Great Expectations: Maternal Ideation, Injustice and Entitlement in the Online Infertility Community

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Abstract

Motherhood is one of the most enduring and consequential rites of passage to adult femininity for women. Indeed “motherhood changes everything” (Nelson 2009, p. 3, Fox 2009). However, not all women have access to motherhood. What happens then when women do not have access to the gender ideal of motherhood or to the cultural spaces that define it? How do women deal with this exclusion? In the course of this research I answer these two questions through an examination of women’s blogging in the online infertility community. Women in the online infertility community characterize their fertility challenges as unfair and unjust, wherein their expressions of desire to become mothers are made in direct relation to, and in comparison with, the women around them who are on their way to becoming mothers (i.e., pregnant) or have already become mothers. In characterizing their experience as an injustice, I argue that women begin to lay claim to motherhood as an entitlement. They do so by drawing on, engaging with, and seeking out a multiplicity of cultural and scientific discourses associated with motherhood and women’s bodies. Through an examination of these discourses, I argue that the pursuit of motherhood is a journey that is relational and comparative, and one that happens in a single-gender, homo-social environment. Conceptualizing motherhood as a gendered entitlement, rather
than a gender identity achievement allows us to recognize that women’s relationality and sociality are central to how women negotiate gender norms and expectations more broadly. In the face of infertility women in the online community express incredulity about the prospect of never having a biological child of their own and become industrious in navigating their circumstances. Their industrious responses help us locate infertility as a gendered penalty in the larger context of misfortune, which is often overlooked by sociologists.
Acknowledgments

Completing a dissertation can be an exceptionally isolating experience, yet this project would never have come to fruition without the collective support of so many people.

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Chapter 1
The Online Infertility Community and Culture

The Motherhood Imperative

Motherhood is one of the most enduring and consequential rites of passage to adult femininity for women. Indeed “motherhood changes everything” (Nelson 2009, p. 3; Fox 2009). The ability motherhood has to change everything is related both to how people perceive women who are mothers and those who are not, as well as how women perceive themselves with respect to the gendered ideal. Russo refers to this pervasive ideology as the “motherhood mandate” (1976) wherein a woman does not truly become a woman unless she is a mother. According to Glenn the fundamental questions that have been asked by feminist scholars about mothering are as follows: “Is mothering women’s primary and sole mission and chief source of satisfaction, or one of many roles and sources of satisfaction? Is women’s fate tied to their biological role in reproduction, or is biology only a minor factor? How much significance should we place on pregnancy and childbirth as putting women in a unique position that justifies special treatment?” (1994, p. 1).

Sociological work on the motherhood ideal explains much about women’s pursuit of motherhood by highlighting its importance to women’s sense of self and social identity. Becoming a mother has notable and important effects on identity and the self (McMahon 1995). Research that investigates women’s blocked paths to motherhood has been important in elucidating the ways in which mainstream culture equates femininity with motherhood, and the effects obstructed access has on women’s personal identities (Morrell 1994; Weaver and Ussher 1997; Everingham 1991). Women’s pursuit of motherhood is often—at its core—a pursuit of a gendered identity, where
gender identity is a significant constituent of the self (Kessler and McKenna 1978; West & Zimmerman, 1987).

However, beyond identity considerations, motherhood is also an external gendered expectation, which results in all women being read as potential mothers regardless of whether they themselves strive for that role. Some feminist sociologists do argue that the permanence of the motherhood ideal and women’s persistence in trying to achieve this cultural ideal is directly the pervasiveness of the norm (Russo 1976). Some argue that feminine identity is accessed through motherhood, where mothering is both liberating and oppressive (McMahon 1995). Others argue that women’s femininity hinges on her reproductive capabilities to become a mother and her ability to fulfill the domestic responsibility associated with her role as a mother (de Beauvoir 1949; Firestone 1970; Rich 1976).

Research repeatedly asks what happens to women when they become mothers, but they don’t ask what happens when they do not. Indeed, not all women have access to motherhood. What happens then when women do not have access to the gender ideal of motherhood or to the cultural spaces that define it? How do women deal with this exclusion? In the course of this book I answer these two questions through an examination of women’s blogging (online journaling, discussed in more detail below) in the online IF community1. In my investigation of this cultural space I map the online cultural world of women’s infertility challenges by immersing myself in the narratives they present online. Through detailing this landscape, I am able to push the analytic conceptualization of motherhood forward, while also learning a great deal about the production and reproduction of gender norms in a single gender environment.

1 Some women refer to the infertility community as the “IF” community (Stirrup Queen website).
That women’s feminine gender identity is so intimately tied to motherhood is practically an established fact in the literature. Indeed it is so well-establish that it is rarely challenged, or re-thought. While it is claim that I generally accept, and one that regularly proves itself in the research (Greil 1991; Whiteford and Gonzalez 1995; Letherby 1999), what I have found through studying women who blog in the online infertility community is that they do not write about motherhood as an opportunity to achieve real femininity. This does not mean that they do not pursue motherhood for reasons surrounding gender identity accomplishment; perhaps they do. What it means is that the way in which they speak about their pursuit does not reflect a discourse that presumes motherhood is the only path to true a true feminine identity. Certainly they may have internalized the feminine norm of motherhood and might be pursuing motherhood with such vigour because of that internalization, but I cannot make that assertion with the data I have here. The data I present here allow me to make a more subtle claim about motherhood, which is that more than a vehicle enabling the achievement of feminine subjectivity, motherhood also offers women access to a new cultural space reserved for mothers, often referred to as “the mommies club” (Nelson 2009: 12). In this space women have access to a cultural world that revolves around their identification with the social category of mother.

Based on my research of women who blog about their infertility, I conclude that motherhood is more than a pursuit of a gender identity; it is a life course event that women lay claim as a byproduct of being a woman, middle-class, heterosexual, married, and socially stable. Moreover, their expressions of desire to become mothers are made in direct relation to, and in comparison with, the women around them who are on their way to becoming mothers (i.e., pregnant) or have already become mothers. The pursuit of motherhood, I argue, is a mission that is relational and comparative, and that happens in a single-gender, homo-social environment. In short, the
navigation of infertility is more than about *being a mother*, and being seen as one by others, it is also about *being a part of a select group of women*.

**Why Study Infertility?**

For the most part, the study of the motherhood imperative has been relegated to an examination of *mothers*. To be sure, a great deal of knowledge has been acquired as a result of this approach. However, studying infertility is an important and unique way in which to study the construct of motherhood, as these women find themselves on neither side of that construct. They are not yet mothers, yet they hope to be one day, although their fate in becoming a mother is uncertain. Women facing infertility are obviously seeking to be mothers, but it is still unknown whether they will one day be welcomed into the “mommies club” (Nelson 2009). Studying these women moves beyond studying women who are already mothers, and would likely defend their choice to become mothers, as well as women who are childless by choice, similarly defending the opposite choice.

As a result of the uncertainty surrounding their future as mothers, women with fertility challenges provide a unique perspective from which to explore the construct of motherhood. Women dealing with infertility represent an “outsider-within” perspective (Hill-Collins 1986) on motherhood, which in turn allows us to learn more about motherhood as a gender norm, and the (re)production of this norm, more generally than other subject positions might. As stated by Phoenix and Woollett, “regardless of whether women become mothers, motherhood is central to the ways in which (women) are defined by others and to their perceptions of themselves” (1991: 13). Thus it is meaningful to study the construct of motherhood by exploring the actions, behaviours, and expressions of those who want access to motherhood, but have not yet achieved it. Women with infertility issues are a marginalized group of women, on the external borders of
achieving a crucial feminine ideal. They are marginalized in comparison to the very group in which they seek to become a part. In this sense, they have what Yoder and Aniakudo (1997) refer to as both a nearness and a detachment to the motherhood norm as both an experience and institution (Rich 1976). They are near to the norm since they envision themselves being a part of the culture of motherhood one day, and many of their friends, co-workers and acquaintances have already entered the culture of motherhood or are on their way into that culture. Yet, on the other hand, they experience a detachment from motherhood in that they do not know for sure that they will become a part of the motherhood community and culture. Most importantly these women have thought a great deal about motherhood and becoming a mother, and have, as I will illustrate, invested time and effort in proving their intentions with respect to motherhood, therefore they represent a powerful lens into the social construction of motherhood.

The circumstances of women dealing with fertility issues are unique in comparison to other gender norm negotiations in that the achievement of the gendered ideal of motherhood is contingent on the ability of women’s bodies to “cooperate” with their goals. In other words, women struggling\(^2\) with infertility are dealing with what might be considered a “failed body.” That is, as a result of an identified or sometimes unidentified issue with their body they are unable to conceive and/or carry a full pregnancy to term. Infertility as defined by the medical community is an inability to conceive a pregnancy after one year of trying through unprotected sexual intercourse. As stated by Nelson, “given that a women’s birth experiences are integrated into her sense of self, the birth story, which might seem to be the story of how the baby came

\(^2\) I use the term “struggling” carefully throughout this manuscript, however I am cognizant of the ways in which its usage might evoke images of “victims.” However, as illustrated by the expressions of women in the online infertility community, their experiences with infertility are in fact struggles, challenges, and roadblock. Calling them anything other than this would be disingenuous.
into existence, is actually the story of how the mother came into existence” (2009: 44).

Acknowledging the corporeal aspect of their circumstances is important for our understanding of how women online react to what they characterize as unjust circumstances precisely because they do not have that birth story to tell that grants them access to the culture of motherhood. As will be illustrated in Chapter 4, the body becomes the primary tool that women in the infertility community draw on to wage their battle against the unfairness of their experiences.

**Feminist Frameworks, Infertility and Stigma**

Sociological research on infertility in the past has focused on issues of stigma (Whiteford and Gonzalez 1995; Letherby 1999). Additionally research in this area tends to connect infertility to identity and the self (Loftus 2009; Letherby 2002), especially when discussing women and gender identity. The inability to enter the often taken-for-granted parenting stage of the life course affects both men and women. However, research indicates that infertility affects women’s sense of self more deeply than it does men’s (Clarke et al., 2006), which compromises their sense of being a “complete” woman (Greil 1991; Whiteford and Gonzalez 1995; Letherby 1999).

Previous research on stigma and infertility has attributed women’s shame and secrecy around infertility as rooted in the assumption they have failed as women (Letherby 1999). Research on infertility from women’s perspectives has done a great deal to illuminate the connection between the motherhood imperative and normative femininity. More specifically studies that examine infertility from a feminist perspective critically examine the gendered norm of motherhood indicating that women relying heavily on life course rationales to explain their desire to reproduce (Ulrich and Weatherall 2000). Indeed women in Ulrich and Weatherall’s study provided the following reasons for which they wanted to reproduce: motherhood was a natural
instinct, having a child represents a stage in the development of a relationship, and motherhood is seen as a social expectation.

Feminists have focused a great deal on the aspects of infertility that involve reproductive technologies. In focusing on reproductive technologies scholars often criticize the disciplining, controlling, objectifying, and regulating qualities of these technologies (Klein 2008; Greer 1984). Certainly, advancements in medical technology have changed the terrain of infertility. In some cases it is argued that these advancements alleviate the stigma associated with infertility for women who choose intervention, while also increasing it in others who refrain (Whiteford and Gonzalez 1995). Crowe argues that women feel they have very little choice but to pursue medical treatments to address their infertility and their status of non-mother (Crowe 1987).

Karen Throsby’s (2004) work on IVF (in vitro fertilization) takes a pointed feminist approach to understand the women’s negotiations with the idea of normalcy in the context of failed attempts at IVF. Her approach is defined as feminist in that she places women at the center of her research. Her study demonstrates how women are engaged with the failure of IVF in a gendered bodily fashion, taking responsibility for its failure while they generally credit science when IVF is successfully. She argues that this engagement illustrates how IVF becomes “women’s work” whereby “this is a reflection, first, of gender norms where women are proactive in relation to health care (...) while men are less willing to engage with doctors” (138, 2004). This work, outside emotional management requires regular medical appointments, information gathering, decision making, and organization. Throsby argues that:

“for the majority of the participants in this study, gender relations in the context of the engagement with IVF emerged as highly traditional, particularly in terms of the emotional division of labour. This created a mutually unsatisfactory situation
whereby the women experienced isolation and felt unsupported, and the male partners were unable to express support beyond a show of emotional strength or their own grief or distress” (160, 2004).

Throsby’s work is important to consider given that it provides a gendered analysis of a common fertility treatment. Despite the fact that the women that were interviewed did not meet the biological criteria of motherhood, in their accounts of their “failures” they attempted to normalize themselves as mothers by still assigning themselves traditional “good” mothering qualities. This technique used by the women is critical to acknowledge because it demonstrates the way in which women dealing with infertility manage their “body failure” and the embodiment of that failure in a gendered fashion. This management is embedded in “the construction of the ‘normal’ female body as unpredictable and liable to failure” (161, 2004). In an effort to maintain a “normal” feminine image, the women in the study re-appropriated good mothering qualities in spite of their inability to meet the biological criteria of motherhood, which is equated with femininity.

Women’s engagement with reproductive technologies and their vehement pursuit of motherhood have provided difficulties for feminist analyses of infertility, such that many women who pursue solutions to their infertility through technology are seen as, “‘colluding with the enemy’ as they endorse normative beliefs about the interdependence of womanhood and motherhood and seek medical interventions that feminist writers have identified as oppressive” (Ulrich and Weatherall 2000). More specifically, Rowland (1992) suggests that reproductive technologies reinforce patriarchal control of women’s bodies through the medical profession, which is predominantly masculine. It has also been argued that new reproductive technologies reinforce the biological relationship that is said to be required for motherhood, thereby making it difficult for less
mainstream conceptualizations of motherhood to emerge (Raymond 1993). Wollett (1996) illustrates that a great deal of feminist analyses of infertility have chastised women for their pursuit of normative motherhood by not locating infertility in the context of discussions of reproductive choice, even though infertility is about women controlling their reproductive capacities.

I attempt to locate women’s responses to infertility in the context of reproductive choice by not challenging women’s desire to pursue motherhood. As feminist, I have to admit this task was not an easy one, since I was often puzzled by their pursuit of biological motherhood (I discuss my puzzlement in more detail in the conclusion). The bottom line, though, is that these women want to be mothers, but they are unable to realize this goal. My aim in this dissertation is to chronicle how they navigate their exclusion from motherhood. In doing so, I complicate our understanding of motherhood as simply another gender norm that women feel they need to live up to. Instead I argue that motherhood is an entitlement that women in the online infertility community seek to claim for themselves. They claim this entitlement, as illustrated in chapter 1 and 2, by pointing to the injustice of their circumstances and by drawing on mainstream discourses of “good” and “bad” mother to evaluate their own and other women’s worthiness of motherhood. The process by which they do this, I argue, also offers new insight into women’s homosociality in general and the ways in which women’s relationality play out in women’s attempt to achieve gender norms.

In suggesting that motherhood is a gendered entitlement my goal is to illustrate women do subscribe to the normative discourse of motherhood, but they do so with a veracity that suggests that more than just conformity to a gender norm is at stake. Women in the online infertility community are not pursuing motherhood simply to conform to gender norms. They are doing so,
I argue, because they are socially excluded from a developmental life stage that is crucial to their progression as women, directly affecting their sociality with other women.

The Online Infertility Community and Culture

What constitutes a culture or community is capricious, and the methodological approaches for studying cultural spaces are frequently debated. Certainly virtual communities and cultures find themselves in contested terrain when disputes about sociological cultures arise, and in many cases they are used as foils for “the real world.” Nevertheless, many argue that developments online have provided new field sites for social inquiry (Escobar 1996). Repeatedly researchers reiterate the validity of online communications as useful illustrations of cultural spaces and see them as legitimate data sources for exploring cultural reproduction (Hine 2000). The dichotomy between online cultural spaces and “real world” ones is analytically and empirically unhelpful as it serves only to overlook online social realities as sites of inquiry. Moreover, people who express themselves online do not see a distinction between their online lives and their ‘real world’ ones: “people experience cyberspace as they experience real life—it is not that profoundly different” (Markham 1998: 87). In fact, in many ways communication online can be considered a snapshot or concentrated version of what happens in people’s ‘real lives.’ Online lives are real lives; they do not exist separately or incongruently but rather they each inform the other. This study therefore also represents a call to take online communication, communities and their cultures seriously in the service of understanding broader social realities such as gender, identity, social norms and the life course among many other phenomena.

There are both advantages and disadvantages to studying cultural production through an examination of online communities. First, while the sample studied here is disproportionately white, middle-class, heterosexual women, that is not necessarily a methodological disadvantage.
While many scholars call for a renewed interest in studying marginalized populations, as well as intersections of race, class and gender (i.e., lower/working-class, Black, Latino/a, etc.), ignoring the privileged groups in social studies perpetuates the notion that White, middle-class individuals do not have a culture per se, and that they are the norm (Kenny 2000). Studying the dominant group allows us to learn a great deal about groups that are considered the norm, as well as those who are compared to them.

In this case I set out to explore the culture of infertility online. I can also assume that my sample of this culture is an accurate representation of who is online discussing their infertility struggles and that those online are representing their genuine selves. Assuming this is equivalent to how social scientists trust the information that participants relay to them in any research context. Challenging the validity of firsthand accounts of social life places researchers in an epistemological trap that forces them to treat participants and subjects as unable to accurately convey the truths of their lives, thereby challenging the validity of the data altogether.

Statistics from the United States illustrate that nearly 14 percent of women with less than a high school education reported infertility compared to approximately 12.5 percent of women with at least a college degree (Bell 2009). The statistics are similar in Canada, the prevalence of infertility among women with less than secondary school education is 15 percent, compared to 11 percent for women with at least a postsecondary degree (Bushnik et al. 2012). Not surprisingly, the odds of experiencing infertility increase steadily as women age (Bushnik et al. 2012). I was unable to find studies that disclosed the aggregate numbers according to different groups of race or ethnicity in Canada or the US. Compared to national samples of women with infertility in both the US and Canada, this sample is over-represents the infertility struggles of women with post-secondary educations. Studying these women, does not preclude the need to
study marginalized populations who struggle with infertility, however my intention was to investigate the *online infertility community*. As shown by Table 1 below, this community is almost exclusively White, middle/upper-class, and heterosexual women living in North America or Australia.

