with her ex-Matt Jordan proved to be one of the Kenya's most mediated relationship *RHOA* viewers had ever seen from her and on the show. Dating for a year, one of the earliest tests of validating their relationship came from the repeated references about their age difference. When the season aired in 2016, Matt was in his late 20s; Kenya was in her mid-40s. On their first official date, Kenya mentions to Matt with no hesitation her desire for children. Asking Matt directly if he wants children, he respond by welcoming the idea of becoming a father within the next year or two. Kenya smiles and then discloses where she is at in her reproductive journey, having already started the process of being on medications and saving eggs. He is receptive, understanding, and

not looking to abandon her, confirmed by Kenya when she likens other men running for hills after hearing of her reproductive woes so early on. Yet, Matt is in it for the long haul. These initial moments of her relationship appear logical to Kenya because they fit the standard of relationship expectations. First you date, become serious, get engaged, get married, and lastly, you have children. However, if one of those steps are broken or when logic is lost and desperation is employed to hold on to what may be lost, how is the Black woman then portrayed in popular media?

In "Taste Like Trouble", the episode nears its conclusion with a scene showing Kenya in her home. Through tears, Kenya calls fellow castmate Cynthia Bailey to discuss the events that took place earlier that morning. Kenya explains that Matt arrived at her home drunk and upset in the early morning hours. Kenya further explains when she attempted to take her garage remote from his car because she no longer wanted him to have access to her home, Matt became violent. Kenya reveals Matt came up to her glass garage doors and kicked one of the windows. Prior to this incident, Kenya confirms she and Matt had been fighting constantly and their relationship was not in a good place. Cynthia blatantly asks Kenya if she is afraid of Matt. Kenya responds by saying "I do not think he would ever do anything to me" (Dunlop et al, 2016). Cynthia responds in kind by saying she does not have a good feeling about Matt and that Kenya should consider taking time away from the relationship. After Kenya finishes her conversation with Cynthia, she walks off camera and requests to speak with Joye, a producer on *RHOA*. With her mic still on, Kenya tells Joye:

> "I feel like he's a good person, but he is just so f---ed up. He really is, but he just has demons. He just feels like he's not really supposed to be with me and it just messes with

> him because he's just a regular guy that came out of nowhere..... I really love him." (Dunlop et al., 2016, 34:49)

Watching this scene, I think to myself: Wow! He showed up and damaged your property and you are still looking for the good in him? How f---ed up is he if you choose to stay with him? What does that say about you? You cannot find another man in Atlanta who would treat you better than this? Then I think to myself: Wait. I have been Kenya. On more days and in more ways than I can count. As quick as I was to judge her circumstance at that moment, I realize I cannot.

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> "I do not get it. I do not get it. What is wrong with me! I did everything right this time. He is not a stranger. He is someone I know. Since middle school! Someone I trust. I opened my heart up to him and told him about my desire to have children. I told him about my fibroids. Hell, he checked on me every single day after this last myomectomy. He made it seem like he was supportive and wanting to be there for me, knowing my struggles and still he ghost me? WTF! I wasted three years of my life that I cannot get back, but I guess that is what I deserve. I should have known it was never going to work. Why would it? Every time I want something, I never get it. –Phone conversation with a good friend, November 2019

I am embarrassed in this moment. I am embarrassed because I am a thirty-seven-year-old woman sharing my most private thoughts, desires, and fears with a man I trust who ultimately turned his back on me. I am angry. I am sad. I also now recognize I completely ignored signs. Things were not 100% between him and me. Yet, I kept going. I wanted it to work. I put in so much time and effort into this relationship to make it work. I dismissed behaviors that did not feel right. I convinced myself things would get better. Things would work in the long run. I covered for him.

I made excuse after excuse for his behavior. I am disappointed that I believed things could be different with him.

Like Kenya, I disclosed my desire for motherhood early on in my relationship. I did not wait for the "right" time, I put it on the table. Like Matt, he told me he was open, receptive, and wanted to start a family with me. I fully disclosed to him my history of uterine fibroids. At this point, I had yet to share my diagnosis with a male love interest. The reason is simple. I did not envision a long-lasting relationship in previous relationships in the way I did with him. We had history. I valued this relationship. I valued him. I fought to make things work, despite our many issues. Eventually, logic started to set in, and I realized this would not work between us. I had abandoned logic for so long that I had to have a tough conversation with myself. Why did I want to hold on to this relationship? Feeling desperate, I wanted to save face. I did not want to be alone. I wanted the years I invested in my dream of us starting a family together to count. My desperation to maintain my relationship blurred my goal to become a mother.

Discussion & Conclusion

The results of the three texts from *RHOA* I chose to analyze were to open a discourse about popular media's utilization of a Black woman's motherly desire to portray the Black woman as desperate by design. Often framed in a negative light, the performance of desperation could call attention to the lack of mediated stories about Black women struggles with fertility issues, specific to uterine fibroids, and our desire to become mothers. In each textual example provided, the desire remains constant and consistent, while the mediated presentation of desperation is heightened. The first textual example highlights desperation as told by another to establish desire and desperation as equal components. This gives the appearance you cannot have one without the other. The second textual example implies the more emphasis placed toward achieving motherhood; the appearance of desperation increases based on acceptance by others. This suggests you may now start to do things for the other. When grappling with logic, the third textual example shows how one's desire no longer sits beside or drives desperation. Now seen as two separate entities, desire is now replaced by desperation in the actions and behaviors of the one seeking desire towards another who replaces desire. While needing to be considerate of our behavior in a manner pleasing to others, this informs the idea that Black women are to acquire their motherly desires not only for themselves, but rather for and by the means of others.

This project invites readers to think about the mediated presentation of Black women and their desire for motherhood. As the third installment of *The Real Housewives* franchise, *The Real Housewives of Atlanta* was given the opportunity to expand discussions centered on the health burdens experienced by Black women throughout the years. However, more emphasis on the behavior of the Black woman through the design of desperation rather than the desire of better health equity for the Black woman is subconsciously represented; leaving the Black woman to

remain second fiddle to other women demographic groups in both private and public popular media forums. It is the responsibility of us all to ask the question how popular media can become better at showing the politics of respectability as it relates to desperation in Black motherhood. To challenge the mediated view of desire and desperation through Black motherhood, I posit the need for more support from various established entities to reduce the optics of the desperate Black woman. The medical field holds the responsibility to work harder on finding causes and sustainable practices for the disproportionate number of Black women afflicted with uterine fibroids. Again, Black women are two to three times more likely to have uterine fibroids than white women. Support from family and friends would provide comfort, understanding, and acceptance of a Black woman's choices, whether traditional or alternative, on her road to motherhood. Lastly, support from popular media, providing ample space to tell one's story the way it needs to be told, strengthens the acceptance of society's support to appreciate the lived experience of the Black woman suffering with fertility issues. When collectively brought together, a Black woman living with uterine fibroids on her path to motherhood becomes far less desperate and much more desirable.

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