**Table 1: Sample Demographics and Characteristics**

<table>
<thead>
<tr>
<th>Blog Name</th>
<th>Age</th>
<th>Race</th>
<th>Educ/Occ</th>
<th>Sex. Orien. / Marital Status</th>
<th>TTC for: Status</th>
<th>Children/Pregnancy Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Blog Big Infertility</td>
<td>31</td>
<td>Unclear</td>
<td>MA in Psych/Counsellor</td>
<td>Hetero/married</td>
<td>5</td>
<td>None</td>
</tr>
<tr>
<td>Alex’s Adventures</td>
<td>35</td>
<td>white</td>
<td>Accountant</td>
<td>Hetero/married</td>
<td>2</td>
<td>Pregnant at time of study</td>
</tr>
<tr>
<td>All in one Basket</td>
<td>36</td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>unclear</td>
<td>Pregnant at time of study</td>
</tr>
<tr>
<td>Ready for my Bundle</td>
<td>27</td>
<td>white</td>
<td>Intern Architect/Instructor</td>
<td>Unclear</td>
<td>Unclear</td>
<td>none</td>
</tr>
<tr>
<td>The New Life of Nancy</td>
<td>38</td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>Unclear</td>
<td>3</td>
</tr>
<tr>
<td>Life by the Day</td>
<td>28</td>
<td>white</td>
<td>In publishing</td>
<td>Hetero/married</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Life in the Waiting Womb</td>
<td></td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>9</td>
<td>none</td>
</tr>
<tr>
<td>Musings from a hormonal egg basket</td>
<td>34</td>
<td>Unclear</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Riding the IVF Roller Coaster</td>
<td>40</td>
<td>white</td>
<td>Postgraduate degree</td>
<td>Hetero/married</td>
<td>5</td>
<td>Pregnant at time of study</td>
</tr>
</tbody>
</table>

3 Unclear: During my data collection, there were some demographic markers for some individuals that I was unable to ascertain.
<table>
<thead>
<tr>
<th>Title</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Education</th>
<th>Orientation</th>
<th>Partnership Duration</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maybe Baby or maybe the Loony Bin</td>
<td>28</td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>5 years</td>
<td>Pregnant at time of study</td>
</tr>
<tr>
<td>The Road Less Traveled</td>
<td>31</td>
<td>white</td>
<td>Social Worker</td>
<td>Hetero/married</td>
<td>3 years</td>
<td>1</td>
</tr>
<tr>
<td>As Fast as my Baby Can</td>
<td>35</td>
<td>white</td>
<td>Actuary for Fortune 500 Company</td>
<td>Hetero/married</td>
<td>4 years</td>
<td>none</td>
</tr>
<tr>
<td>Stolen Fertility</td>
<td>29</td>
<td>Unclear</td>
<td>Graduate Degree</td>
<td>Hetero/married</td>
<td>2 years</td>
<td>Pregnant at time of study</td>
</tr>
<tr>
<td>Not a Fertile Myrtle</td>
<td>40</td>
<td>white</td>
<td>Biologist</td>
<td>Hetero/married</td>
<td>20 years</td>
<td>none</td>
</tr>
<tr>
<td>Anxious Mummy</td>
<td>20’s</td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>Unknown</td>
<td>3</td>
</tr>
<tr>
<td>Venting Vagina</td>
<td>36</td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>3 years</td>
<td>2</td>
</tr>
<tr>
<td>Life and Love in a Petri Dish</td>
<td>39</td>
<td>white</td>
<td>Health care professional</td>
<td>Hetero/married</td>
<td>5 years</td>
<td>none</td>
</tr>
<tr>
<td>Hearts Joined, Hands Fast</td>
<td>30’s</td>
<td>Unclear</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>2 years</td>
<td>none</td>
</tr>
<tr>
<td>The Two Week Wait</td>
<td>36ish</td>
<td>white</td>
<td>Writer</td>
<td>Hetero/married</td>
<td>3-4 years</td>
<td>none</td>
</tr>
<tr>
<td>CD1 Again</td>
<td>33</td>
<td>Unclear</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>3 years</td>
<td>none</td>
</tr>
<tr>
<td>Just Beginning</td>
<td>28</td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>2 years</td>
<td>Pregnant at time of study</td>
</tr>
<tr>
<td>Do I have to be a DINK</td>
<td>34</td>
<td>white</td>
<td>BA</td>
<td>Hetero/married</td>
<td>4 years</td>
<td>none</td>
</tr>
<tr>
<td>Eggs out of Time</td>
<td>40</td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>3 years</td>
<td>Pregnant at time of study</td>
</tr>
<tr>
<td>Privileged Infertile</td>
<td>Late 20’s</td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>3 years</td>
<td>Pregnant at time of study</td>
</tr>
<tr>
<td>Raising Cain, Someday</td>
<td>Unclear</td>
<td>white</td>
<td>MBA</td>
<td>Hetero/married</td>
<td>6 years</td>
<td>None</td>
</tr>
<tr>
<td>The Deep Breath Before the Plunge</td>
<td>30’s</td>
<td>white</td>
<td>Unclear</td>
<td>Hetero/married</td>
<td>4 years</td>
<td>None</td>
</tr>
</tbody>
</table>
The majority of the women authoring the blogs form North America are from the United States, with a few from Canada. Thus, this study is about the social construction of the motherhood imperative in a North American context. Additionally, my description of the sample relies on using education/occupation as proxy for class. Given that I did not announce my presence in the community so as not to interfere with the “natural habitat” of the culture, I was unable to determine the class to which each of the member’s belonged. Similarly, there are some demographic markers that I was unable to ascertain through my analysis of the blog data. For example, only one member (Ready for my bundle) used “partner” to refer to her significant other, as opposed to the common usage of “DH” (dear hubby) to refer to women’s husbands, which prevented me from ascertaining the gender of her partner. I determined the women’s race based on pictures that they posted of themselves on their blogs. If the race of the member is “unclear” it is usually because these women did not provide any photos throughout their blogs. By and large, the sample of thirty women in the online infertility community analyzed here belonged to the middle/upper-class category, were heterosexual, married, and for the most part in their 30’s. I have, therefore, taken the demographics of the group into account throughout my analysis as possible explanatory variable for their behaviours, which will become more apparent in the analytic chapters of the manuscript. The narratives presented here are an account of how women in this community navigate their infertility challenges. This is not to say that the version presented here is what all women dealing with infertility present as the defining features of their
struggles, but it is what emerged time and time again in the online accounts of these women. In an attempt to complete the circle of these women’s narratives I have provided where available the length of time each woman had been trying to conceive, whether or not she had any children, or whether she was pregnant at the time of study. This information can be found in Table 1 along with the demographics of the sample.

Second, it has been suggested that those who go online to share their experiences offer a skewed perception of any social phenomenon in question. So for example, some might suggest that women who go online to share their struggles with infertility may present an angrier, more educated, more open, more (fill in the blank here) version of the infertility experience than those who do not go online, as they have sought an outlet (i.e., the internet) to air their grievances and have special interests, perspectives and perceptions that they seek to communicate to the larger world. I disagree with this perception of online users. Online users do not want to talk more about their struggles than any other individual who volunteers to be interviewed or surveyed for any research study. In fact, I conducted 8 face-to-face, in-depth interviews with women in a large Canadian metropolitan area about their fertility struggles in order to corroborate my findings online. The women in this sample came from a variety of sources. They responded to my call for participants placed in infertility clinics, support group locations for women facing infertility, as well as online. The narratives offered by women in face-to-face interviews echo those that emerged from the online infertility community, but were not included here in order to preserve the narrative coherence of the community in this study.

My exploration of the online infertility community seeks to understand the ways in which motherhood is represented, understood and discussed in the online infertility community. In following the discursive representation of motherhood in the online infertility culture I am also
able to complicate our understanding of how gender ideals, such as motherhood, are (re)produced in single-gender contexts among women.

Cultures often develop in the context of group settings, through communities and often in the pursuit of a collective identity. Recently collective identity has become a core concept in social movements literature. Some scholars see it as a process (see for example Melucci 1995), while others see it as an end product or achievement. Drawing on both perspectives, Hunt and Benford (2004) define collective identity as, “a cultural representation, a set of shared meanings that are produced and reproduced, negotiated and renegotiated, in the interactions of individuals embedded in particular socio-cultural contexts” (447). Investigating the cultivation and (re)production of collective identity in different socio-cultural contexts, such as the online infertility community, provides a deep, rich understanding of a concept that is often reified.

My discussion and analysis of the online infertility culture and community draw on ideas of collective identity formation while also following Fine’s (1979) version of “idioculture” wherein an examination of groups of people is grounded in the observation of interaction and communication between members. Indeed by focusing on interaction Fine argues that “that every group has to some extent a culture of its own” an idioculture, which,

“consists of a system of knowledge, beliefs, behaviours, and customs shared by members of an interacting group to which members can refer and employ as the basis of further interaction. Members recognize that they share experiences in common and these experience can be referred to with the expectation that they will be understood by other members, and further employed to construct a social reality” (734).
Fine argues for the usefulness of the term idioculture, referring to five specific rationales to make his case. Most notably, he argues that an examination of idiocultures has implications for our understanding of cultural production more generally.

In the online infertility community I analyze there is an expectation among members that other women will be reading their material and initiating and facilitating a conversation. Members create personal blogs, or webpages that feature regular posts and often link to other blogs and/or enable other members to comment upon the material that is posted. Blogs are demarcated by an interactive component where there is an expectation among members that their blog will be read by others. This expectation in the online infertility community is aptly illustrated through the use of comment pages where individuals (inside or outside the group) can leave comments for the author. In fact, the online infertility community has developed “IComLeavWe” which stands for “International Comment Leaving Week” to encourage women in the community to share their thoughts and comments with each other. As stated by Stirrup Queen, “Blogging is a conversation and comments should be honoured and encouraged. I like to say that comments are the new hug—a way of saying hello, giving comfort, leaving congratulations” (Stirrup Queen). My analysis of the online infertility community does not examine specific conversational interactions of member in the community. I am not overtly analyzing the interactions between members in the online infertility community, however, the material analyzed here is produced for a specific audience and reader in mind: those who are going through similar struggles.
To be sure, women in the online infertility community share similar struggles with respect to their inability to reproduce. The common experience shared among members in the online infertility community is aptly illustrated by the use of specific abbreviations and acronyms exchanged on the blogs that women in the community readily understand. For ease of interpretation I have provided the long hand name for abbreviations and acronyms when they appear in the quotes of the women in this study. In order to illustrate the range and depth of terminology employed in the community I have also included a list of infertility terminology (Appendix B). While not all of these terms appear in this study, they are terms that I came across in my exploration of the community.

Members therefore share a collective identity as “infertiles,” a word many members choose to use to identify themselves. Additionally they create a culture online that is relational and comparative, focusing on their inability to access what other women have (pregnancies, children, and families). Thus, similar to women who are a part of a “culture of motherhood” because they are mothers (Nelson 2009), women experiencing fertility issues also have a culture that is focused on women’s inability to become a part of the mommies club. More specifically, however, and more useful for understanding the social reality of the online infertility culture I show that this community is composed of women (as I did not find any blogs written by men) and involves the presence of four elements detailed below (and elaborated in subsequent chapters).

1.1.1 Shared Consciousness

In my analysis of infertility blogs I found that the group of women writing about their experiences shared a specific consciousness around their struggles. This consciousness is illustrated through the characterization of their fertility challenges as unfair and unjust. In almost
all of the blogs I analyzed each woman referred to the experience of dealing with infertility as unjust, unfair or a complete injustice. The details and implications of this characterization are discussed more thoroughly in Chapter 2. The theme of injustice also permeates the narratives presented throughout the manuscript.

1.1.2 Narratives

Common narrative characterizations of sacrifice, hard work and pain permeate women’s blog posts in the online infertility community. I suggest that women’s presentations of the hard work, sacrifice and pain that they endure are representations of their level of commitment and dedication to achieve motherhood. They frequently lament the fact that this level of commitment and dedication does not translate into conceiving a child. In Chapter 3 I discuss how women in the online infertility community present their sacrifices and intentions as a way to narrow the gap between their bodies as roadblocks to the ideal of motherhood and what they see as their actual worthiness of having a child.

1.1.3 Moral Code

In chapter 3 I also explore the development of a discernible moral code in the online infertility community, where women evaluate who deserves to be a mother (and sometimes more broadly a parent). In contrast to the deservedness they see themselves as having, women in the online infertility community draw on examples of unfit mothers as foils to their deservingness. Frequently in their narratives online, women chastise other women who do not deserve to be mothers as a result of their unfit and un-motherly behaviours (i.e., they do not value their children enough, hit their children, want time for themselves, etc.). Moreover, women in the online infertility community point to their social demographic markers as illustrations of their
worthiness of motherhood. Chapter 3 delineates the moral code of the online infertility community and its implications for our understanding of the motherhood ideal more broadly.

1.1.4 Practices and Norms

In general, women in the online infertility community draw on a set of practices and norms that guide their behaviour as if-ers. One of the primary practices upon which women in the online infertility community draw is gathering, processing, sharing and comprehending extensive amounts of information—often medically specific in nature—regarding infertility, and usually their specific circumstance or diagnosis (i.e., PCOS, endometriosis, ovulation problems, blocked fallopian tubes, etc.). This practice is ubiquitous among women in the community such that they become scientific experts on infertility. Additionally women in the online infertility community scrutinize their bodily signals, most often all of those that are or might be related to reproduction (i.e., cramps, bleeding, discharge, breast size, weight gain, water retention etc.). In scrutinizing their bodily signs and signals they apply the generalized scientific knowledge they’ve previously acquired to their bodies, drawing conclusions about their proximity and ability to conceive a child. I suggest that the application of scientific knowledge to their own bodies, alongside the inspection of their bodily signals, serves as a way for women with infertility struggles to narrow the gap of their proximity to the motherhood ideal. Relying on scientific and ‘natural’ bodily functions operates as a voice of authority in their quest towards the motherhood ideal.

Case, Methods, and Methodology

The data used for this case study is derived from a collection of thirty online blogs authored by women in the online infertility community. Blogging, otherwise known as online journaling, has become increasingly popular recently, with the number of blogs from 2000 to 2005 growing from 100,000 to 4 million (Woods 2005). Given the ease of creating and maintaining a blog it
has been argued that anyone with access to a computer and the Internet can begin their own blog (Stefanone and Jang 2008).

In October 2010 I began informally searching online for discussion between women struggling with fertility issues. While reading these blogs an often-cited blog surfaced (Stirrup Queen) citing a long list of other blogs, each addressing their personal struggles with infertility. From this list I generated a random sample of thirty blogs that form the basis of my analysis. I limited my analysis of the blogs to a specific period of time (January 2010 – October 2010). The content of each of the blogs was transferred to a qualitative software data analysis program (Hyperreasearch) in which I used a grounded theory approach to narrative analysis to identify and analyze the themes. I treated the blog posts just as I would interview data.

A grounded theory approach to qualitative data is based on the coding and organizing of data into themes that involves conceptual ordering. The process of conceptual ordering may lead to the creation of distinct “analytical categories” which in turn might develop into “substantive theory” and then ideally to the construction of “formal theory” (Glaser and Strauss 1967; Strauss and Corbin 1998). I systematically coded the data for answers to the following questions: How do women characterize their infertility struggles online? What are the common features that typify their narratives? What practices are employed in the community to cope with infertility? How is motherhood understood among members in the online infertility community?

Grounded theory, as a method, was employed in specific ways that are congruent with various tenets of grounded theory as outlined by Charmaz (2008). First, the way in which I have employed the grounded theory method is with the spirit of inductive thinking and an open-mindedness about data analysis. In my data analysis then, I paid careful attention to, as some grounded theorists say, “let the data speak for itself.”
An example of staying close to the data occurred when I first became acquainted with the blog data. At that juncture I was faced with an overwhelming shared a sense of incredulity that these women had about their experience, which led them to characterize their situations as an injustice. This sense of injustice became the driving force of the data analysis process. Acknowledging this injustice led to the questions, mentioned above, that then guided much of the remainder of the data analysis.

Secondly, strictly speaking, I did not gather data and analyze that data simultaneously, because I had sampled 30 blogs during a specified time period that had already passed. However, my analysis did take place as I slowly uncovered the details of the data while reading through the blog entries. In this respect initial coding of the data informed future coding of the data. I also regularly visited other active blogs in the online infertility community as I analyzed the data I had already collected to make sure that my observations, and the activities of the women online were still current and relevant.

Third, memo writing was also employed quite heavily. I often found myself reflecting on the data at times that I was not deliberately focused on data analysis. This meant that I would write about what I thought when I was away from the data and then work with the data again when I returned to it. In turn, I was often comparing data and data, and data and concept fairly regularly (Charmaz, 2008). For example, “body inequality” was an early code in the process that intended to encompass women’s expressions of incredulity surrounding their experience and the injustice of their experience. However, the code itself was made up of a variety of more precise codes like the following: becoming an expert, body scrutiny, evaluating deservedness, reproductive comparison and unfairness. This precision coding emerged from memo writing.
Forth, in terms of theoretical sampling, I often checked my conceptual categories regularly against what I was seeing in the data. Both in the data I had already collected, and the live data that I was periodically visiting in real-time. My hunches about what was going were constantly being tested against the data as I analyzed, so my analysis happened in conversation with the data. These tenets were used because they made the most sense to me during the data analysis process.

I also drew on ethnographic field methods as I navigated my way through the community. With the spirit of virtual ethnography in mind (Hine, 2000), my goal in studying the online infertility community was to get a portrait of these women’s daily lives. I saw the blogs as an opportunity to do this as women in the community blogged very regularly, most of them daily, so immersing myself in that environment was an appropriate method.

My virtual ethnography also involved an adherence to narrative analysis as championed by Ken Plummer (1995). According to Plummer, individuals’ agency must to be considered at all points in the research process. My research subjects, I would argue, are inherently agentic as a result of their choice to blog, yet they are also at the mercy of misfortune, the social structure of which is often unknown and undefined. Thus, the choice of narrative analysis, in the spirit it is explained by Plummer, was a suitable choice of “method” or approach. Most importantly, as discussed by Plummer, narrative analysis is best performed with data that comes from what he terms “the documents of life.” These documents can include but are not limited to diaries, photos, journals, agendas, paintings, resumes and so on. Since blogs are no doubt a form of diary this approach was fitting. Time constraints limited me from obtaining a full life history of the women online, however wherever possible I did my best to get a sense of their biography as I wrote about their lives, often going beyond the sampled portion of their blogs to learn more when I felt I required
it. Narrative analysis sees the social world as a “sociology of stories” where “(w)e are constantly writing the story of the world around us: its periods and places, its purposes and programmes, its people and plots. We invent identities for ourselves and others and locate ourselves in these imagined maps” (Plummer 1995: 20). In the tradition that narrative analysis is used (Epstein et al. 2000), personal narratives provide a means through which individuals assert selfhood and personhood in an attempt to situate themselves in the broader social context and thus affirm their subjectivities. Personal narratives represent a way in which people attempt to achieve legitimacy with others and themselves and thereby construct subjectivity.

I came to understand the struggles of women in the infertility community as painful, agonizing, and disruptive to their everyday lives. Not knowing when and if they would ever have a child, feeling held hostage by medications, injections and the like, scheduling sexual intercourse with their partners, alongside frequent occurrences of loss through miscarriage, is heartbreakingly raw for women in the online infertility community. However, in the face of this suffering I also observed continuous encouragement, hope and resilience among the women. The story presented here is only one piece of their struggle. Another would accurately highlight the value of the support found in the community and the significance of cathartic emotional expression among individuals considered friends but who are technically strangers.

All the data gathered for the present case study is—and/or was at the time of the study—publicly available on the Internet. I did not announce my presence to any of the authors of the blogs. I sought to capture the community in its “natural habitat” and announcing my presence may have affected their habitual sharing and routines, and also undermined the interpretive framework that guides this study. I only analyzed information that was publicly available online and was not under any expectation of privacy. The public availability of such information and its subsequent
analysis conforms to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* which states that “research about a living individual involved in the public arena, or about an artist based on publicly available information…is not required to undergo ethics review” (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada, 1998, with 2000, 2002 and 2005 amendments). On the websites I visited, the material posted by the authors was under no expectation of privacy and was thus treated as public information.

The content analyzed features a snapshot of the narratives of women in the online infertility community. An investigation of these narratives gives us insight into the social world of those negotiating infertility. Together these narratives represent the way in which women in the online infertility community navigate their designation as infertile and create a culture of infertility.
Chapter 2
The Injustice of Infertility: Motherhood and Entitlement

The findings that motivate the analysis in this chapter revolve around the way in which women in the online infertility community characterize their experience as unfair and unjust. They express anger, incredulity, despair and disbelief towards their situations. In the online infertility community women discuss, grieve, and support each other in their struggles to conceive, struggles that become—for most of the women—an all-consuming endeavour. Throughout their journey to conceive, they share information about how to inject hormone needles so as to experience less pain and bruising; they educate one another about the latest medical treatments, prescription drugs and naturopathic protocols that might eventually get them pregnant; they share their future fears surrounding the possibility that they may never conceive; they express gratitude for the company of fellow “infertiles” and “if-ers”⁴ in the virtual world who, it might seem, are the only ones that understand their struggle. But most important, women in the online infertility community characterize their circumstances as unfair, miserable and completely unjust.

In this chapter I detail the rationales that women in the online infertility community provide, which characterize their situations as unjust. These rationales falls into two main categories: factual and relational. The first category of narrative, what I refer to as factual rationales, has two interrelated components: frequent reference to statistics and chances that play into becoming pregnant, and the monetary costs of infertility treatments. Women’s discussions of these components also include expressions of anger, incredulity and resentment. The way in which

⁴ While I am conscious of the complicated nature of adopting the language of the research subjects, I am also hesitant to assign an identity label that they have not chosen for themselves. For the most part, women in the community call themselves “infertiles” or “if-ers.” I prefer if-ers as it connotes and active, action-oriented, component to their activities that is geared to continuous thoughts about the future.
women draw on these narratives to illustrate the injustice of their circumstances points to larger issues surrounding the commodification of reproduction, their middle-class identities, and their consumerist stance which compels them to rectify their fertility struggles through a kind of consumer authority or purchasing power. Their emotional reaction to this reality further proves the sense of injustice they assign to this circumstance. These accounts are referred to as factual because they are practices and occurrences that that women in the online infertility community see as required to produce pregnancy and children, thus factually unavoidable.

The second category of accounts is what I refer to as relational. This category is information that women in the infertility community draw on, which deals directly with how offensive other women’s pregnant bodies are to them, how challenging it is for them to attend baby showers, and how easy it is for other women to become pregnant. I refer to these narratives as relational because they set up other women as points of comparison towards which women in the online infertility community vent their anger. Consistently, members of the infertility community use what other women have (pregnancies, babies, and families) as a measure of what they believe they ought to have.

The combination of these two types of narratives is a way for women struggling with fertility troubles to cope with the uncertainty of their circumstances; a way to exert control in a seemingly chaotic situation. I argue that highlighting the injustice of their circumstances is the beginning of a process that allows women in the online infertility to lay claim to motherhood as a gendered entitlement.
2.1 The Factual Narratives: Statistics, Cost, Anger, Hope and the Consumer Approach

Women in the online infertility community refer to medical statistics (or general statistical probability) as proof of the unfairness they experience with respect to their infertility. The statistical probabilities that apply to their circumstances serve to expose the injustice of their circumstances because their unique circumstances are statistically improbable. For example, the following woman writes of asking her doctor about probability of having several miscarriages in a row:

I started to ask the head embryologist how often this many blasts (medical treatment of embryos) come back all abnormal, but then I stopped myself. The answer is that it doesn't matter how often. Even if he said that it rarely happens, having five miscarriages in a row rarely happens, but we've accomplished it… (Life and Love in the Petri Dish)

Women in the infertility community often make an effort to understand their bad luck with respect to their fertility struggles. Making sense of their bad luck in the department of reproduction is derived from their already-established deep reliance on medical knowledge, information and processes. As indicated in a separate chapter, women in the online infertility community master medical information with respect to female reproduction in general and their own specific reproductive situations. They gather and analyze large amounts of complicated and specialized medical knowledge, as a way to exert control over a situation that they feel is almost entirely not their fault and that their hard work does not necessarily rectify. Common practice in the online infertility community includes keeping detailed notes and records about the various treatment options that are available. They cite this material with ease and confidence, often knowing the probability of success with various types of treatments simply off the top of their
head. Thus, inquiring about the chances of successful conception in their specific circumstances is a side effect of their reliance on expert scientific information that provides them a shield—as well as a flashlight—to chaperon them through the unknowns of their journey.

Attempting to make sense of their bad luck and poor chances is a response to a situation that they find completely unfair and unjust. Declaring their poor chances of success is a way in which they publicly demonstrate how unfair their situation is. Perhaps mastering the logic of bad luck and chance of success, becoming experts in the medical science of infertility allows them exercise control over a situation they interpret as chaotic and overwhelming. Turning to numbers, statistics and concrete scientific information is a common reaction for these women (as illustrated by their deep reliance on medical knowledge detailed in Chapter 4), thus it makes sense that they would inquire about probabilities and chances as the woman in the above post does.

The following woman points to how close she and her husband were to conceiving in exact measurements (inches). She describes her feelings while examining an ultrasound photo demonstrating where fertilization and implantation occurred inside her fallopian tube resulting in an unviable ectopic pregnancy (a pregnancy where the embryo implants outside of the uterus, usually in the fallopian tube):

There it was- the most simultaneously depressing and angering sight in the world- a pregnancy right next to my ovary in the tube. Well F*** me. The embryo lands 3 inches to the right and we could be in a world of joy right now. It's so f*ing senseless and unfair. I guess I am in my "angry" stage, but I think we are allowed some anger and frustration of this situation (Little Blog about the Big Infertility)
In the absence of explanatory mechanisms for bad luck this woman expresses her anger by highlighting precise measurements. Women in the online infertility community herald the improbability of their circumstances to illustrate the injustice they endure. Many women admit feeling angry at the situation and do not apologize for their anger, reasoning that the unjustness of the circumstances warrant expressions of indignation.

References to probability and statistics are widespread among women in the online infertility community. Chances of conceiving are often measured in the passing of menstrual cycles. With every cycle that passes without a pregnancy women see their odds of conceiving diminishing. In the following post, the author writes:

So another month gone. He said my chances for another ectopic is high but not high enough to not do another IUI (Intrauterine Insemination). But if I have another ectopic, I should do IVF. So now we're waiting for another AF (Aunt Flow – period) to show and then IUI and injections again. I hate this rollercoaster - how do I get off???? (Alex’s Adventures)

Analyzing the probability of success for various treatments is a way in which these women are able to exercise control in a situation that seems outside the boundaries of individual agency. For most women facing fertility issues, their path to motherhood requires diligent and meticulous record keeping (when they ovulate, when they need to have sexual intercourse, when they menstruate, how long their menstrual cycle lasts, and the corporeal side effects of various medications), thus focusing on the statistical probability of having another ectopic pregnancy or miscarrying is a side effect of the routines associated with fertility treatments. The majority of women in the online infertility community have become accustomed to monitoring all their activities surrounding their reproductive capacities, thus it is expected that they would extend
their level of monitoring to all other types of information related to their reproductive cycles. Noticing the missed opportunities for conception with every passing unsuccessful cycle is a byproduct of the detailed record keeping they have established with respect to all other components of their reproductive life. Keeping records of their chances (good or bad) restores order to a situation that is disorderly and in so many ways incomprehensible. Referring to the recurrence of bad luck and improbable circumstances corroborates the injustice that permeates their experiences, and thus warrants their expressions of anger and indignation.

The act of drawing on statistics to illustrate the improbability of their situation, thereby highlighting the injustice of their experience, is very common. Women in the online infertility community use statistical measures of probability to validate the injustice of their circumstances. Doing so also legitimates their expressions of anger, incredulity and exasperation.

The characterization of infertility as unfair in the online infertility community is paired with uninterrupted expressions of anger, incredulity and indignation. Interestingly, these expressions are not policed by women in the community, unlike the expressions of anger observed by Ehrenreich (2009) in her study of the online breast cancer community. Instead expressions of frustration and resentment are prevalent and accepted among women online discussing their fertility struggles. The following woman discusses her anger while making decisions about treatments:

I also can't bear to only put back 1 embryo. I'm turning 35 in less than a month, I'm tired of all this waiting, I'm tired of putting my life on hold, I'm tired of taking meds, I'm tired of having a weird, medicinal sex life, I'm tired of my RE looking at my vagina, I'm pissed that my file is getting so damn thick, and I hate that the office staff knows my
number when I call (they literally say "Hi Baby Baker." when I call instead of "Hello?"). (Venting Vagina)

In light of their experiences that are unlike most women’s experiences to become mothers, women in the online infertility community express anger about their struggles and feel their anger is warranted. References to scheduled sex lives are also prevalent among women in the online infertility community, as couples are often at the mercy of women’s cycles. In many contexts, husbands are conceptualized as less involved in the process than women are, given the minimal amount of invasive tests they have to undergo and the ease with which they are able to provide sperm for IUIs and IVF. At times women in the community are resentful of how sperm is collected from their husbands. They make spiteful comments about their masturbation and the “dirty” magazines that are provided to make the task easier. Despite the fact that a future child is often discussed as a symbol of a couple’s love, the sex they perform to conceive is scheduled, planned, and routinized, an experience far from being an activity performed with love and passion, and they are less often performing the tasks as a team than as individuals.

To further illustrate the injustice of their situation, expressing anger and resentment, women in the community claim that occurrences that should be happy for women struggling with infertility, such as positive pregnancy tests, are in fact still unfair and painful. As the following woman writes:

It's all unfair for infertiles. Even our BFPs (big fat positives – pregnancy test) are unfair. Recently one of the lovely women, who is a part of the forum thread people with my diagnosis participate in, got the news that should make her so utterly happy, but it sounds like she's reacting to her BFP like I reacted to mine. It's hard to believe,
it's hard to be anything but anxious, it's hard to understand it might be permanent.

Which is just so unfair. (…) We've become programmed for disappointment (Riding the IVF Roller Coaster)

As illustrated by the above post, women in the online infertility community approach their positive pregnancy tests with trepidation in that they are often worried about the viability of the pregnancy (miscarriages and ectopic pregnancies are common among women struggling with infertility). While something such as a positive pregnancy likely elicits happiness and excitement among most women attempting to get pregnant, women struggling with infertility are instead faced with continuous uncertainty towards their future as mothers as a result of their past experiences. They are robbed of the elation associated with positive pregnancy tests, and the normalcy that surrounds most women’s journeys towards motherhood. Their circumstances are unjust and unfair in their eyes because in comparison to how all other women achieve motherhood, their quests are littered with disappointment, persistence, effort, struggle, and uncertainty.

Interestingly, while the above woman’s post refers to the preparedness for disappointment among women dealing with infertility, their writing is not always devoid of hope. Women’s characterization of infertility as unjust and unfair does not preclude the possibility that these women also have hope and faith in the procedures and medical interventions that they pursue (otherwise they would likely not pursue them). Hope is therefore a productive type of evidence used by women in the community to add to the labour involved in their quest to become pregnant. To be sure, there are continuous calls made for women to be hopeful that certain procedures will work in getting them pregnant. However, expressions of hope in the online infertility community are often paired with apprehension wherein women warn
themselves not to expect pregnancy, thereby seemingly managing their expectations about
their ultimate goal of motherhood. For example, in discussing the arrival of her period
(referred to below as “that old bitch”), the following woman berates herself for actually
having hope that she might have been pregnant during this cycle. She writes: “Anyway, that
old bitch snuck up on me and clubbed me over the head this month. I actually dared to hope.
Why oh why would I do that?”(Anxious Mummy).

Hope is expressed tenuously in the online infertility community. Having hope while attempting
to conceive leads women in the community to discuss the potential for deep disappointment if
their efforts do not lead to a pregnancy. Expressing hopefulness is useful for women in the
community, but only insofar as it does not manifest itself in unrealistic expectations. Thus, hope
becomes something all of the women in the community consistently remind each other to have,
as it might be productive in their quest for motherhood; yet expressions of hope are laden with
the potential for future disappointment and dread. The following woman writes about photos of
embryos she will likely have implanted in the future with the hope of conceiving. Despite the
fact that the embryos technically represent further chances towards pregnancy and motherhood,
she describes her lack of optimism in the following post:

But to be honest, when I look at the photo (photo of embryos), all I can see is heartbreak
and disappointment, and all our other children that have died in the bottom of a petri
dish or in the bottom of my useless uterus (Life by the Day).

For women who are struggling with infertility, a failed implantation attempt, or unsuccessful
fertilization of eggs represents a lost opportunity (another failed statistic) for motherhood.
Expressions of cautious hope are observed throughout the majority of women’s writing online.
The following woman writes of how she and her husband continue to pursue fertility treatments, even though she speaks with certainty about never having a child:

I know we'll never have a live child. I know we're just doing this now to donate to our RE's holiday fund. I should be 30 weeks 2 days pregnant today. My boy should be alive. I should be so very happy. I really hate being alive (Riding the IVF Roller Coaster)

In many ways each lost opportunity (also known as “failed” cycles, represented by unsuccessful implantations, fertilizations, and retrievals) are potential chances for motherhood that are grieved each time they do not result in a child.

In the face of an inability to control their reproductive cycles and the invisible labour that is required to conceive, many women in the infertility community become targets of the commercialization of fertility and reproduction. Making babies is a big business, one in which many doctors are making a substantial living and profit from. The following is a cost breakdown of the most common treatments women undergo in the infertility community. I’ve provided numbers from the United States and Canada as the majority of the women in this sample reside in the US or Canada (see Table 2 & 3 below).
Table 2: Common Infertility Treatment Costs and Descriptions – US (quoted in US $)

<table>
<thead>
<tr>
<th>Treatment Name</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artificial Insemination (AI)/Donor Insemination (DI)/ Intrauterine Insemination (IUI)</td>
<td>$300 - $900 per treatment</td>
</tr>
<tr>
<td>In Vitro Fertilization (IVF)</td>
<td>$8,500 - $16,000 per treatment</td>
</tr>
<tr>
<td></td>
<td>$ 28,000 if donor eggs or sperm are used, including legal fees</td>
</tr>
<tr>
<td>Intracytoplasmic Sperm Injection (ICSI)</td>
<td>$1,000 - $1,500 per treatment</td>
</tr>
<tr>
<td>Frozen Embryo Transfer (FET)</td>
<td>$2,350 –</td>
</tr>
<tr>
<td>Surrogacy</td>
<td>$41,000 - $120,000</td>
</tr>
</tbody>
</table>

Table 3: Common Infertility Treatment Costs and Descriptions – Canada (quoted in Cnd $)

<table>
<thead>
<tr>
<th>Treatment Name</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artificial Insemination (AI)/Donor Insemination (DI)/ Intrauterine Insemination (IUI)</td>
<td>$500 – $3, 000 + cost of drugs</td>
</tr>
<tr>
<td>In Vitro Fertilization (IVF)</td>
<td>$4,000 – $6,500 per treatment + cost of drugs</td>
</tr>
<tr>
<td>Intracytoplasmic Sperm Injection (ICSI)</td>
<td>$1,500 – 6,250 per treatment + cost of drugs</td>
</tr>
<tr>
<td>Frozen Embryo Transfer (FET)</td>
<td>$1,260 – $1,610 + cost of drugs</td>
</tr>
<tr>
<td>Surrogacy</td>
<td>$10, 000 – $60,000</td>
</tr>
</tbody>
</table>
The cost of various infertility treatments varies by state in the US, as state governments have jurisdiction over health care costs. In some states, insurers are required to pay some costs of treatment, however the amount and types of treatments they cover vary dramatically. The cost of each treatment paid by the “client,” “consumer,” or “patient” also depends on the type of insurance coverage, if any, the individual has for ART’s. This also varies by state. The following table lists and describes the most common treatments for infertility and the costs associated with each treatment. Surprisingly these figures are difficult to find, likely because the estimations made by various sources include and exclude different requirements for each protocol (i.e, legal fees, doctor fees, drug costs, embryo storage if necessary). For a fresh IVF cycle, for example, medication costs range from $3,000 - $5,000 per cycle. The table is constructed with the use of a variety of amalgamated sources (Advanced Fertility Center of Chicago, American Pregnancy Association, Society for Assisted Reproductive Technology, The American Society for Reproductive Medicine, Florida Institute for Reproductive Sciences and Technologies, California IVF Davis Fertility Center Inc., RESOLVE The National Infertility Association).

In Canada, the cost of infertility treatments also varies by province, which falls under the health care jurisdiction of each province. Again, as in the US, insurance coverage also varies according to the individual plans patients have and which province they live in. In Ontario and Quebec three cycles of IVF are covered by the provincial health care plan if patients are found to have bilaterally blocked fallopian tubes. This coverage does not exist anywhere else in Canada. Consistent figures for Canada were also difficult to find, likely as a result of the estimations including and excluding different requirements for each protocol (i.e, drug costs, additional testing of eggs or sperm if required, genetic testing of embryos, embryo storage if necessary, etc.). For each IVF cycle, for example, medication costs range from $1,300 - $8,000. Since it is illegal to pay for a surrogate mother and/or donor eggs/sperm in Canada couples often turn to clinics in the United States to pursue treatment there, however I was able to find several sources that listed costs in a wide range. This presumably covers the fees associated with the technologies required for surrogacy, and not for any payment provided to the surrogate. The following is a list of the costs associated with each type of treatment according to a variety of sources (Genesis Fertility Center, IVF Canada and Life Program, Gender and Health Collaborative).

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5 Currently 15 States have legislation mandating insurance coverage for ART. The amount and types of treatments that are covered varies by state: Arkansas, California, Connecticut, Hawaii, Illinois, Louisiana, Maryland, Massachusetts, Montana, New Jersey, New York, Ohio, Rhode Island, Texas, and West Virginia.
Lack of insurance coverage and the exorbitant cost of assisted reproductive technologies (ART's) as illustrated above are also called upon as proof of the injustice of infertility. Women write about the costs of infertility as though they have no choice but to proceed with treatments and pay the costs associated with such treatments. For example, the following woman writes sarcastically with respect to infertility treatments, which are not covered by her insurance:

After all, infertility isn't a real health problem (please sense the sarcasm here). It's just an inconvenience. It's just a lifestyle issue. I know I often think so when I'm so depressed I wonder how I can go on. Or when I'm sobbing on the floor because of endometriosis pain, which can be put into remission by having a baby. (Cradles and Graves).

While my research suggests that all of the women online believe infertility treatments should be insured, few of their posts focus on the injustice of the funding allocated to reproductive technologies for infertility. Instead the exorbitant cost of infertility treatments is used as evidence to proclaim how unjust their circumstances are, which assumes that they have very little choice but to pay these costs and move on to becoming pregnant. The following woman writes about the debt that she and her husband will need to incur as a result of paying for infertility treatments:

And damn it I want to conceive a baby for free like so many people in this world are able to do! I realize that having a child will cost money, but I always imagined we would be able to make it financially with a child that we conceived for free instead of having their life start with us being in debt from making him/her (The Deep Breath Before the Plunge)
Women in the online infertility community make frequent reference to the exorbitant cost of infertility treatments. Paying excessive costs for fertility treatments points to the commercialization of reproduction wherein the majority of these women have likely paid for contraception for a long period of time in their lives and now what they estimated would be a cost-free endeavor is a debt incurring expense. Assuming these women were sexually active and likely seeking to prevent pregnancy in their teens and early twenties they paid for birth control (pills, hormones, IUDs perhaps) for an extended portion of their adult life. Suddenly when they seek to become mothers, something they’ve been paying to prevent has a cost associated with it. Similar to the bad luck they reference frequently, the logic of their reproductive life course is turned upside down, wherein they are forced to pay again as a result of their reproductive desires.

Unfortunately for these women the one thing that they thought would come for free (a child and motherhood) does not, and all the money in the world does not necessarily solve their problem. The inevitability of paying for infertility treatments as though there are no other options is evident in the following post:

I want to go overseas on a holiday with my husband, buy nice clothes and go out without feeling like I should be saving money or spending it trying to get pregnant (Maybe baby or Maybe the Loony Bin)

Women in the online infertility community believe that they make sacrifices in order to become pregnant and become a mother as the previous post illustrates. These are sacrifices that other women without fertility challenges do not have to endure. One of the primary sacrifices is spending a great deal of money on fertility treatments that would otherwise go towards leisure or hobbies. The fact that they have to spend money in order to conceive a
child, while other women are not faced with that same reality, contributes to the injustice of their situations.

This is not to say that women in the online infertility community are ignorant of the fact that children cost money. They are prepared—as additional evidence will illustrate—to invest in children, but they never imagined that it would cost money to conceive a child. For them, there is only one option to rectify their situation, which is to pay the cost of treatments that will give them a greater chance at motherhood. For these women the costs associated with infertility are not a choice, but rather they are necessities. Nonetheless, these costs entrench the sense of injustice of their circumstances, as they are not what most people are required to endure in order to have children. They either pay the price associated with the treatments or they forego their hope to bring their own biological child into the world. For most women online, the costs are therefore not a choice; they are instead a requirement in their journey to motherhood.

Referring to debt and savings as the burdens of infertility is common practice among women in the online infertility community. For example, the following woman summarizes her year, which involved undergoing several failed IVF attempts: “2009 was the year of the 3 failed IVF cycles... the year of scrounging every penny to pay for 3 failed IVF cycles. It plain sucked...” (As Fast as my Baby Can).

While the costs associated with infertility are seen as a necessity, they are still prohibitive and exorbitant. The excessive prices associated with conception add extreme strain to an already stressful, emotionally draining situation for the women. Paying for fertility treatments is like going to a casino, rolling the dice, and seeing what comes up. Women paying for fertility treatments are effectively playing the odds. The deep desire to be a
mother fuels continuous payment for fertility treatments, a richness that these women would likely go to the ends of the earth for, but one for which many women maintain ought not have a price tag.

Money spent on treatments is often interpreted as being owed the opportunity to have a child. The following woman, discussing her odds of becoming pregnant, suggests that she is owed opportunities to have children: “And I feel like, damn it, WE ARE OWED one of those other 49 chances to have a normal baby (at my age)” (Eggs out of Time). The expression of being owed something stems from having worked towards that particular goal, and or investing the capital into making the goal a reality. In a similar vein, expressing the need to be compensated for she and her husband’s investments, another woman writes:

But we do have enough blasts that maybe, just maybe, we could have one - or if the universe is really smiling - maybe even two that are normal. Please? Couldn't we please? We've paid our dues! (Love and Life in the Petri Dish)

These two women are not alone in feeling owed the occasion to have a child. Repeatedly women in the online infertility community make references to having put in enough energy, money, and sacrifice and therefore express their intentionality for children. Among women in the infertility community the lack of guarantee associated with infertility treatments elicits expressions of indignation. The prospect of having paid for something without obtaining anything concrete in return seems to be a remote and foreign possibility among women in the online infertility community. Another woman writes:
We've paid our dues, we've paid our money, we've opened our hearts, we've hoped, we've let go, we've hoped again. Hope, luck, faith, love. And science. But perhaps this is about destiny... (Life in the Waiting Womb)

Effectively, a middle class sensibility guides the way in which these women deal react to the costs associated with infertility. They have ordered their lives in such a way that, up until now, they worked hard and paid for the majority of things that they desire in their lives (i.e., material objects such as an education, property, clothing etc.,). Much like how a middle-class sensibility affects what people believe they ought to have in their lifetimes at various life course stages (i.e., purchasing property, getting married, settling down), the same is true of having a child for these women. They have done everything “right” up until now, but suddenly they are being denied access to the next crucial life course stage: motherhood.

This is not unlike the trend in marriage practices analyzed by Cherlin (2009). Marriage among the middle-class, he suggests, is now reserved for after individuals have acquired education, jobs/careers, and a stable income. In analyzing women’s reactions to their inability to conceive, similarly, having children is a practice, at least among the middle-class, which is saved for when people perceive their life circumstances to be stable and secure. Women’s expressions of indignation at their fertility struggles are therefore understandable because in their eyes they’ve ordered their lives in such a way that presumes having children after other life-course accomplishments. Furstenburg (1996), argues that, “young adults in low income populations feel that they don’t have the wherewithal to enter marriage. It’s as if marriage has become a luxury consumer item, available only to those with the means to bring it off” (175). Women with fertility issues are therefore in the same position with respect to pregnancy as low-income women are with respect to marriage.
Having a baby for middle-class women is similarly a luxury consumer item in that they literally cannot do it if they cannot afford the conception.

In an investigation of the experiences of middle-class and working class women becoming mothers, McMahon (1995) examines the processes that contribute to the way in which women “developed self-conceptions as mothers” (129). This development, according to McMahon, hinges on the achievement of a gendered identity that is accessed through motherhood. She argues that, “becoming a mother did not simply express gender identity but allowed the women to achieve a feminine identity as a loving, caring, responsible person” (McMahon 1995: 130). McMahon’s framework suggests that women’s gender identities hinge on having a child and their “selves” were defined in relation to their children. Moreover, having children elicited deep feelings of love, caring, and responsibility whereby “children allowed middle-class women in this study access to claim the character of mother by providing them with access to feelings and qualities that are characteristically feminine but that hitherto in some sense had apparently been inaccessible or unavailable to them” (145). Thus, according to McMahon, women achieve a gendered sense of self through motherhood in which they experience “feminine” feelings. Put differently, for these women, having children lead to experiencing “feminine” feelings in which granted them access to “claim” a gender identity. She states, “the identity these women claimed through motherhood was not simply one of gender, but a gendered identity or self” (146). The achievement according to McMahon stems from the ability to claim qualities and feelings generally associated with femininity that become accessible, for these women, through motherhood.
In the case of women in the online infertility community, they begin to lay claim to motherhood as well, but not in the same way the women in McMahon study do. Instead, they rely on their class position as the primary source of their entitlement to motherhood rather than the “feminine feelings” associated with caring for a child. They are not yet able to claim the feelings associated with motherhood because they haven’t been pregnant or given birth, thus they rely on their attributes, qualities and behaviours that they have seen as setting them up for the next stage of their life course development, which is to mother. Thus my findings both agree and disagree with McMahon. On the one hand, the middle-class women online are claiming motherhood like those in McMahon study, but on the other they do not need a child to have access to what they see as necessary to becoming a mother. This will become more evident through the findings I present in chapter 3. For now, however, the focus is on the way in which women in the online infertility community are able to lay claim to motherhood through their consumer choice as middle-class individuals.

Indeed, there is almost no object or human experience today that has gone untouched by the market and consumerist ideology (Schor 1998). Thus, it is not surprising that the experience of infertility has also been absorbed by the pervasiveness of consumer ideology. Once experiences become heavily influenced by consumerist ideology the responsibility to address and investigate the potential sources of a social phenomenon, like infertility, diminishes greatly. The responsibility to solve the “problem” then shifts to the individual. There are numerous problems associated with the logic and practices that accompany the individualization of risk. Most notably a social problem—or an issue that might be alleviated via state intervention—instead becomes the jurisdiction of individuals and individuals alone. The case of infertility is no exception to the commercialization of lives and experiences in contemporary society. Women facing fertility struggles are expected to
rectify their personal circumstances through market solutions, consumerism, and personal expense. The alternative would be to remain childless, or possibly adopt (which does not preclude engagement with prescription consumerism).

Recently Martin (2010) argues that the individualization of risk is prevalent in contemporary society among the framing of candidates for oocyte preservations, wherein “autologous egg banking is a technology of risk management in anticipation of future infertility, enabling women to “bank” on having a frozen supply of ova when they are finally ready to procreate” (539). She argues that the increased incidence of delaying pregnancy coupled with the advent of oocyte preservation—an extremely new reproductive technology—leads to the new ontological categories: “anticipating infertility” and “preserving fertility.” Candidates for oocyte preservation are determined in specific ways that privilege the genetic connection that many future parents seek to have with their children.

An earlier exploration of the link between new reproductive technologies, choice and consumerism echoes Martin’s findings, wherein Strathern (1992) argues that the advent of new reproductive technologies offers families more options with respect to family formation. These new options, she suggests, influence the way in which individuals interpret their duties and responsibilities with respect to becoming a family, in turn altering the way in which families are formed and the kinship ties that result. She argues that new reproductive technologies (or assisted reproductive technologies as they are more commonly referred to today, hereinafter ARTs) claim to extend our reproductive options (1992). However, she is quick to point out that this extension of choice is a double edged sword wherein “enterprising the self… is not just one who is able to choose between alternative ways, but one who implements that choice through consumption (self-enhancement) and for
whom there is, in a sense, no choice not to consume” (37). Consumerism becomes the prescription to the problem of infertility and the only route to “self-enhancement.”

Given prescriptive consumerism as a solution to infertility, we need to ask whether women faced with infertility are able to exercise reproductive agency. Have women in the infertility community chosen to pursue endless medical tests and technological interventions in order to become mothers? After all is anyone forcing them to follow highly medicalized advice and procedures to become pregnant?

To be sure no one is forcing these women into the arms of ARTs, however, interpreting their actions as illustrations of free agency would be facile and one-dimensional. Indeed the data analyzed here suggests that their choice to participate in ARTs as a solution to their problem is one that is constrained. It is constrained by both consumer ideology and gendered visions of life course progression. Given the way in which women in the online infertility community characterize their situations as unfair, with no choice not to pursue expensive technological options to rectify their situation, one could easily argue that women’s ability to exercise choice is certainly limited.

Effectively, women with fertility struggles are offered a solution to the problem: ARTs and the commodification of conception. If they did not engage with the prescriptive consumerist solution offered through ARTs to solve their fertility problems, women in the online infertility community would be read as complacent in the fact that they would never be mothers, and thus might never be seen as real women. Not subscribing to the consumerist solution indicates that they would be resigned in their inability to measure up to the class norms that they have likely inhabited or tried to inhabit their entire lives.
Given the pervasiveness of consumer mentality, it is correct to assume these women feel like they have no choice. But, what makes women in the infertility community feel as though they have no choice but to pay the costs associated with ARTs? If they don’t pursue them they only have themselves to blame. If they don’t pay the money then they cannot claim that they tried as hard as possible to become a mother. They become compliant with their infertility if they do not do everything in their power to solve the problem. The consumerist solution to infertility thus puts the blame squarely on women when they do not engage with all the technologies available. While technological advancements in reproduction seemingly offer more occasions to exercise agency, prescriptive consumerism strips agency of its meaning since choosing not to consume in contemporary North American culture is perceived as ludicrous.

Prescriptive consumerism as a widespread solution to numerous problems is reserved as a reasonable solution for the middle and upper-class. In the case of infertility, women’s ability to access motherhood is decidedly contingent on her class position and the unaffordability of the technologies that are required to conceive a child. Access to these technologies therefore reproduces a class specific construct of motherhood that denies lower income women access altogether. This finding is not new. Indeed, Ann Bell’s (2009) research on low SES women with infertility issues offers a counterpoint to the existing understanding of women’s infertility experience as a upper-class, white women’s “problem” wherein dominant perceptions of women’s fertility and infertility are organized along socio-economic divides (McCormack 2005). She demonstrates how the provision of medical care for infertility patients stigmatizes low SES, such that they do not access ARTs because they are not offered these options as a solution to their circumstances (2009). Bell identifies this as the “stratified system of reproduction.” She further argues that the stratified system is due
largely to the “social control mechanism of medicalization” whereby the medicalization becomes the “gatekeeper” of motherhood (2010).

My findings corroborate Bell’s findings with regard to a stratified system of reproduction and differential access to this system. What is especially noteworthy in the present case study, however, is that not only does differential access to the technologies reproduce a stratified system and class specific version of ideal motherhood, but that the women attempting to enter the culture of motherhood also subscribe to and in many case reproduce the ideal that goes along with this stratification. The way in which women in the online infertility community discuss infertility treatment costs as a necessary financial burden suggests that they subscribe to the constructed hierarchy, and in many cases are okay to navigate the system (rather that fight it) in order to get what they want. However, their subscription to this hierarchy is conditioned by the fact that consumerism is offered as the only solution to their problem. As illustrated by their statements about money (“the year of scrounging every penny to pay for 3 failed IVF cycles,” “We're learning that getting pregnant is not as easy as we were told in high school. Its also a lot more expensive than we thought”), and the solutions they offer for their fertility struggles (accessing new reproductive technologies), women in the online infertility community are saddled with literally paying the price if they want to achieve motherhood. Paying the price via accessing ARTs is the only option they perceive as available to rectify their fertility challenges therefore they engage in actions that they see as necessary in reaching their goal.

Over and above the consumerist ideology that influences women’s reactions to infertility, most of the literature about motherhood would also assume that women’s pursuit of motherhood is in service of becoming a real woman because motherhood is a gendered
identity achievement. Indeed it an achievement met through the rites of passage associated with being pregnant, giving birth, and mothering children. It is also an achievement that is reserved solely for women with the “proper” female body. Given the embodied nature of motherhood, it is other women’s pregnancies and bodies that also become the focus for women in the online infertility community. It is here where I suggest that the gender becomes prevalent and observable in women’s pursuit of motherhood. Despite the exorbitant cost of fertility treatments and the lack of government funding and insurance coverage for these treatments, women in the online infertility community do not focus on the social conditions that produce inequality and unfairness in their circumstances. Instead the primary focus of women in the infertility community is almost entirely on the successful family situations of the people around them, more specifically other women’s pregnancies and children.

2.2 The Relational Accounts: Other Women's Pregnancies, Bodies and Children

Given that motherhood is an embodied project for most women, it is not surprising that women in the online infertility community compare themselves, and indeed evaluate themselves as inadequate compared to the pregnant women they are surrounded by. This is not a surprising finding, but it is an interesting one with respect to what it can tell us about feminine gender norms, identity achievement, motherhood and women’s relationality. Indeed the comparative and relational facet of the blogs, alongside the characterization of infertility as an injustice leads me make specific claim about how we understand the ideal of motherhood. Rather than conceptualize motherhood as primarily a gender identity achievement, we need to look at it as a path through which women have the opportunity for
women to relate to one another. Put differently, I am suggesting that motherhood is not just about gender identity achievement but also about women’s relationality.

One might assume that women in the online infertility community would quickly blame themselves for the situation they find themselves in. Instead, however, they focus on other women’s pregnancies, bodies and children. Why do they not focus on the potential environmental contaminants that may have contributed to their fertility status, or prior behaviours that did the same thing (i.e., excessive alcohol consumption, sex with multiple partners increasing chances of exposure to HPV which is known to contribute to PCOS, or excessive smoking in young adulthood which decreases the chances of conception)? Why do they not blame the medical institution for the lack of results? These questions are beyond the scope of the data collected here, however, what is evident is that one of the most consistent sources of evidence marshaled by women in the infertility community to expose their circumstances as unjust is pointing out other women’s pregnancies and children. While they often struggle with the jealousy, resentment and anger they feel towards other women who are able to become pregnant, seemingly without any trouble, they do feel safe among other women struggling with infertility to voice these emotions.

Nelson (2009) argues that membership in the cultural space of the “mommies club” revolves largely around pregnancy and childbirth (Nelson, 2009). Pregnancy and especially the pregnant belly (alongside other physical signs of pregnancy) often become symbols of cultural membership in the club of mothers, wherein women immediately and sometimes silently identify with other women around them as being a mom. More than just physical indications of women’s membership in the club there are also cultural rituals around pregnancy, such as birth preparation classes and baby showers that serve to initiate and
welcome women into the folds of the cultural space of motherhood. It is not only a child that will allow women with infertility struggles to become a mother, but also the corporeal experiences of pregnancy and childbirth that will allow them to make claim to this title. For women in the online infertility community their inability to become pregnant is immediately equated with an inability to be a mother, but as indicated by the following passage, women in the online infertility community long for pregnancy as much as for the child itself:

I just want to be pregnant with a healthy, happy baby in my belly. I want to talk about due dates, and nursery colors, and baby names, and wonder whose nose our baby will have and whose eyes. And I want to feel a baby inside of me more than I could ever have imagined wanting to... ...And I WANT IT NOW!!! (As Fast as my Baby Can)

Given the centrality of pregnancy and birthing stories among mothers themselves as the rites of passage that lead a woman to motherhood, it is not surprising that these also become extremely important and coveted experiences for women struggling with infertility. Women in the online infertility community express acrimony and resentment towards other women around them who are able to conceive easily. The unfairness of their circumstances becomes glaringly obvious and impossible for them to ignore when women around them are able to conceive easily, without the aid of medicine or technology, and often without planning. The majority of women’s posts online are purposeful in mentioning those around them who are, or do not have difficulty conceiving and the pain it causes them to observe pregnant women and their bellies. One woman writes: “I am dealing with some extreme issues regarding women who can conceive naturally. I have turned into this monster who stomps around wanting to scream, "it isn't fair!!" (The Deep Breath Before the Plunge).
There are a few reasons why women might focus on women around them who are pregnant. Pregnancy is symbolic of women’s path to motherhood, thus it is understandable that women in the infertility community would focus on women’s pregnancies as concrete evidence of their injustice. Much like women who are pregnant who have not struggled with infertility their primary focus is on the pregnancy and childbirth. They do not often give much thought to what comes next. Their lack of forward thinking is commonplace, It has been illustrated that many women do not feel like mothers while they are pregnant, and some not until much time has passed after the birth of their child (Fox 2009). Similarly, women facing fertility challenges do not see much beyond the pregnancy they are working so diligently to conceive. Thus, pregnancies and pregnant bellies become a source of a great deal of agony and pain in that they are constant reminders of what they feel they have been denied.

Ostensibly, for women who have difficulty with their fertility, other women getting pregnant around them is a reminder of what they cannot do, and another source of the unfairness of their experience. Further, I propose that women in the online infertility community understand their proximity to motherhood in a relational way, by comparing what they do not have relative to what other women do. As well, their understanding is relational, I think, in the sense that if infertile women were not surrounded by “normal” women who were getting pregnant and having children regularly, it is possible that their deep desire to have a biological child would be less strong. They are effectively cheated out of a meaningful, life-course event that, to them, everyone else seems to be enjoying. It might be assumed that they have done everything in their lives that their friends have done (i.e., went to college/university/post-secondary, found a partner (more specifically a husband), bought property, and acquired a pet), but suddenly they are prevented from reaching the next life-course stage: parenting. The relational aspect of the process cannot be ignored, and is acknowledged by the woman writing in the following post. She
expresses a desire to stop comparing her situation to those around her, but is unable to ignore the happiness of her peers:

Two pregnancy announcements of friends sent me briefly reeling this week. It is frustrating that I sometimes can't separate my own situation better from those of others. I strive to be happy for others' joys, even as I struggle to accept our losses and continue hope for the future. But sometimes it seems that everyone, EVERYONE is getting pregnant, having more than one child even, while we are still waiting, and somehow the longer we wait, the less likely it seems we could ever have a good outcome (Life and Love in the Petri Dish).

The fact that every other woman around them is seemingly able to conceive with ease crushes the spirits of women in the online infertility community. Although they know that other women’s pregnancies do not diminish their chances of becoming pregnant, they discuss other women’s pregnancies as personal injuries. Likening other women’s pregnancies to personal injury tells us about how women in the online infertility community conceptualize their relationship to motherhood. Their inability to conceive in the face of other women around them who are implies a specific biological and/or bodily inadequacy on their part that they have found to be increasingly difficult to rectify.

Women struggling with infertility are thus feeling denied access to a rite of passage that will forever prevent them from becoming what women often imagine they would become: a mother (Fox 2009). While the presence of children is problematic for some women, children are less triggering (or less often discussed as triggers) than women who are pregnant. This is not surprising, likely because children are understood as innocent, but this is especially interesting in light of how commonplace it is for women in the community to focus on other
women and their pregnancies. How do we make sense of other women as the target of women’s sense of injustice about motherhood?

Gender identity development is central to this process of comparison. Women in the online infertility community are attempting to access a feminine gender identity that, at times, appears to be out of their reach. In comparison to the peer group that they surround themselves with, they are, in their eyes “behind.” The middle-class women involved in the identity project discussed here have likely compared themselves to the norm along many dimensions of identity and life course progression for a long time. For example, when people in their peer group were obtaining post-secondary education or training for their professional careers they too were likely also engaged in that same identity project. When individuals in their peer group purchased property for the first time, these women and their partners were likely doing the same. I am being purposefully generalizing here to illustrate that it is very probable that the majority of women in the online infertility community have compared themselves to the norm for a long time and had probably very little difficulty measuring up to that norm.

This practice is not unusual, as it is commonplace for individuals to compare themselves to the norm along most life course stage markers. Individuals, for the most part, appeal to the average or the norm that they are surrounded by. As social beings we see ourselves relative to those around us. This process of comparison only becomes glaringly obvious when we are not able to measure up, as is the case with women in the online infertility community. Other women’s pregnancies become concrete illustrations of how far away women with fertility challenges feel from becoming a mother and perhaps how unable they are to relate to other women around them. Another woman getting pregnant and having a child injures women
with fertility struggles in a personal way that elicits expressions of anger, jealousy and resentment, and in some cases leads these women to lose hope in their ability to become mothers. Likening women’s pregnancies and births to personal injury is common among women in the infertility and further illustrates the way in which motherhood is understood in relational terms. What one woman has, many other women also want, perhaps in a slightly competitive fashion. This is may also be true for other gender norms outside of motherhood as well.

The relational assessments of these women suggest that at the core of many women’s struggles with infertility is a deep desire to be included. As the following woman states:

I long to join the mommy club. I feel so left out. In addition to being jealous of people who are able to conceive naturally, I now find myself envying who can have IVF work for them. It's not even envy per se- I don't want to be someone else, I am not even really jealous. I don't want someone else's child or life. I want them to have their babies, and me too (Little Blog about the Big Infertility).

That they feel excluded is not to say that they only want a child in order to be a part of the “mommies club”, but rather to highlight that something they so badly want to be a part of seems completely out of reach. Women in the online infertility community frequently make analogies to how hearing about other women’s pregnancies, and the rituals that surround them (due dates, ultrasounds, baby showers, and nurseries), is like being wounded. The following women describes a [get together]? she was at with her friends:

I was happy to see everyone, but then it all turned to pregnancies and babies. Two pregnant friends are in that group and I've only managed to tell one of them about our
situation. So it was all about ultrasounds and due dates and such. It's really wonderful for them. And it hits me like a punch in the chest every time. (All in one Basket)

Celebrating other women’s successes at becoming pregnant is also called upon as evidence exposing the injustice of infertility for women in the online community. Baby showers in particular represent other women’s success and happiness about having a child. As illustrated by Nelson (2009), baby showers serve as rituals for entrance into the cultural world of motherhood. Given the significance of baby showers for women’s initiation and welcoming to the “mommies club” it is not surprising that baby showers are problematic for women in the online infertility community. They write about baby showers in a way that characterizes them as a gauntlet of pain associated with reminders of their inability to conceive. In the following post, one women describes the pain that goes along with attending baby showers, implying that they remind her of what she is unable to do relative to those around her:

Like many women with IF, I have made it my personal rule NOT to attend baby showers. I'm sorry, but I just can't do that. Baby showers are like this: Open wound. Pour salt. Repeat. That's what they feel like (Life in the Waiting Womb)

This women is not alone in making the decision not to attend baby showers, however they do not detail the specific qualities of baby showers that mark them as painful. In some ways it is taken for granted among women in the community their fellow “if-ers” will understand why they are so painful. Indeed women in the infertility community discuss pain and pain endurance frequently, both physical manifestation and emotional ones. In pointing to both the physical and emotional pain associated with their journeys women online imply an evaluation of what constitutes *enough pain* in the context of their struggles. In many ways they chronicle this pain as a way to reflect on how much of it they ought to endure in order
to reach their goal, motherhood. Unfortunately, for them, there is no scorekeeper that keeps track of their pain that then decides when enough is enough.

The relational component of women’s understanding of motherhood is especially poignant in the context of receiving news about other women’s pregnancies that are accidental. These pregnancies are particularly painful for women in the infertility community. Finding out about accidental pregnancies proves even more difficult than planned pregnancies because they epitomize the injustice of their circumstances since they clearly do not reward intentionality. That is they do not reward purposeful actions that are carried out in order to produce a child (i.e., healthy living, means to provide for a child, love to give etc.,) One woman records her frustration with one of her friends who was not trying to conceive, but still became pregnant:

One of my closest two best friends just told me tonight she is pregnant. It was QUITE a big shock. It was unplanned, unexpected, accidental. She started dating her boyfriend around Thanksgiving. (I don't say this to judge, just as background.) And it just happened (A Little Blog about the Big Infertility).

Pointing to the accidental nature of her friend’s pregnancy is purposeful in this woman’s post, and purposeful mentions such as these permeate the blogs of women online. Accidental pregnancies further prove that a desire to become pregnant is not enough to actually produce a child nor is the intention to have a child enough. Thus, unplanned pregnancies and children are especially painful for women in the online infertility community and become the focus of many discussions online. The work they have invested in trying to conceive becomes meaningless when other women around them are not required to work as hard or pay as much as they do in
order to become a mother. One woman discusses the injustice associated with finding out a co-
worker is pregnant who was taking specific measures to prevent conception:

Also, just found out this morning that a woman from work, who had her tubes tied after
her second child, is now pregnant. Talk about an accident! Apparently they used a
clamp on her tubes, which is supposed to be more effective than cutting them, and one
of the clamps must have come off!!! She's pissed that she's pregnant, and I just stared at
her while she was telling me her story, wanting to kill her a little... Not really, but
seriously??? Why the fuck is she pregnant - clearly she didn't want this baby - and I'm
not??? (Alex’s Adventures)

In the following post a woman writes disbelievingly about her friend who is using one of her
name choices for her child that was unplanned, which she characterizes as especially unfair:

One of them is MY pick for a girl...I have wanted to use the name for the past year if
not longer. It's so not fair that she gets a surprise baby and uses my name….I know I
can't claim names especially since I am IF (infertile) but give me a fucking break. [Do I
have to be a DINK? (double income no kids)].

What we learn from these blog posts is that the quest towards motherhood is impelled by the
desire of women in the online infertility community to have and achieve what other women
around them have and accomplish. In effect, their desire is constructed and built in relation
to what they observe other women doing and achieving: motherhood. The woman writing in
the above post is not alone in feeling cheated by a desire to have a child in the face of people
who become pregnant with what women in the infertility community often interpret as
unwanted children. In expressing their deep desire to have their own children—while
women around them becoming accidentally pregnant—these women suggest that their desire and intentions to have a child ought be enough to produce that child. When their bodies do not cooperate with them, these women read desire and intentionality as a defining requirement of pregnancy and child rearing rather than the biological mechanics that allow it to happen. When biology does not cooperate, women in the online infertility community focus on the social components of their lives (economically stable, employed, in a loving relationship, and planned pregnancies vs. accidental) and their intentions to have children that ought to dictate their access to motherhood. Indeed they develop schemas of deservedness that are analyzed more closely in Chapter 3. What is key to point out for the time being is that for women in the infertility community wanting a child should be enough to have one, and when accidental pregnancies prove their logic invalid, this further strengthens the injustice they experience. With their reactions of incredulity about accidental pregnancies women struggling with infertility lament the fact that wanting and intending to have a child or a pregnancy for that matter is not enough, and that their experience is completely unfair.

Not only do women in the online infertility community compare themselves to the women around them who are able to get pregnant, but many women also believe that others are making these same comparisons and/or wondering why they haven’t started trying to have a baby. For example the following woman writes: “But now I'm starting to feel excited, and I'm glad. I think it will be hard to see all my pregnant friends, and perhaps face the insinuations about when the two of us will "get busy". But I'll get through it” (All in One Basket).

Women in the infertility community feel impatient with their inability to conceive and perhaps as a result assume that other people are impatiently for their pregnancy announcement as well.
Indeed receiving unsolicited advice about how to solve infertility problems compounds women’s assumptions that their friends and family are waiting for them to conceive. The following woman writes about her own mother’s impatience:

“My mom has called to tell me that she knows how to fix all of my infertility problems. All I have to do is go down to the hospital and tell them I'll take one of the orphans from Haiti. After all, the children are all here in Pittsburgh, and so am I! It's the perfect answer, to her at least. So now she's decided that I need to go and adopt one of these babies now. She even has pointed out that since they ones here are all between 1 and 4 years, there won't be any night time feedings” (CD 1 Again).

Receiving unsolicited advice is an indication of how women in the online infertility community assume other people are preoccupied with their struggles to conceive. The following woman writes bitterly of some advice she received from her mother:

“And recently, she told me I need to lose 30 pounds and then my cycles will regulate and I will get pregnant. She also told me that she is so glad she never had to worry about these things so much and of course TO RELAX AND IT WILL HAPPEN” (Just Beginning)

A pregnancy, birth announcement, or unsolicited advice about conceiving represent constant reminders of what women in the infertility community want but have difficulty achieving and hence symbolize how unfair their situations are. One woman designed a t-shirt criticizing the scrutiny she feels surrounding her inability to conceive, which states: “Nope I just had a big lunch.” Presumably the t-shirt is to be worn by women struggling with infertility who often gain weight as a result of the treatments they endure. The caption below the t-shirt on her blog reads:
“Everyone else in the elevator except you pregnant? Sense people looking surreptitiously at your stomach to see whether maybe you too are in the club? Well, now you can just unzip your jacket and answer. All without having to say a word” (Life and Love in the Petri Dish)

Based on the writings of women in the online infertility community, it would seem that they are consistently faced with reminders of what they are unable to achieve. Reminders that elicit deep expressions of pain arise most often when women in the community have experienced loss through stillbirth or miscarriage. Having come so physically close to having a child, or in some cases actually birthing a child, makes the injustice of their situation a biting reality they are seemingly unable to escape. One woman writes about the social situation she encounters after having a D & C (dilation and curettage surgery after a miscarriage) that reminds her about her inability to bring a pregnancy to full term:

The entire day of my D&C, the day after when his sister, her in-laws, his mother and my nephews all showed up for lunch and then SIL (sister-in-law), MIL (mother-in-law) and nephews stayed through Sunday and then we entertained a group of friends and their bazillion kids on Saturday and on and on and on. (Eggs out of Time)

To characterize their circumstances as unfair and to share expressions of anger about that unfairness suggests that women in the online infertility community believe that they are unequal in their capacity to achieve motherhood and have been denied access to a particular gender identity that they feel entitled to. In pointing to other women’s pregnancies, births, and sometimes children, it is clear that these women understand their proximity to motherhood in comparison to other women, and thus in a relational manner. The very act of
comparing themselves to other women illustrates that these women are seeking a social identity as women that other women already have: mothering.

My aim in this chapter is to illustrate how women in the online infertility community compare themselves to other women around them, more particularly the way in which they understand their quest towards motherhood in a comparative, relational fashion. Thus, I argue that the pursuit of motherhood (and perhaps other pursuits of gendered norms?) is one that takes place comparatively and relationally and *mostly in a single gendered environment*. In other words seeing how women compare themselves to other women illustrates how they actively participate in the gendering of one another.

By pointing to the fact that women compare themselves to other women, and express competitive streaks, jealousy and resentment towards other women when they are unable to get pregnant, I do not seek to fault women for feeling compelled to conform to feminine gender ideals. Rather pointing to the process of comparison elucidates how motherhood is also about women’s relationality in that they are not directly discussing their failure to achieve a gender norm but they are lamenting the fact that they aren’t a part of the way in which women easily relate to one another after becoming a mother. As previously discussed, many feminist sociologists argue that the permanence of the motherhood ideal is directly related to women’s desire to become “real” women and live up to social expectations (Russo 1976). While I do not deny that this is the case I am also suggesting that over and above their desires to live up to social expectations of womanhood, they also want to be able to relate to other women in the way that so many women around them do.

Beyond having been socialized into the motherhood role women also express a desire for the *right to mother*. Observing other women pregnant and interacting with their children seems
to reinforce women’s expressions of entitlement to motherhood. Indeed women in the online infertility community are feeling extreme exclusion from membership to the “mommie’s club” (Nelson 2009). I discuss the women’s relationality and gender identity more fully in the chapter 5.

In this chapter I suggest my goal is to illustrate that entitlement among women in the online infertility community stems from a combination of women’s class position, the commodification of reproduction, and the historical ability of this cohort of women to control their reproduction. Defined as women, they have never questioned their ability to mother. Mothering is what women do and are. As middle class women they have been able to keep up with life course progressions that they observe among their peers. The commodification of reproduction further solidifies their “choice” pursuit of biological motherhood by also individualizing the project such that women who don’t pursue costly treatments would only have themselves to blame for their inability to be a mother.

It is clear through an examination of the rationales heralded by women in the online infertility community that they understand their infertility experiences as unfair and unjust. I suggest that by typifying their circumstances as an injustice, women in the online infertility community begin to make a claim towards the motherhood role. Characterizing infertility as unjust, as women in the online IF community do, suggests that they see themselves as having an entitlement, or claim towards motherhood. Pointing to other women’s pregnancies and pregnant bodies as coveted prize achievements further illustrates how they understand the norm of motherhood in relational and comparative terms.

Certainly and necessarily when sociologists discuss injustice or unfairness there is a relative component to the argument and to how injustice is conceptualized. That is, people see things as
unjust or unfair when they do not have access to what everyone else around them has. As we have seen, this is prevalent among members of the online infertility community. However, the way in which the writings of women examined here focus on the life circumstances of other women around them is particularly noteworthy as a component of their navigation of infertility. The characterization of their experiences as an injustice is indicative, I argue, of how they understand motherhood more broadly, which is that women in the online infertility community claim an entitlement to motherhood because they are excluded from a role they feel prepared to take on (as aptly illustrated by their schemas of deservedness discuss in the next chapter). I build on my argument in the next chapter outlining the ways in which women in the online infertility community draw on common discourses of good and bad mother to evaluate their own as well as other women’s level of deservedness to be mothers.

In their evaluations of who deserves to be a mother, women in the online infertility community further solidify how the quest for motherhood as a gender identity is one that occurs relationally and comparatively. Moreover, for women in the online infertility community their experiences are further seen as unjust in the context of their evaluations of who deserves to be a mother and their deep desire and intention to have a child. In the next chapter I turn to an examination of these evaluation, assumptions and intentions. In these evaluations women make conjectures about who deserves to be a mother, revealing an ethical code for motherhood. In typifying their situations as unjust and evaluating the worthiness of themselves and other mothers, women continue to claim their entitlement to the role of mother indicating that infertility represents a stalled procession through the life course. In mapping the characterization of infertility as unjust, I argue that women’s characterization of infertility online illustrates how the gendered norm of motherhood is more aptly conceptualized as a *gendered entitlement rather than a norm*; one that woman online believe they have been unfairly denied access to. More than a medical
designation, a diagnosis or an illness, infertility, for these women, represents a blocked path to a crucial and fulfilling gender identity as a mother.
Chapter 3
Maternal Ideation: “Othering” Mothers, and the Importance of Intentionality and Responsibility

Over the past century the “good mother” has been primarily characterized as a full-time, at-home, white, middle-class woman that is fulfilled by her domestic responsibilities (Boris 1994). Feminist scholars have challenged this definition of good mother with respect to the effect it has on women’s identities and subjectivities (Glenn 1994), along with the exclusivity that places “other” mothers on the outside looking in (i.e., adolescent mothers, women of colour, low-income mothers, single mothers, etc.). As a result of feminist critiques of motherhood ideologies, in contemporary North America women are able to be more selective about the qualities they consider as representing good mothering.

Sharon Hays’ work is notable for its effort to define dominant contemporary mothering ideology (1996). She argues that “intensive mothering” is the primary ideology of motherhood, and an approach that centers squarely on the child, is guided by expert opinion, and is an emotionally consuming, financially expensive, and labour intensive process (9). Effectively this ideology maintains that a mother is responsible for her child and the child’s needs take priority over her own.

The ubiquity of the intensive mothering ideology and the pressure to conform to this ideology has been observed by a variety of scholars (Ranson 1999; Wall 2001; Fox 2009). Generally women who subscribe to an intensive mothering approach do so within the context of how their lives are organized. For the most part women either adjust their lifestyle to live up to intensive mothering or adjust their definition of intensive mothering to meet their lifestyle (Johnston and
Swanson 2006). More often it is middle-class women, however, who are able to perform the
tasks associated with intensive mothering.

As illustrated in the previous chapter, women in the online infertility community draw on two
types of testimonials that characterize their infertility experiences as an injustice. In doing so, I
argue, they begin to lay claim to what they see as a gendered entitlement: motherhood. In
detailing these two types of rationales I also illustrated how women in the online infertility
community engage in reproductive consumerism in order to rectify their fertility problems. I
suggested that the pervasiveness of the commercialization of reproduction and the consumer
ideology contributes to women feeling that they have no choice but to pay the price associated
with infertility treatments. Additionally I discussed the prevalence of motherhood as a gendered
identity achievement wherein women often feel denied access to the “mommy’s club” which
also influences their relentless pursuit of motherhood.

In this chapter I build on the observations and analysis outlined previously by chronicling the
discourses of “good” and “bad” mother, which appear consistently in the narratives of women
online. More specifically several types of mothers appear in the narratives of women online as
well known illustrations of “bad” mothers. These include the “neglectful mother”; the “welfare
mother”; “the drug addicted mother”; and the “promiscuous mother.” By drawing on these
discourses I suggest that women in the online infertility community speak to the intentionality of
other mothers as well as their own. In these discourses women in the online infertility
community evaluate the level of responsibility and preparation of mothers around them by
commenting on how women treat their pregnant bodies, the choices they make with respect to
caregiving, their income level as a function of stability for starting a family, and their level of
desire for children. In contrast, their own level of responsibility and preparation is established
with reference to the hard work, sacrifice and preparation that they invest in having children and
becoming mothers. This is not surprising, given that it has been argued that, “responsibility is the essence of motherhood” (Fox and Worts 1999).

Like the rationales detailed in the previous chapter, the discourses of “good” and “bad” mother that appear in the testimonials of these are also permeated with reference to how living with fertility struggles is unjust and unfair. I point to the presence of these opposing discourses of motherhood in the blogs to illustrate the pervasiveness of the motherhood imperative such that adjudications about good and bad mothers begin even prior to women becoming mothers. These adjudications alongside the work that women in the online infertility community do in order to become pregnant activate a confidence and surety towards their possibility for success as future mothers. Moreover, I suggest that together the adjudications and hard-work constitute what I refer to as maternal ideation among women in the online infertility community.

3.1 Responsibility and Preparation: Intentionality toward Motherhood

Women in the online infertility community observe the way in which women around them treat their bodies when they are pregnant as well as how they treat their children when they are mothers. The evaluations of other women’s treatment of their bodies’ and children serve as a measure of the level of their responsibility such that those who do not treat their bodies with exceptional care or their children as blessings are represent a type of mother that is not responsible enough to have children. Specific actions that stand out as deplorable to women online include: smoking, drinking, taking drugs, having previous abortions, poor diet, and inadequate exercise. However, these actions are not usually mentioned in isolation from other factors that are also deemed necessary for good mothering, which include references to class position, relationship status and age.
Having responsible attitudes accompanied with responsible behaviours is continuously discussed by members of the online infertility culture as a necessary requirement for good mothering, or as an indication of being properly prepared for impending motherhood. Irresponsibility is often associated with being young and pregnant, drinking, taking drugs recreationally prior or during pregnancy that may be harmful to the fetus, and having sexual intercourse with people who are not ready for parenthood. For example, the following woman discusses the difficulties of being a youth worker while dealing with infertility:

To top it off, being a youth worker helping adolescents didn't help either. There was always that 15 year old excitedly telling me she was pregnant after a night out of booze and drugs. "My baby's daddy is a loser and doesn't want me to keep it, what should I do?" (Maybe Baby or Maybe the Loony Bin)

The fact that women with an inadequate level of responsibility are able to have children is difficult for women in the infertility community to accept. Pointing young women who are pregnant but who are also doing drugs, drinking, and having sex with men who do not necessarily want to have children highlights the injustice of their circumstances. For example, the following woman admits her resentment towards pregnant women who are young, and seemingly irresponsible in the treatment of their bodies during pregnancy. She writes:

I do resent and loath every smoking, under-age pregnant bogan I see, but not 'normal' people. Yes, my infertile state is making me horribly judgmental, but when you know that I work closely with a government service that works with abused and neglected children maybe you'd understand where that comes from. (Riding the IVF roller Coaster)
The stigmatization of pregnant teens and mothers is not unusual in contemporary discourse. Particularly discourses of welfare dependency and social exclusion pervade assumptions about teenage motherhood especially in North American. The normative path to motherhood involves obtaining a higher education, establishing a career, and then starting a family. All of these actions translate into an intention to become a mother, thus it is not surprising that women in the online infertility community draw on these actions as proof of their intention to fulfill the role of good mother. Indeed, as observed by Wilson and Huntington, “mothers who fail to meet normative expectations of the role of mothering inevitably are positioned as the ‘deviant other’ and considered to be unfit to parent” (Wilson and Huntington 2006: 61).

While many women in the community attempt to reserve their judgment about the women whom they identify as irresponsible, in some cases their anger and judgment towards the lack of intentionality among other women is exposed. One woman writes:

You feel like, "How the hell can all those crack-whores get pregnant so often and so easily, while I, healthy, unaddicted, stable income earner who has a nice roof over my head and is in a loving partnership be barren? What the fuck? How is this even fair? WORLD.. do you hear me??? ITS NOT FAIR!!!!!!!!" (As Fast as my Baby Can)

It is common for women in the community to connect the actions of women who are neglectful of their bodies—generally and during pregnancy—to women who then, in their estimation, also turn out to be neglectful mothers. Neglectful mothers are usually those that have children that they do not have the adequate resources to care for, and who are dependent on welfare. For example the following woman writes:
I hear and see all the stories of people who don't want to be parents and don't know how to be parents popping out yet another child the state will have to raise. It makes you a bit bitter when infertility is ripping your heart out daily, when you know how loved and cared for your own child would be. (Riding the IVF Roller Coaster).

Women in the community also express feeling injured by the choices other women make with respect to their bodies, and these choices also highlight the injustice of their situations. For example, the following woman expresses her annoyance with a woman who is taking pain medication and eating sushi while pregnant:

Anyway, this pregnant woman told me she's taking pain medication without her doctor's knowledge, that she eats sushi on a regular basis, that she has no idea where her baby's daddy is and that she's hoping by the time the baby is born, she'll have either a job, insurance or a man in her life. She's due next month and has had a problem-free pregnancy... of course. The women I know are scared to even vacuum or eat a hot dog for fear of jeopardizing their pregnancies and yet, it's this F3 who takes Vicodin with her tuna rolls that will go full term. (The Two Week Wait)

Mainstream discourse on about mothers and pregnancy dictates that irresponsibility, ought not to be rewarded with motherhood. Being irresponsible challenges women’s intentions for motherhood, which in turn challenges how worthy they are of motherhood. Given the obstacles women with infertility have faced to become pregnant, motherhood is seen as a sacred, important opportunity that should be taken on deliberately and intentionally. Acting uncaring, unsafely or in a way that is dangerous to your body does not demonstrate the intentionality of someone who wants to be a mother.
The existence of unwanted and/or uncared for children is one of the primary types of evidence women in the online infertility community draw on in order to challenge the intentionality of other women and mothers. The following woman laments the ease with which other women are able to conceive, especially those that treat their children poorly:

While I feel grateful that ART science exists it does not take away the bitterness & anger I sometimes feel because this is the only way for us to conceive children. It seems unfair when so many who abuse & neglect their children are able to so easily conceive (The Road Less Traveled)

Repeated references to neglected children and irresponsible parents permeate the writings of women in the online infertility community. In the following post, the author contemplates how decisions about who gets to be a parent are made and by whom:

Who chooses who gets to have children? Why are there so many neglected and abused children in this world while so many who would make the most loving parents miss out? (Maybe Baby or Maybe the Loony Bin)

For women in the infertility community, a woman’s intention, determination and resolve to be a mother should matter when one wants to conceive yet they mourn how it does not work out that way in the real world. Another woman writes of a relationship she terminated between herself and a friend as a result of her friend’s past irresponsible behaviour. She writes:

I have cut my contact with another girl that was in my same circle of friends in high school that has had 2 abortions in the past 5 years. Since we both moved back to our hometown we started hanging out again a few years ago. This was the beginning of my
infertility journey, and at that point I really didn't think myself to really be infertile.

Now my conversations with her about her abortions boil my blood. I'm so angry and hurt and sad that she was given the gift of pregnancy only to throw it away not once but twice (Deep Breath Before the Plunge).

Previous abortions are interpreted as lost opportunities and also indicate a low level of responsibility among women who have had them. Not becoming a mother when the opportunity arises is, according to women in the community, wasteful of an opportunity that they are working so diligently towards. The lack of responsibility among women who are already mothers is frustrating for women dealing with infertility.

Drawing on other women’s actions as incompatible with motherhood illustrates how discourses of motherhood circulate in the minds of women who are not even mothers yet. Making observations about other women’s actions is how women in the infertility community further proves the injustice of their circumstances and reinforces the notion that particular actions are incompatible with motherhood, unlike the actions they engage in (discussed in more detail in an upcoming section). In contrast to the mothers that they deem unfit, their lifestyles ought to be rewarded with motherhood. The following woman writes:

   It's just so painfully unfair...I can't stop asking why people like us who are so prepared to become parents and so badly want to aren't able while I see so many people on a daily basis who can easily conceive & yet don't take care of the multiple children they have. (The Road Less Traveled)

When adoption is involved, women in the infertility community are especially quick to evaluate the intentions of mothers. In some cases, the potential adoptive parents are judged
unfit by the women in the infertility community as the following example illustrates. The parents in this case sent back a child they adopted from Russia due to health problems upon the child’s arrival. The woman writes:

Children are not like sweaters that don't fit that you have to send back and return! Did you ever even try to bond to the kid? Where was the adoption agency who placed him? They are supposed to check in, and how did this family get approved? Also, as a mental health clinician, it makes me very upset to know they would rather "send this kid back" then try and treat his emotional problems. (Little Blog about the Big Infertility)

Intentionality, as illustrated by the above quotes, is measured according to how pregnant women treat their bodies, how they become pregnant, the activities they engage in recreationally, how they treat their children and the caregiving choices that they make. There are specific actions that do not connote the intentions of a true mother: neglecting your child, neglecting your body, and being generally irresponsible. The following post is perhaps the most telling with respect to intentionality and accurately summarizes the types of actions that are not indicative of a real mother. One woman writes:

I have a girlfriend with a little baby. And it is awful to say, but i HATE her. and really i used to like her a lot. but now, i hate her. there are many little things that have caused me to have utter disgust for her.

a. got pregnant the first time she tried.

b. a month before she got preggers, she told me they weren't having kids because she was way too selfish to care for any children

c. she got pregnant to make her husband happy (not a fact, but something that many people believe to be true, not just me)
d. while she was preggers, she always complained about gaining weight, and how inconvenient it was

e. i took her out to lunch, because i had missed her baby shower due to a meltdown in the shower while getting ready..... at that lunch she made two completely horrendous comments to me. the first was that she was afraid she would never sleep again, and would take advantage of every minute in the hospital by keeping the baby in the nursery so she could sleep. the second was about coming home from the hospital...she had said that she would have her mother bring the baby home that day so that she and her husband could go and eat sushi and have a beer. after that, i had decided she was a crazy lunatic.

f. the newest and most upsetting to me. she went on vacation for 12 days, and left her 13 week old child at home. (Alex’s Adventures)

The above list of reasons why the author “hates” her friend are all related to the way in which women in the infertility community observe the intentionality and sentimentality of pregnant women and mothers. In watching the way in which pregnant women treat their bodies and how they care for their children, women in the community are drawing on mainstream understandings of good motherhood, which imply that taking on the motherhood role requires **deliberate and calculated actions that in turn measure your worthiness of motherhood**.

Observing the intentionality of pregnant women and mothers is how women in the online infertility community apply the discourse of good and bad mother to their own circumstances, which then allows them to appraise their own and other women’s deservedness of motherhood. Pointing to mothers who did not intend to be mothers also further highlights the injustice of the experience of infertility. According to a variety of measures, the above posts evaluate the rightness and wrongness of the actions of mothers’
and mothers-to-be thus implicitly and explicitly determining who deserves to be a mother. Women in the online infertility community make adjudications about what appropriate, good, and sound mothering looks like.

Women in the infertility community characterize their inability to conceive as unjust, especially in the face of women whose intentionality for motherhood seems questionable. In the following post the author juxtaposes the injustice of infertility against the unmet standards of motherhood and intentionality:

Is the message that all of my fellow fertility challenged friends and I should quit our jobs, become homeless, go into debt and start taking crack? Is that the moment the person in charge of the universe is like, "Oh wow! Look at that woman. Her life is falling apart! Quick! Let's make her responsible for another human being! (The Two Week Wait)

In the estimations of women in the online infertility community, they have done everything “right” and have yet to be rewarded with becoming pregnant. Indeed, according to women in the online infertility community, there is a “right” way to pursue pregnancy and motherhood and they believe they have followed it. I now turn to the ways in which women in the online infertility community point to their own actions, behaviours and intentions which serves as a foil to the bad mother discourse observed in the lives of other women.

3.2 Hard Work and Sacrifice: The Invisible Labour of Infertility

Many of the women in the infertility community evaluate their purposeful effort, hard work, and sacrifice as primary indications of their intention to be mothers. Women in the online infertility community draw on these indications because they represent commonplace
notions of what good, responsible mothers look like in mainstream culture. Moreover, becoming pregnant and having a child is something that women in the infertility community did not conceptualize as work, but for them has become labour. The labour associated with infertility is intensive, time-consuming, emotionally draining, and expensive, as is that involved with mothering. No one would deny that being a parent is labourious, however most would also agree that conceiving in most cases is not all that much work. Suddenly, for women faced with infertility it seems that the task of becoming pregnant has become a full-time job, without any definitive outcomes. Unlike a job or career where one sees the results of hard work, infertility and the work it requires to become pregnant are invisible. The invisibility of the labour of infertility further establishes the experience of infertility as an unjust barrier in life course progression. But the work itself proves their future intentions as mothers.

Most women discuss the work that is associated with managing their infertility in a resentful tone. Their feelings of resentment stem from the fact that all of the work they need to invest in becoming pregnant is a complete surprise for them. For their entire lives they’ve been told that becoming pregnant is easy, in fact they’ve probably been told that it can happen at any moment and as a result have likely taken contraceptive measures to prevent pregnancy since they were sexually active. For years, they’ve learned to control their fertility, or at least they’ve been given the impression that their reproductive cycle is something that they can control, as with much else in the middle-class experience. Suddenly they no longer have the ability to control their reproductive cycles. Managing their reproductive cycles is not as easy as they have been lead to believe. They do not have the ability to dictate the rhythm and timing of their reproductive cycle like they always thought they could. In turn, becoming
pregnant and conceiving a child is attached to a great deal of labour that they did not anticipate would be required.

Women in the online infertility community interpret the pain, emotional turmoil, and the suffering they face as proof of their intentions to be a mother and therefore of their deservedness. The following woman writes about being reminded of how much children are worth it in the face of the struggles she endures with her infertility, and how she does not need to be told that the sacrifices are worth it:

“'It'll be worth it. They are totally worth it. When you see your baby sleeping or smiling or giggling. Just wait.' I know. You don't have to remind me. I know that kids are worth it. I wouldn't do this if I didn't have to or if I didn't think it was worth it. Lucky for you, you didn't have to spend your entire life savings to get one. Lucky for you, you didn't have to puncture yourself with needles every day for weeks on end. I already get it. In the end, they're worth it (Raising Cain, Someday)

Commonly, women in the community speak to those who have not had to “work” for motherhood through the administration of needles and excessive medical costs. The needles women in the community endure and the money they invest illustrate their commitment to motherhood and how deserving they are of becoming mothers. Pointing to women who do not need to save to become pregnant and have children implies that women in the community feel cheated by the fact that the endless payments they endure have no guaranteed outcome.

Effectively the labour associated with fertility struggles is not a reality that women in the online community were informed about, nor were they anticipating it. Without adequate warning about the possible roadblocks to parenthood women in the infertility community
feel embittered and resentful of their lack of preparation and ignorance, and in turn exposing the injustice of their circumstances.

In the context of having paid, in many cases, a great deal of money, while also investing time and energy into becoming pregnant in the absence of pregnancy and children, many women are once again reminded of the injustice of their circumstances. The following woman writes:

Where is the justice? Why put us infertiles through this total and complete bullsh*t?
And then, even after many of us work so hard, go through thousands of dollars, months of stress, and take hormone altering drugs to get pregnant, why do you punish us by taking our reward of a newborn away? That does not make for a very satisfied customer (The Two Week Wait)

Women in the community prove the injustice of infertility with reference to the uncertain outcome of their efforts to conceive, which include time, money, emotions, and drug treatments that often result in miscarriages. Summarizing her efforts to conceive, the following woman writes:

Time, energy, MONEY, we let everything else go by the wayside as the focus was getting pregnant. We found a well-recommended fertility doctor, we went through 4 IUI cycles, we prayed, I ate right, exercised, didn't drink coffee or wine, tried not to get stressed and did everything the doctor told us. It didn't work. 2009 was not the year of the baby. (Musings from a Hormonal Egg Basket)

This woman, along with many others in the online infertility community, refers to the effort, hard work and sacrifice that have been a part of her journey towards motherhood. In referring to these
practices, women rely on the conventional assumption that effort, hard work and sacrifice generally lead people to obtain their desired goal. The implication is that those who work hard enough and forfeit many of life’s pleasures (caffeine and alcohol in this case) and intend to become mothers deserve to reach their desired goal.

In addition to the high cost of treatment, having fertility challenges also involves endless medical treatments, drugs, procedures and physical inspection by medical experts. These actions are intentional, as opposed to the accidental pregnancies and children that occur among those who are deemed bad mothers. In the following post a woman spreads out her medications and posts pictures of the injection needles that she gave herself over the course of one of her cycles, which was a large number:

The second photo here is an artful display of my many medications and many needles. Yes everything you see here will be in my body in a matter of weeks! …Bah, compared to the emotional pain, it's really nothing….Ugh! The indignities we suffer for our future children! …I told Pete I wanted an award for my efforts to have a child. *scream in exasperation* (Little Blog about the Big Infertility)

Unfortunately, the efforts women take in the infertility community do not go towards increasing their chances to become pregnant. Unlike most things in life, where working harder produces results, the case is not so among those who work to rectify their infertility. Their effort does not translate into observable results, nor does it make invisible the inequities they experience as a result of their body’s struggle to reproduce. Much like the woman in the above post who makes reference to the award she ought to win for the efforts she’s made to have a child, the following women refers to the schedule of needles, and physical discomforts that are required of her if she wants to be a mother:
We put ourselves into menopause and experience all the symptoms that brings with it - hot flushes, mood swings, fatigue, headaches. For three weeks we stab ourselves with needles then for two more weeks we stab ourselves with needles TWICE a day. To a strict military schedule (Maybe Baby or Maybe the Loony Bin)

Referring to the biological and physical consequences of infertility treatments is common and customary among women in the infertility community. Since they endure endless medical procedures, check-ups, monitoring and medications their intention to become a mother cannot be understood as accidental, instead the work they engage in represents their intention and commitment to becoming pregnant.

Women embedded in the online infertility culture also express resentment for the sacrifices and hard work, which in many cases to do not always lead to the desired outcome of pregnancy. In the following post this woman discusses how aggrieved she is about the sacrifices that she has made towards becoming a mother and how these sacrifices have not produced the desired result:

Feelings of defeat? I think I am resentful of it for some reason, because I think it's tied into the infertility somehow. Or I feel like maybe I have sacrificed so much already, it doesn't feel fair to have to do this too (Little Blog about the Big Infertility)

The effort and work that go into attempting to have children is a direct reflection of intention and therefore is interpreted by women in the infertility community as a measure of their worth as mothers. Women in the community refer to this effort and sacrifice continuously throughout their blogs.
Hard work and sacrifice are called upon, as badges of honour in the journey towards motherhood, and also sometimes presented, as evidence of the quality of mother a woman will be once she has a child. Most women in the community maintain that they will be better mothers as a result of the difficulties they’ve encountered while trying to conceive. The following woman states:

There are women that become mothers without effort, without thought, without patience or loss and though they are good mothers and love their children, I know that I will be better. I will be better not because of genetics, or money or that I have read more books, but because I have struggled and toiled for this child. (Random Thoughts from Angie)

The goal of motherhood, which sometimes seems unreachable for many of the women online, is perhaps made more attainable through the work, sacrifice and effort they invest in becoming pregnant. The following woman describes the progression of her journey, indicating how the needles and injections became easier to tolerate, even though she never imagined they would be routine for her. She writes:

Fast forward to now and suddenly I'm the girl on my forums going 'Oh no, the injections are fine! Don't feel a thing. Just shove it in there! Nothing to worry about it. The more you do it the easier it gets!' That's because I have spent approximately 12 weeks of this year jabbing myself with needles! I can also give advice on OHSS, egg collection, embryo development and all the rest of it. (Maybe Baby or Maybe the Loony Bin)

Her experiential knowledge is mentioned here in a way that demonstrates the effort and pain she’s endured in the hopes of becoming pregnant. It also situates her as an expert within the
community wherein she is able to give advice to others who have less experience with the
process. Thus, the hard work and pain endured to become pregnant are given as proof of
intentions and thus a measure of worthiness of motherhood. However, in the context of
infertility struggles intentionality as illustrated by hard work, effort and sacrifice does not
necessarily lead to motherhood, which serves as proof of the injustice of their circumstances,
as illustrated by the following statement: “I mean, things happen, but to spend YEARS and
THOUSANDS, not to mention all the blood, sweat, and tears, trying to have a baby, and
then have to deal with some sort of totally random illness or abnormality?!?” (Life by the
Day). An inability to conceive even after long-term struggles and costly payments is
deplorable and incomprehensible for women in the online infertility community.

In making assessments and about their own and other women’s intentions for pursuing
motherhood women in the infertility community draw on commonly understood
representations of good and bad mothers. As dictated by the ideology of mothering, good
mothers are ones that put their child’s needs before their own. Women in the online
infertility community contrast their hard work and sacrifice with the lack of intentionality
among already existing mothers to illustrate how their lifestyles—as characterized by their
actions, decisions, and intentions—make them better suited to good motherhood. By
highlighting their intentionality then, women in the online infertility community present
themselves as more appropriate, deserving and worthy of motherhood. Indeed as illustrated
by the focus placed on hard work and sacrifice the very fact that women are lacking in their
ability to have a child elicits a confidence in them about their ability to mother. In
establishing their intentionality they are able to imagine themselves as mothers, as though
such visualizations contribute to their success in becoming a mother. Further, the process of
applying such discourses to their observations and experiences produces confidence among
the women in that they also are able to see themselves as good future mothers. Judging other women’s actions as mothers allows them to claim motherhood as a role that they deserve, even over and above some women who have already achieved it, thereby minimizing the distance they feel between themselves and their goal.

3.3 “Othering” Mothers, Entitlement, and Maternal Ideation

As illustrated by the data presented above, women in the online infertility community engage in a process of “othering” mothers. They draw on commonplace discourses that categorize mothers as either good or bad with respect to intentionality, age, responsibility and preparedness. In contrast to women whose intentions to become mothers are unclear, women in the online infertility community characterized themselves as more capable and responsible for the requirements of motherhood.

The process of “othering” refers to the way in which a particular social group becomes defined and characterized in contrast to the dominant social group, usually with hierarchal undertones. The term “othering” has been used in philosophical texts since the 1920’s and 30’s to describe the process through which individuals attempt to change or distance themselves (Jensen 2011). Specifically with respect to gender, de Beauvoir was one of the first feminist theorists to point to the way in which women are defined as the “other” compared to men as the norm (1949). Drawing from Hegel, de Beauvoir argued that women’s subjectivity is established only in reference to how men have defined them. Thus, the process of “othering” can have hierarchal effects on the subjectivity of individual groups.

Gender scholars have observed and critiqued processes of “othering” related to gender, race, ethnicity, ability, sexuality etc., for decades. Similarly researchers looking at mothering
ideology have observed the way in which the process of othering has created hierarchies of motherhood wherein, as mentioned previously, white, middle-class, and heterosexual women are defined as the standard.

In pointing to the way in which women in the online infertility community “other” mothers my aim is not to suggest that their characterization of other mothers is calculated and malicious. Instead, I emphasize this process in order to suggest that it is a means through which women in the online infertility community attempt to restore sense to, what they are experiencing as a completely senseless, unjust and unfair experience. Put differently, “othering” mothers is a coping mechanism among women in the online infertility community that allows them to point to the experiential contradictions involved in becoming a mother. They so badly want to be mothers that they work to prove the authenticity of that desire; “othering” mothers becomes integral to proving how genuine they are in pursuing motherhood.

Over and above proving the authenticity of their goal, “othering” mothers also allows women in the online infertility community to engage in a meaningful therapeutic exercise that shifts their role from that of victim to that of judge. Doing so restores control to a situation that they are experiencing as extremely chaotic and senseless. They manage the chaos of their situations by re-ordering the occurrence of events in their lives, such that re-file themselves in the “normal” pile that they are used to being a part of. Rather than be crushed by the disbelief they feel with respect to the injustice of their circumstances they legitimate it by drawing on well-known conceptualizations of good and bad mothers to adjudicate the actions of themselves and others.
The fact that women in the online infertility community draw on two discourses of good and bad mother to evaluate their own and other mothers’ deservedness for motherhood is also telling with respect to just how pervasive and widespread the motherhood imperative is. 

Prior to becoming mothers, women in the online community feel it necessary to think about and prove how good they will be as mothers. The ideologies of good and bad mother, therefore, seem to place the actions of most women under the microscope regardless of their status as mothers. Indeed they might fear that they will be judged for not becoming a mother, while a whole new world of judgment awaits them if they do.

Highlighting the intentionality of other mothers is also connected to the politics of reproduction. These politics as discussed by Springer (2010) indeed are related to class, race and deservedness:

The ‘right’ to reproduction and motherhood in the United States is differentially regulated by public policy and opinion depending on a woman’s race/ethnicity and social class… In generally white and wealthy women are seen as fit and good mothers, worthy of producing more children; in contrast, poor women and women of color are characterized as unworthy and unfit mothers (476-77).

Not unlike the public policy and opinion that sees particular types of mothers as fit and worthy, women in the online infertility community draw on similar discourses in attempting to make sense of their circumstances. Espousing good and bad mother discourses allows these women to make reasonable adjudications about their own and other women’s worthiness of motherhood. There is a moral calculus invoked by women in the online infertility community that involves an evaluation of intentionality. Unfortunately for these women, their own experience and those of many women around them contradict this
calculus. Women in the online infertility community rectify this contradiction by underlining the way in which their own lives are concurrent with the intentionality of motherhood, as measured by responsibility and preparation. In drawing on the two oppositional discourses of motherhood, women in the online infertility community construct themselves as more worthy and therefore more entitled to the motherhood role than many of the women they observe around them.

As illustrated by the above narratives, women in the online infertility community are constantly thinking about what it looks like to be a mother. In doing so they engage in cognitive imagining that allows them to access motherhood, in spite of the fact that their bodies do not cooperate with their minds. For women in the online infertility community, maternal ideation is a critical step in the process they face to become mothers, because it allows them the opportunity to see themselves on the other side of their struggles. Maternal ideation, then, is another way in which women in the online infertility community lay claim to motherhood as an entitlement.
Chapter 4
Doing the Homework: Science, Medicine and Women’s Bodies

As mentioned in the first chapter, any woman’s negotiation of the motherhood ideal is contingent on the cooperation of and proper functioning of her body with respect to her “natural” reproductive abilities. Often unnoticed, the body is a central component of women’s pursuit of motherhood. The centrality of the body becomes even more apparent in the quest towards motherhood when we investigate the struggles voiced by women in the online infertility community.

In this chapter I chronicle how the women in the online infertility community react to the injustice of their circumstances by developing a culture around the importance of scientific and medical knowledge, the exchange of that information, and the application of this knowledge to their individual bodies. Building on observations made in the previous chapter regarding intentionality, the fact that women in the online infertility community gather specialized medical information serves as an additional proof of their intention and dedication to mother. Once gathered, women in the online infertility community apply this information to their bodies in an attempt to minimize their physical proximity to motherhood via their bodies. In reacting to what they perceive as an injustice, women online develop norms and practices around the negotiation of their fertility challenges, which result in becoming knowledgeable consumers of medical literature and experts regarding infertility, their body and women’s reproductive cycles.

The negotiation of infertility could aptly be considered a body project. “Body projects” (Shilling 1993) is the subject of most of the research that investigates the relationship between the body, self and identity, where the body is understood as an “entity which is in the process of becoming;
a project which should be worked at and accomplished as a part of an individual’s self-identity” (Shilling 1993: 5). Sociologists most commonly study body projects that revolve around the improvement of one’s health or appearance. Examples are Gimlin (2002) on fitness and plastic surgery, Davis (1995), Blum (2003), Haiken (1997), and Pitts-Taylor (2007) on plastic surgery, Pitts (2003) on body modification, and Moore (1997) on bodybuilding. In working on their personal body project that revolves around infertility, women in the online infertility community develop particular reactions, norms and practices which in turn form part of their culture and illustrates their devoted intentionality to become mothers. Yet, I think it is important to note that conceptualizing women’s attempt to rectify their fertility struggles as a “body project” somewhat minimizes the severity of the issue in that it does not encapsulate the health/illness component of their struggles. Pursuing motherhood via the body is certainly a body project, however experiencing infertility is not a “project” and categorizing it as such overlooks the way in which it is simultaneously experienced as deficiency and illness. Indeed Sandelowski (1990) writes, “infertility has been described as a syndrome of multiple origin, a consequence or manifestation of a disease rather than a disease entity itself, a biological impairment, a psychosomatic disorder, a condition characterizing a couple rather than an individual, a failure to conform to cultural prescriptions to reproduce, and a failure to fulfill the personal desire to beget a child” (477). The way in which women’s bodies figure into their navigation of fertility struggles is, however, best understood in the context of research on body projects as will become clear with the narratives examined here.

4.1 Information and Knowledge as Power

Acquiring knowledge by gathering information becomes the first source of reprieve from the challenges associated with infertility and develops into a common practice among women online.
While gathering knowledge about infertility gives women in the community a sense of relief about their circumstances, it also gives them a sense of power. The knowledge that they amass becomes the primary tool that they use to fight back against the injustice infertility. In an information age where the Internet drives many individuals’ behaviour, women in the infertility community—not unlike people in other precarious medical situations—engage in information seeking online. Women in the online infertility community are relentless in their pursuit of information and knowledge, which might be a reaction to the relentless reminders of motherhood and pregnancy that they are faced with regularly.

In the majority of the blogs, if not all of them, women work towards collecting as much information as possible with regard to their diagnosis as infertile. For the most part, this information is technical and medical in nature and requires a careful and deliberate reading for full comprehension. Women in the community have significant confidence in scientific knowledge and its successful application to individual bodies, which in turn guides their treatment protocol trajectories. In relying on such information women in the infertility community become experts with respect to what it takes—mostly in medical and technical terms—to become a mother when their body does not cooperate with them. In illustrating her expertise surrounding infertility knowledge, the following woman writes:

If infertility was a subject I would ace the exam! I have read books, researched for hours on the net, asked, enquired, studied, tried just about everything there is. Knowledge is power and if I can't get pregnant I am bloody well going to know everything there is to know about how to get pregnant until it happens. (Maybe Baby or Maybe the Loony Bin)
Knowledge surrounding infertility diagnosis and treatments becomes a source of respite for women in the infertility culture, who often express helplessness and lack of control in the face of their struggles. Generally women in the infertility community protest the amount of knowledge they are required to retain, yet the confidence and empowerment that it inspires in themselves is evident in the following quote:

The whole appointment went well. I felt so empowered with my research, with the knowledge I've obtained during this whole process. I was able to have an intelligent conversation with the doc, and there wasn't anything he said that I didn't understand

(Alex’s Adventures)

Acquiring the medical knowledge that they do with respect to their conditions, in many ways puts women in the driver seat with respect to their infertility. Rather than the medical profession becoming an obstacle to their success, they instead use it as a tool that helps them navigate their circumstances.

In addition to the generalized knowledge these women gather with respect to infertility, the majority of the women online also know in great detail about specific conditions they have been diagnosed with or suspect they will be diagnosed with. One woman describes in detail her knowledge of the reproductive cycle and PCOS, the acronym for polycystic ovarian syndrome:

Follies, or follicles, are located in the ovaries and are where eggs are housed as they grow. PCOS causes multiple follicles to develop, which in turn forces the ovary to grow to accommodate them. Here is a picture of an ovary with PCOS (mine looks very similar) – see those black dots? Each one is a follicle. The goal is for some of these
follicles to start growing…retrieval is scheduled once there are several follicles over the 18 mm (Life By the Day)

The author of the above post speaks with confidence, precision, and accuracy. She is deliberate about sharing the information she gathers with those in the community in that it serves a pedagogical function for other women online. By sharing her knowledge in a public forum she also declares her intentions to become a mother. She publically puts herself in a position that is as close as she can get to motherhood in the face of her body blocking her from her goal. In a similar intentional, deliberate way, another woman writes about her history with infertility struggles and the medical knowledge that predicts successful IVF outcomes:

Antral follicle count is one of the leading predictors of IVF success. Last time I had 27. Anything over 20 is superb. Many ladies would like to kill me for this many follicles. 2) What are Antral Follicles? They are basically pre-egg structures in your ovary that are released monthly. They are an indication of your ovarian reserves- as we are born with all of our eggs. On a typical cycle, one or two of these would be recruited to make the egg to be released at ovulation. In IVF, we are going to try and recruit ALL of them and hope that as many as possible are mature….Not every follicle will contain an egg. But the more antral follicles you will have, the better shot at having some good mature/viable eggs. (Little Blog about the Big Infertility)

The detail with which the women in the community convey their knowledge is certainly advanced in comparison to the average woman’s understanding of female reproduction. In the context of fertility challenges, women in the infertility community gather as much
scientific and specialized knowledge as they can with respect to their diagnosis and declare their level of knowledge publicly. The sharing of this information is both pedagogical in scope as well as demonstrative. Sharing their knowledge helps educate other women about infertility, but it also illustrates how dedicated the women are in pursuing motherhood. Another woman writes about embryo fragmentation, discussing IVF success rates:

**Fragmentation:** Embryo fragmentation occurs when cells divide unevenly, creating bits of membrane-bound cytoplasm that have no nucleus. The majority of embryos created during IVF cycles are observed to have some fragmentation, however, the more fragmentation, the less likely an embryo is to develop normally and implant successfully. The extent of fragmentation is an important indicator of embryo quality. Some research has also shown that the size of fragments also has an effect on embryo viability. (Maybe Baby or Maybe the Loony Bin)

The above passages indicate the level of expertise common to women in the infertility community—one that pales in comparison with much of what the general population knows about reproduction, conception and pregnancy. They gather and make sense of large amounts technical and medically specific information that they then use to navigate the circumstances of their infertility. Despite the fact that having this knowledge does not necessarily increase their chances of conceiving, they covet the knowledge and share it frequently. I suggest that sharing this information online is a way in which women online are able to illustrate their level of commitment to becoming a mother.

In addition to gathering a great deal of technical and medical information, women in the community share their “protocols” with one another openly and frequently. Protocols refer to the treatment plans they intend to pursue in order to remedy their fertility problems. When
sharing these protocols they demonstrate high levels of comprehension regarding their reproductive challenges. One woman writes of the tests conducted prior to her next cycle protocol:

Left tube blocked. Cyst on left ovary. Right tube looks clear. Sonohysterogram to be scheduled once the bleeding fully begins. Still spotting at this point. If no period within 8 days, then I will go in for a blood test and if negative, then provera will be started. (CD1 Again)

Much like how dedicated students study and display their knowledge in school, these women seek to demonstrate that they have done their homework and have every intention to reach the desired outcome for their efforts. The information is delivered in a point form and matter-of-fact quality, which mirrors the approach these women take with respect to their fertility struggles. Their approach is, in most cases I observed, driven by a desire to obtain results. It is deliberate and purposeful. Similarly, in the following post, a woman discusses a theory regarding hormone insulin imbalances that may be contributing to her inability to conceive:

So Metformin, along with exercise and a low glycemic index diet, helps your body re-sensitize itself to insulin. Then, the hope is that the female hormone system should go back into balance. There's also lots of evidence showing insulin resistance is highly correlated with inflammation (not sure which causes which, but they occur very often together) and thus an explanation for implantation failure. So I started Metformin yesterday, as a pill at mealtimes, and I'll be on that indefinitely. (As Fast as my Baby Can)
The knowledge she presents is specialized in comparison to most women’s understanding of their reproductive cycles. Acquiring this knowledge allows women in the online infertility community to close the gap between themselves and the physicality of motherhood. Mastering the medical information they accumulate is cognitive compensation for the physical failure of their bodies.

In general when their discussions of their infertility are associated with reference to specialized medical knowledge their writing takes on a matter-of-fact, technical quality, much like notes that may have been taken by a medical professional. In this aspect of their struggles, women in the community relay the information curtly and with little or no emotional attachment. In discussing the technicalities surrounding their infertility struggles the women attempt to remove themselves from the situation as though they are trying to evaluate the information from an unbiased, objective perspective. Minimizing their emotional response to the information they gather proves that they are not just emotionally invested in becoming mothers, but that they are practically and behaviourally invested in becoming mothers. They privilege behaviour that validates an action-oriented perspective rather than only a contemplative perspective. These women, proving their intentionality to become mothers, seek to demonstrate that they have not simply thought of becoming mothers, they have done and will do everything they can to become mothers. Moreover, women in the online infertility community will do what it takes by cognitively mastering what is required to be mothers, and apply this information where appropriate.

Often women share their medical plans with one another online. Obviously, this practice does not necessarily provide an advantage in conceiving, however, in some cases, women might share her experience to alleviate any concerns other women might have about the
choices their medical providers are making with respect to their care. In this way, these women demystify the unknown for women who might be new to the community. Distributing their knowledge to others is a way in which women are able to connect with other women in the community about their struggles while also illustrating the lengths they will go to achieve their goal. For example, in theorizing about causes around a miscarriage she suffered, one woman writes:

My second loss was a suspected ectopic (no pregnancy in uterus or tubes but rising HCG) in Mar of 2009. In June 2009 I had a laparoscopy and HSG. I had some evidence of endo but nothing serious. We underwent our first IUI in Feb after discovering DH has reduced motility and morphology-both are around 9-10%. (Anxious Mummy)

Auxiliary to an in depth understanding of the procedures they undergo, women in the community also have become intimately familiar with the drugs they take to manage their reproductive challenges. The following woman discusses several of these drugs:

If you've undergone infertility treatment, then you probably already know that most fertility drugs are either derived from human urine or are created in the lab.

Drugs Created in the Lab: Lupron, Cetrotide, Ganarelix Acetate, Follistim, Gonafol F.

Drugs Derived from Urine: Repronex, Menopur, Bravelle, Ovidrel, Novarel, Pregnyl…

There's something a little disconcerting about injecting yourself with extract from someone else's urine - I don't care how purified it is! (Cradles and Graves)

Pointing out that fertility drugs are derived from human urine, the author in this post is illustrating the lengths she and her fellow infertile friends will go to become pregnant. In explaining that infertility drugs are derived from urine this woman is able to provide a tangible
example of those lengths by discussing something that many people would find disgusting.

Drugs are a common topic among women in the infertility community as many of them are taking a variety of drugs to help them conceive. The following woman describes the other uses for the drug she was administered after her miscarriage:

I got 2 shots of methotrexate in my bum. Also used for cancer treatment, the drug kills rapidly dividing cells, like the ones that are left over in my body from baby-making.

(Life in the Waiting Womb)

Again the information and the way it is conveyed in the above post is technical and matter-of-fact. Similar to the woman who discussed the infertility drugs that are derived from human urine, this woman is pointing to the drastic measures that are taken when the procedures to correct infertility are not successful.

The issue of intentionality is relevant here. In mentioning this type of knowledge women in the online infertility community are able to point out how much knowledge they have acquired, how specialized that knowledge is, and how deliberate they are in obtaining it. The sharing of technical information regarding protocols and procedures, I suggest, is another way in which women in the infertility community illustrate their intentions to become mothers and the lengths they will go to achieve their objective. They are not simply hoping to become pregnant, they will do what it takes to become pregnant. In focusing on their knowledge, they restore control to their situations while also minimizing the physical distance that their body places between themselves and motherhood. Given that they are struggling physically with conceiving, acquiring and sharing expert knowledge about infertility illustrates that cognitively they are extremely close to pregnancy and mothering despite their bodies’ failure to cooperate. Emphasizing knowledge thus
shifts the focus away from their bodies and their corporeal struggle to conceive onto the intellectual, rational and deliberate aspects of their circumstances, which illustrate how dedicated they are to motherhood.

Discussion of drugs, how they work, and what they are made of convey a technical quality to the talk of the women in the online infertility community. Much like their discussion of their diagnosis’ and protocols, women describe their drug treatments with careful attention to detail and the effects these medications have on their reproductive functions. As the woman below explains:

Menopur (a.k.a. menotropins) is a preparation of gonadotropins (extracted from the urine of postmenopausal women!) which has undergone additional steps for purification. Each vial contains equal parts of follicle-stimulating hormone (FSH) and luteinizing hormone (LH). My body already makes these hormones naturally, but we are bringing in reinforcements with this drug. The additional FSH and LH will help the ovaries to make eggs. (Raising Cain, Someday)

As the above posts illustrate, gathering information regarding infertility status, medical procedures and drugs is a reaction women have to the injustice of their circumstances. It is also a means through which they are able to gain control in a seemingly chaotic situation. Information and knowledge is a source of power (Vaughan 1986), thus it is not surprising that women turn to gathering information as means to minimize their feelings of powerlessness in the face of infertility. However, more than a means of gaining control and empowerment, women in the online infertility community also gather information as a way to illustrate the lengths they are willing to go to become a mother. Obtaining this information is a measure of the deliberate actions they are willing to engage in in order to become a mother.
Women in the infertility community, gather, analyze, and inspect large amounts of information (mostly medical) about their prognosis as infertile. In reacting to the injustice of their circumstances, I suggest that they become experts in infertility, which facilitates a level of control over their situation. While it is obvious that understanding this information, and sharing it online will not necessarily bring them closer to pregnancy and motherhood, they do it frequently and with ease. I argue here that they display their knowledge publically as a way to prove their intentionality to become mothers. Whether women in the online infertility community are sharing specialized knowledge regarding medical theories, medical procedures and/or drugs they are becoming experts in the field of women’s reproduction and fertility. They become experts in what it takes to become pregnant, given their circumstances, and they share their knowledge at every chance they get in order to illustrate that their intentions, efforts and actions are in service of achieving their goal. Learning about and doing what they can to help rectify their situation gives women authority over their bodies; bodies that have become less and less confident in as result of their struggles with fertility.

Women in the online infertility community master the medical knowledge that they amass with respect to their circumstances. They publish this information online as a pedagogical exercise and also as a way of illustrating how they are fighting back against their circumstances. Knowledge becomes the tool with which women in the online infertility community gain control and confidence in a situation they experience as chaotic and senseless.

Their engagement with medical knowledge and medical professionals provides a strong counterpoint to existing research with respect to the medicalization of women’s bodies.
Most research that looks at women’s relationship to the medical profession and their engagement with medical discourse suggests that women do not see science and medicine as their ally (Bell 2009). Indeed it is often argued that medical intervention, especially with respect to women’s reproduction (i.e., pregnancy and childbirth) silences women, disempowering them through medicalized childbirth (Oakley 1980; Rothman 1989). In the case of women in the online infertility community, I have found the complete opposite to be true; women blogging online feel empowered by the information they’ve mastered and are able to engage productively with medical professionals. These women are not at the mercy of what their doctors tell them to do, because they are as knowledgeable as their doctors. They face the medical establishment head on armed with knowledge, which affords them the ability to engage in the process, rather than be an experiment or a cog in the medical machine.

4.2 Body Scrutiny

In acquiring medical knowledge, women in the online infertility community become architects of their future. Women do not simply memorize information, and make lists about what it is they need to do next in order to become pregnant, but rather they engage with the medical process with leads them to feel control, confidence and power in a seemingly out-of-control circumstance. Their display of their knowledge online illustrates their dedication and intention to become mothers. However, even after deliberately gathering this knowledge, women in the online infertility community are still faced with their uncooperative bodies.

Women’s scrutiny of their bodily functions is widespread in the online infertility community. Indeed women in the infertility community rely heavily on the information that their body provides to them with respect to their reproductive abilities. Women in the online infertility
community make concentrated efforts to understand how a fictional body (a body displayed in medical texts) operates in the context of fertility and then extrapolate this knowledge to their own experiences of infertility. The extrapolation of this data becomes evident when we look at how women in the infertility community scrutinize, analyze and inspect their bodily functions. This scrutiny, I argue is an extension of the knowledge they have previously gathered and their desire to apply it successfully to their own circumstances.

The most common form of scrutiny occurs when there is a possibility of being pregnant, either through IUI, IVF, or the “natural” way. Most often this scrutiny occurs during what it referred to as the two-week wait (2WW). This wait is the time a women is considered pregnant until proven otherwise (PUPO) as a result of an already administered IUI, IVF procedure, or sex with her partner while on a specific drug protocol. For all of the women, the two-week wait is the most agonizing time while negotiating infertility in that they dissect every sign their body conveys to them. Women interpret the signs their bodies give them as indications of either being or not being pregnant:

I'm over-analyzing every twinge, pain, or possible early pregnancy symptom and I don't even know if I actually ovulated this month or not! God, this sucks. The last few days have brought different pains in the vicinity of my ovaries. Will this actually be the cycle for us? (CD 1 Again)

Interestingly, despite her mistrust of her body she remains hopeful at the end of the entry that this might be the cycle for her and her husband and she is reliant on the information that her bodily signs provide her. Similarly, in the following post, the woman writes about the cramping she’s feeling after having an IVF procedure: “I'm still having quite a bit of
cramping, but the nurse said that was normal. Only if I have "makes you bend over, and
doesn't stop" kind of pain, should I go to the emergency room” (Alex’s Adventures).

Women in the online infertility community use their bodily signals as a way of evaluating
their proximity to motherhood, or to becoming pregnant. Once women in the infertility
community have exhausted the medical and technological interventions that give them the
opportunity to become pregnant, they turn to their bodies as the primary sources of
information indicating their chances at being pregnant, while also relying on medical
information about the female reproductive cycle to interpret the bodily signals they receive.

In the absence of bodily signals, which in the majority of cases are hoped to indicate
pregnancy, many woman crave the bodily symptoms. For example, in the following post the
woman wishes for symptoms that she associates with being pregnant after having undergone
IVF:

I would like to have a symptom or two like sore boobs but I got nothing. For the life of
me I can't remember if my boobs were sore before my other two positive tests. Why
didn't I write this stuff down - wait I probably didn't because I never thought I would
miscarry and have to start all over - again and again [Do I have to be a DINK? (double
income no kids)].

Women in the online infertility community oscillate between wanting to trust what their
bodies are telling them, listening to these signals and questioning whether they are
conveying accurate information regarding the possibility of being pregnant. After accessing
the available technology to aid in conceiving women turn to what their bodies might be able
to them, yet they keep the medical information they have gathered about women’s reproductive cycles in the forefront of their analysis.

Generally women in the online infertility community attempt to access the motherhood imperative through their bodies (i.e., waiting for the signs of pregnancy), even in the face of their bodies having been determined incapable of conceiving (at least in the medical sense). The bodily signals thus become the first point of entry to motherhood for women dealing with infertility, even when they are nonexistent. Women in the community regularly discuss how bodily signs of pregnancy actually do not necessarily occur that quickly after insemination or implantation, yet they yearn for the symptoms that are commonly associated with pregnancy. These common signals of pregnancy are ones that women have learned about through their experience of infertility and have been passed on through the medical knowledge these women in the community have analyzed endlessly. While the women know that bodily signals may in fact be red herrings in their efforts to achieve motherhood they still wait for them, listen to them, and hope to experience them. I suggest that their anticipations and expectations regarding bodily signals are ways of *becoming closer* to the norm of motherhood that they are so intently working towards.

Apart from using their bodily signs as signifiers of pregnancy, women in the infertility community also dissect their bodily excretions in detail as signifiers of pregnancy. The following women describes her bodily excretions after insemination:

- Friday afternoon... pink/brown on TP (toilet paper)
- Friday evening... pink/brown on pad (small spots)
- Saturday... spotting, mostly brown & pink, some red, but red is very dark
Saturday 3pm-Sunday 8am: same tampon* not full, just "surface" absorbency

Sunday morning... still very light spotting, more red, but no full-on flow

Sunday afternoon... bleeding stops for about 6 hours completely

Sunday night... right before bed goes back to brown on TP (toilet paper)

Monday morning... brown spotting on tampon only, negative digital HPT (home pregnancy test), call in to nurse pager (The Privileged Infertile)

This woman, as many others in the community do, vacillates between accepting bodily signals as truths of pregnancy, versus the validity of medical knowledge and equipment that measure pregnancy status (i.e., home pregnancy tests). Most women reasonably assume that a fictional body operates in a particular fashion with respect to reproductive and in comparing their own signals and excretions to the “norm” they are evaluating their proximity to their end goal: motherhood.

Displaying the connection between their knowledge and their bodies is another way to prove their intentionality. Although their bodies might not operate how they are “supposed” to in order to become pregnant, these women are intent on sharing the ways in which they know how their body ought to feel when it is pregnant, and in some cases does actually feel. Posting the information online also allows them to move from thinking about whether they are pregnant to *doing something* about how they are feeling. In blogging their bodily signals they are actively recording and analyzing all the information they have. Gathering copious amounts of specialized knowledge and declaring their bodily symptoms in a public forum allows women to demonstrate how intent, dedicated and committed they are to becoming mothers.
Women in the community certainly do not overlook the irony embedded in the fact that pregnancy symptoms and pre-menstrual syndrome (PMS) are extremely similar. For example the following woman writes of her upcoming IVF procedure:

I'm going to be inseminated, then have to wait two weeks while I try and decipher whether or not I'm having PMS symptoms or pregnancy symptoms (The Two Week Wait)

As many of the women in the infertility community point out, bodily symptoms of pregnancy and impending menstruation are quite similar (i.e., sore breasts and cramps). Deciphering the accuracy of their symptoms to predict pregnancy is therefore arduous.

Another woman writes one week into the two-week wait:

Here we are again in the 1ww. Will the fun ever end? I have several IPS (initial pregnancy symptoms) - including SORE bbs! My fave, too bad I have them about half the time before AF. Though I will confess that the girls started hurting earlier than usual (4dpiui, vs 9-10dpo) (The Privileged Infertile)

Many women in the online infertility community dismiss the reliability of the signs they interpret by pointing out the similarity of pregnancy and PMS symptoms, yet again their hope remains that what they are experiencing are in fact pregnancy symptoms. The women in the online infertility community therefore develop an individual scientific method as junior experts of their reproductive cycles wherein they mix the medical knowledge they have with that of the personal knowledge they have of their bodies. These two expert forms of knowledge poignantly merge during the two-week wait. Women pay attention to bodily signs because they are anxious and are likely unable to do anything but wait and observe.
Also, they are deliberate in how they track their bodily signs, again an illustration of their intentions to become a mother. If they are this diligent in paying attention to whether or not they are pregnant, imagine how careful and attentive they would be with children!

Related to evaluating their ability to trust their bodily signals, all of the women in the online infertility community are also concerned about whether or not they ovulated during their cycles. Determining whether one ovulated during their cycle represents the pinnacle of all corporeal knowledge regarding women’s personal reproduction. Questions around ovulation occur when women are not having a medically mediated or assisted cycle, as blood tests during those cycles usually determine whether or not the woman has ovulated. For those on a “break” from medically interceded cycles, ovulation is a primary concern. They use the signs of their body as way to determine whether or not they ovulated that month. One woman writes: “Post supposed ovulation, however, I'm despairing over two days of pain, which have me wondering if I ever did actually ovulate at all” (Cradles and Graves).

According to the tracking she has done with regard to her menstrual cycle, this woman assumes that she has ovulated and says so by using the term “supposed,” however an important bodily sign she usually associates with ovulation hasn’t occurred, thus she wonders about her ovulation status altogether. She writes of its absence in a melancholic tone. Similarly, the following woman writes about her ovulation status and refers to the amount of CM (cervical mucus, a white gelly-like fluid excreted by many women when they have ovulated) she observed that month:

There were a few episodes of BD (baby dance = sex) this weekend as I'm certain the big O (ovulation) took place. I had enough CM (cervical mucus) to....well, you know. If you really don't know...you're reading the wrong blog!! (Anxious Mummy)
The presence of cervical mucus for most women indicates that they have ovulated, yet posting about the certainty of its occurrence indicates that the woman in the above entry is still hesitant as to whether she ovulated. Likewise, in the following post, the woman contemplates whether she’s ovulated based on her interpretation of her bodily signs:

Um, yeah. I feel like I might be ovulating. I had all the telltale signs yesterday: EWCM (eggwhite cervical mucus), intercourse was more sensitive, uterus feels like she's been kicked (with a huge foot) into action. Crap. Hope this cycle doesn't get cancelled. Yikes! (Venting Vagina)

Despite its presence as a positive or negative occurrence with respect to cycle timing for these women, ovulation is the central signifier of being able to rely on and trust their corporeal knowledge, despite their infertility struggles. I suggest that proving their ovulation status moves them away from illustrating that they intend on becoming mothers to proving that they are entitled to motherhood since women are the only individuals who can ovulate. If a woman can prove that she has ovulated, not only are her intentions to become a mother in the right place, but also so is her biological capacity for that role.

Obviously, connected to ovulation is the occurrence of menstruation. The arrival of menstrual blood results in both positive and negative reactions for women in the online infertility community. For some women menstruation is the chance to begin a new cycle and start charting, testing, stimulating to work towards getting pregnant again if the previous cycle failed. On the other hand, however, the arrival of a period, for some women is a reminder of the failure of the previous cycle that did not produce a pregnancy. Some hope for the arrival of their periods if they already know their current cycle did not work, while other women are angry when it finally arrives again because it is proof that the cycle was a failure. For example, in the following post
the woman is angry about the length of her period because it’s preventing her from beginning the next cycle to start working towards getting pregnant again:

   Siiiiiiigh! I'm still bleeding, but it's starting to taper off. I've never bled for a week straight before. Maybe when the bleeding stops I can turn over a new leaf and focus on the positive again. (Venting Vagina)

Similarly, in the following post the woman writes of how strange it is that her menstrual periods have become associated with making phone calls about planning her next cycle:

   For years now, getting my period has been something I phone someone about. Doing this has become normal, but how odd is it that it's normal?! I'm always either phoning to say AF has announced that a cycle hasn't worked or phoning to say AF has arrived and I need drugs, appointments, etc for a new cycle. (Riding the IVF Roller Coaster)

In the following post the author mourns the fact that the arrival of her period is simply a reminder that she has not achieved her goal of motherhood:

   Seriously though, there is nothing more cruel than the arrival of your period after a BFN (big fat negative – pregnancy test). Not only are the cramps cruelly similar to what I've been feeling over the past two weeks, but it's a reminder that my womb is still empty, and that all of the drugs I've taken and weight I've gained have been for nothing. (Life by the Day)

Her ‘empty womb’ is bodily signifier of her inability to reach motherhood and her period further reinforces her lack of corporeal proximity to her desired goal. Thus unlike ovulation,
menstruation—another necessary female reproductive occurrence for pregnancy—is greeted with mixed reactions among women in the online infertility community.

Apart from using bodily signs as indications of pregnancy, women in the infertility community are also concerned with how their bodies respond to medications and treatments usually in an effort to ascertain the normalcy of their bodies. This woman writes: “Also, I felt things happening on the right and left side all afternoon Wednesday after my shot, which helped to calm my nerves” (All I ever Wished for). Similarly assessing her normalcy, the following woman explains how she responds well to female hormonal treatments:

I have always responded to estrogen and progesterone, and for my last cycle at this time last year, the lining got all nice and thick, ready for an embryo. So through magic, or miracle, or the best of science, there is part of me that believes it could be successful.

(Anxious Mummy)

Evaluating their body’s normalcy and its response to medications is another way for women in the community to move away from contemplating their bodily signals to systematically tracking their responses. Not only do these women seek to prove that they are keeping track of how their bodies respond to medications, but also they want to illustrate how careful and deliberate they are in tracking this information. This level of intentionality thereby substantiates their claim to the motherhood role.

The bodily functions associated with reproduction become the symbols of these women’s worth, proximity and deservedness of the gendered norm of motherhood. Scientific knowledge alongside their body and its signals are combined to create their own personal roadmaps to motherhood. I suggest that systematically gathering scientific information,
publicly declaring their knowledge online and methodically extrapolating scientific information onto their bodies is a means through which women in the community are able to be closer to the gendered goal of motherhood. They become closer to the norm by proving their intentions through action-oriented behaviour. Rather than just sitting back and watching how their infertility plays out these women become intimately involved in the process of becoming a mother. Not only do their actions alleviate their sense of powerlessness, but the declarative nature of their sharing is also a way for them to further prove how focused they are in achieving their goal.

The scientific and medical information that they master with regard to female reproduction is useful in that they can publicly share it as evidence of their dedication to become mothers. Moreover it helps them make sense of circumstances that they see as senseless, disorderly, chaotic and unfair. Women anguish over lack of symptoms, or too much of certain symptoms, assigning priority to the fictional body wherein these biological processes are intended to take place; extrapolating this information onto themselves as a way to assess their normalcy. This extrapolation, however, is only useful in the context in which they apply it to their biological bodies, in turn evaluating whether or not they feel pregnant. If their bodies show signs of pregnancy then they are closer to their goal and their deliberate gathering of information does not go to waste. If their bodies do not show signs of pregnancy then they are corporeally further from their goal of motherhood, but their deliberate intentions to become a mother have been declared and hopefully acknowledged.
Chapter 5
Conclusion

As a young girl I was rarely interested in playing board games that purported to simulate real life. These games didn’t interest me because I assumed that the greater purpose of a game was to escape reality, to live in a parallel place for a little while, forgetting that the real world even existed. The Game of Life, for instance, was particularly perplexing to me because it truly was a straightforward approximation of reality wherein players got jobs, married, went to college, found a career, had children, and retired. I remember being very upset by the fact that the little plastic pieces were so gendered: pink for girls, blue for boys. I remember wondering why I couldn’t remain single instead of marrying and why I couldn’t fill the little plastic car with my friends instead of my family. The thing about the Game of Life, not to mention the real lives of human beings, is that everyone has to buy in. That is, we subscribe to the goal of the game, which is to live out general expectations that are normative parts of the life course, and to try to have it all. I guess I didn’t like the Game of Life because I didn’t buy into what it was selling, which is ultimately what one has to do in order to have fun playing a game. Even though the tag line of the Game of Life is “Spin the Wheel of Fate,” most players do not think of fate being in charge. At the beginning of the game people aren’t thinking that they will be the one to miss a turn, to lose their house in an economic meltdown, or that, in the case of the women in this study, they will be the women who aren’t easily able to have children. You choose to play the Game of Life because you never imagine the bad things happening to you; they happen to other people.

The Game of Life has new valence for me after having studied the narratives of the women in the online infertility community. Statistically, some people will get injured, some will get
cancer, some might lose their children in car accidents and some won’t be able to have children. But regardless whether people get cut off from the system accidentally or by design, the result is the same: these occurrences prevent people from experiencing social inclusion and being a part of the normal life course. It is true that misfortune might lead them to find social inclusion in a group they would not otherwise have been a part of, but their membership in that group is reluctantly sought and in many cases would be readily given up.

To put it simply, women in the online infertility community have “missed their turn”; they have been cut off from the system. Indeed, sometimes sociologists overlook how people miss their turns in real life, because researchers seek to study patterns rather than chance. Sociology is able to predict many things about the life course, but fertility is somewhat unpredictable, which is part of why it is difficult to make sense of. Yet, as sociologists, we are still responsible for making sense of fates that are unpredictable.

As a sociologist by training I too may be guilty of overly investing in the social structure as a way to understand the behaviours of women in the online infertility community. Indeed, the more I read the blogs of such women and learned about their lives, the further away I felt. I was reading them as a feminist and I became increasingly puzzled, upset, and troubled by the lengths to which they were going in order to become biological mothers. This in turn led me to ask questions I was unable to answer with the data I had: Why were they pursuing biological motherhood so fervently? Did they see motherhood as their only option for self-actualization? Had they also considered adoption? What compelled them to work so hard to have their own biological child? While my data didn’t allow me to answer these questions, it
did allow me to explore the relationship women in the online infertility community have with their bodies, with other women, and with the motherhood imperative.

5.1 Infertility and Motherhood

If it is true, as feminist scholars have asserted, that “motherhood changes everything” (Nelson 2009, p. 3; Fox 2009), then it is also true that infertility changes everything. The lives of women with fertility challenges seldom resemble the lives they lived prior to their attempts to conceive. Their days are characterized by monitoring temperatures, checking cervical discharge, scheduling sex with their partners, going to multiple medical and acupuncture appointments, taking long lists of prescription drugs, and poking themselves with needles. Moreover, they are faced every day with the prospect that their future lives as women will not include children. Given the centrality of motherhood as a gendered identity, I began this research by asking what happens when women do not have access to the gender ideal of motherhood or to the cultural spaces that define it. How do women deal with this exclusion?

Feelings of perpetual exclusion as experienced by women in the online infertility community elicit a variety of engagements and reactions that I have chronicled here. Although I’ve spent a great deal of time studying the blogs of women in the online community, I would not claim to know these women intimately. I know some things about them and specific things about the women included in this research, but I do not know them personally. This is, of course, not the whole of their lives. I do know what they’ve written about motherhood, and I do know that they endure an invisible pain with respect to their pursuit of motherhood in that it is a pain that is unidentifiable to outsiders. Some turn to the virtual world of blogging to process and chronicle their exclusion. To be sure, not all women
with fertility struggles seek solace online; fertility bloggers tend to be white, middle-class, heterosexual women. These women’s reactions to their exclusion from the motherhood imperative are sociologically relevant and revealing for a variety of reasons, which I detail below.

5.2 Maternal Ideation, Injustice and Entitlement

As discussed in chapter 1, women in the online infertility community understand their experience with infertility as an injustice. Repeatedly, women online characterize their situation as unfair and unjust, drawing on two specific types of rationales to illustrate the injustice they are faced with: factual and relational.

The factual rationales comprise two components: statistical probabilities and the financial cost of infertility treatments. Most commonly, women in the online infertility community point to the statistical improbability of their circumstances to underscore the injustice of their experience. In the face of such improbability women are confronted with the need to pursue medical procedures that are costly and most often not covered by insurance.

At this juncture, I argue that the way in which women in the online infertility community approach the exorbitant costs associated with infertility treatments is reflective of both their class and gender identity. In the majority of the online cases I analyzed, women do not challenge or question the costs associated with these treatments, but instead approach the expenditures with resignation. While they resent the high cost of infertility treatments, they do pay them. They approach the costs associated with becoming a mother as necessary and not beyond their means. To be sure, none of them welcome these costs, but neither do they question that, for them, these costs are a prerequisite to motherhood.
Thus do women in the online infertility community find themselves obliged to pay the price as a result of a neoliberal political economy that individualizes responsibility (especially with respect to health issues), commodifies reproduction (among other things), and prescribes consumerism as the solution to most problems, including infertility. A neoliberal ideology such as this defines problems at the level of the individual and expects the individual to correct their personal problems via the market. As the data presented in chapter 2 illustrate, paying to become a mother is not outside the purview of individual responsibility through consumerism. Paying the exorbitant costs associated with attempting to counter infertility, I speculate, is illustrative of the pervasiveness of the motherhood imperative. Women’s incredulity towards their infertility stems from their long-standing expectations about how their lives would play out in adulthood, and the sudden reality that prevents them from progressing to the next stage in the life course of womanhood. Indeed this substantiates Ulrich and Weatherall’s (2000) findings, which maintain that women rely heavily on life-course rationales for pursuing motherhood in the face of infertility. These women discuss their desire to have children in relation to reproductive agency and how becoming a parent is a stage in the life course that is interrupted by infertility (Ulrich and Weatherall 2000).

In this study the relational testimonials that illustrate the injustice of infertility consist of references to how offensive other women’s pregnant bodies are to women online, how challenging it is for them to attend baby showers, and how easy it is for other women to become pregnant. I categorize these narratives as relational because they set up other women as points of comparison towards which women in the online infertility community vent their anger.

The combination of these rationales is how women in the online infertility community cope with the reality of their circumstances. Externalizing their reality is likely cathartic and allows them to
gain control in a situation that they experience as chaotic and senseless. I argue that in addition to serving a cathartic function, these narratives also allow women in the online infertility community to lay claim to motherhood as an entitlement.

In chapter 3 I illustrate how women in the online infertility community continue to lay claim to motherhood by drawing on common understandings of “good” and “bad” mother, which in turn leads to “othering” women and mothers around them. I suggest that women’s references to these discourses speak to the intentionality of other mothers as well as their own. Women in the online infertility community evaluate the level of responsibility and preparation of mothers around them by commenting on how women treat their pregnant bodies, the decisions they make about caregiving, their income as a function of stability for starting a family, and their level of desire for children. In contrast, their own degree of responsibility and preparation is established with reference to the hard work, sacrifice and preparation they invest in becoming mothers. Like the testimonies delineated in chapter 2 the narratives presented in chapter 3 are also permeated with references to the injustice of infertility. The dichotomous motherhood discourses in the blogs elucidate the pervasiveness of the motherhood imperative such that evaluations about good and bad mothers exist even prior to women becoming mothers. These adjudications, alongside the work that women in the online infertility community do to become pregnant, stimulates self-assurance in their chances for success and in their future parenting abilities. This translates into a process of maternal ideation by which these women can think of themselves as becoming successful mothers.

With the research I have conducted I would like to suggest that motherhood as a norm is so pervasive for women that they conceptualize it as a right they are entitled to have access to. Indeed, their readiness to pay money to access infertility treatments suggests that it is a
developmental phase they are willing to save for, should they be required to do so. Their incredulity also raises questions about motherhood as both a norm and an identity achievement. While the women in this study do not directly discuss their pursuit of motherhood as something they require in order to access a fulfilling gender identity, their disbelief at their infertility would suggest that they are indeed facing a deep existential crisis they did not anticipate facing. I cannot say for sure that such a crisis would be only about gender identity achievement, although as previous literature has established their fervent pursuit is likely connected to a desire to achieve “real” femininity (discussed in more detail below). With my findings, I would like to suggest that previous research has overstated the finding that motherhood is primarily about the pursuit of a gender norm the achievement of which allows access to a “proper” gender identity and sense of self (McMahon 1995; Letherby 1999; Greil 1991).

5.3 The Motherhood Imperative

Before I delineate just how my findings challenge existing findings in the literature, it is important to reflect on my ability to extrapolate from my sample and my data. First and foremost, this sample is derived from and organized around the logic that accompanies the examination of single-case studies. While single-case studies have been critiqued for their inability to allow for generalization, they are also often conceptualized as “bounded” units, and studying them can be important in their own right, even in the absence of comparison to other cases (Stake 1994: 236). Sociological knowledge is often gained from single-site case studies (Walton 1992), whereby such research interrupts generalizations, supports existing findings, introduces new questions, and proposes new avenues for research (Goodwin and Horowitz 2002; Lieberson 1992).
In the present case study, I argue that my findings interrupt recurring generalizations in the literature on motherhood. Part of the reason this sample is able to do this is because of the perspectives of the women included in my case study. As discussed in the introduction, women facing infertility provide a unique perspective from which to explore the construct of motherhood. As a result of the uncertainty surrounding their future as mothers, women with fertility challenges represent an “outsider-within” perspective (Hill-Collins 1986) on motherhood. Women with infertility issues are often a stigmatized group, excluded from achieving a crucial feminine ideal. They are marginalized in comparison to the very group they seek to join. In this sense, they have what Yoder and Aniakudo (1997) refer to as both “a nearness” to and “a detachment” from the ideal of motherhood. They are near to the norm because they imagine themselves being a part of the culture of motherhood one day. Their nearness is also experienced through observing many of their friends, co-workers, and acquaintances who have already entered the culture of motherhood or are on their way there. Yet, on the other hand, they experience a detachment from motherhood in that they are not certain they will be mothers. Most importantly, these women have thought a great deal about motherhood and becoming a mother, and have, as I’ve illustrated, invested time and effort in proving their intentions with respect to motherhood. In these ways, women who blog about their infertility therefore offer a powerful lens into the social construction of motherhood more generally.

That motherhood is a long-standing gender norm expectation is well established in the literature. Various scholars approach an examination of the norm of motherhood differently, choosing to highlight different aspects of how the normative expectation operates. Russo (1976), for example, argues that motherhood is women’s “raison d’être.” It is mandatory” (144), suggesting that “even if the perfect contraceptive were developed and used… social
and cultural forces that enforce the motherhood mandate would continue” (145). Russo emphasizes how the motherhood mandate limits a woman’s ability to see herself as someone other than a mother. While the motherhood norm operates through cultural and social means, Russo also underscores the way it is related to biology.

It is important to disentangle arguments in the literature that characterize motherhood as a gendered expectation that women feel compelled to live up to. The same is true of arguments that see gender identity achievement with respect to conformity to gender norms as a means to achieve a sense of self. Effectively one thread of research establishes the pervasiveness of motherhood, illustrating the variety of mechanisms that allow the norm to persist culturally and socially (Russo 1976). An offshoot of this thread maintains that women’s biology places them at the mercy of the cultural norm, such that if they were freed from their ability to reproduce, they would also be freed from the social perils of motherhood altogether (de Beauvoir 1949; Firestone 1970; Rich 1976). In contrast, the other thread—starting with the assumption that the pursuit of gender ideals is related to gender identity as a significant constituent of the self (Kessler and McKenna 1978; McMahon 1995; West & Zimmerman 1987)—investigates how women go about living up to the norm of motherhood, and how this contributes to their sense of self, gendered or otherwise, such that motherhood is understood as a way to access womanhood (McMahon 1995). Research on women’s experiences with infertility has been useful in making this point by illustrating that experiences with infertility affect women’s sense of self more deeply than they do men’s (Clarke et al. 2006), which compromises their sense of being a “complete” woman (Greil 1991; Letherby 1999; Whiteford and Gonzalez 1995).

The difficulty with the first line of inquiry is that it treats motherhood primarily as a norm which women are programmed into subscribing to. This perspective gives the most authority
to the norm itself, often characterizing women as cultural dupes caught in the cogs of the social structural machine. According to this framework, women are overtly and covertly primed for motherhood; and motherhood—by virtue of placing women in a subordinate position—ought not to be women’s goal for self-actualization.

The second line of inquiry, however, assigns more agency to women who become mothers, seeking to understand women’s personal motivations for pursuing motherhood, especially in light of the connection between motherhood and women’s sense of self (McMahon 1995). On the far end of this perspective, scholars sometimes investigate the sacred and unique quality of the mother/child relationship (Everingham 1994). Unlike the previous thread of analysis, this one does not start with the assumption that—by definition—motherhood places women in a subordinate role which they blindly subscribe to as a way of living up to normative expectations. Indeed, as argued by Ruddick (1989), “to suggest that mothers are principally victims of a kind of crippling work is an egregiously inaccurate account of women’s own experiences as mothers and daughters” (344). Certainly this type of research does not deny that motherhood is a normative goal, but it also does not overlook the fact that, even in the face of women’s subscription to mainstream expectations, women do have agency in pursuing and enjoying motherhood. Research that investigates non-normative paths to motherhood (Hequembourg and Farrell 1999; Nelson 1996; Nelson 2009) and that highlights the empowering features of motherhood (O’Reilly 2004) has been effective in emphasizing the role of women’s agency in becoming and being a mother.

While my characterization of the literature here is crude, and indeed many studies have engaged with both lines of thought, the delineation is useful because it distills the debate down to two key arguments, which are continually heralded to explain women’s pursuit of
motherhood. One is that women subscribe unequivocally to the norm itself and therefore become mothers to fulfill that norm. The other is that women access womanhood through motherhood, which in turn gives them a sense of personal identity that is self-actualizing.

The heatedness of the debate is undoubtedly related to the argument made by some feminists that motherhood contributes to gender inequality (Rich 1976; Chodorow 1978).

As mentioned previously, my data does not allow me to ascertain why women in the infertility community online are pursuing motherhood with such fervency, nor whether motherhood reproduces gender inequality. But it does allow me to contribute to this literature in a different way, which is to extend our thinking about motherhood by asking what else it is about apart from a gendered expectation and identity achievement. It is possible that the absence of discussion about “failed women” in the infertility blogs is suggestive of progress with respect to gender ideology, such that women are still able to see themselves as women even in the absence of motherhood. It is entirely conceivable that these bloggers see themselves as more than potential mothers (e.g., as teachers, counsellors, professors, financial advisors, aunts, sisters, care workers, etc.), while simultaneously feeling entitled to motherhood and wanting the opportunity to access that entitlement. In exaggerating how intimately connected motherhood is to gender norms and identity achievement—becoming overly concerned with women’s motivations to mother—previous research has overlooked what women seek to gain from becoming a mother, as well as what they might lose by not becoming one. With my findings I’d like to suggest that motherhood is also intimately connected to women’s homosociality and their ability and desire to relate to one another as women (see also Nelson 2009).
5.4 Women’s Homosociality and Relationality via Motherhood

Examining how women in the online infertility community focus on other women’s bodies, behaviours, and choices during their own pursuit of motherhood tells us that motherhood is not only about living up to normative expectations about women and/or accessing a feminine identity; it is also related to women’s sociality more generally. As discussed at length by Nelson (2009), motherhood itself forms a “club” which women in the study said gave them feelings of connection with other women (91). Nelson’s respondents described three aspects of the connection they felt: giving birth was an experience they had in common; they felt united in the common experience of love for their babies; and they saw themselves unified in sharing the experiences associated with the work of mothering.

There are two versions of sociality operating among women in the online infertility community. The first—outlined in chapter 2—is discussed as the relational component of the injustice of infertility. In this form of sociality women focus on the ease with which women around them become pregnant, other women’s pregnant bodies, and the rituals that go along with becoming and being a mother (birth stories, baby showers, etc.). When discussing these issues, women in the online infertility community express feelings of injury with respect to what other women around them have, and what they themselves long for. They express acrimony, resentment, anger, and jealousy towards reminders of motherhood that are most often visible on the bodies of women around them.

The second type of sociality steps away from the symbolic representations of motherhood (birth stories, baby showers, pregnant bodies), to discussions grounded in other women’s behaviours as pregnant women and mothers. Drawing on mainstream moral evaluations of “good” and “bad” mother—as discussed in chapter 3—women in the online infertility community make
adjudications about their own and other women’s worthiness for motherhood. In the context of their own hard work and sacrifice, women in the online infertility community “other” mothers around them, engaging in maternal ideation, which fetishes the role of intentionality in becoming a mother.

In both types of sociality, other women become the targets of women’s anger, sadness, resentment, and jealousy. Why would this be so? Why do women not turn on themselves when they are unable to conceive? Why do they not blame themselves for past transgressions (e.g., drinking, partying, drugs) that may have hindered their ability to conceive? Why do women shield their husbands or partners from their difficulties and emotional turmoil? Why didn’t the women in the online infertility community make friends with the other women they met online? My data doesn’t allow me to answer these questions, but I would like to speculate about the reasons behind why women in the online infertility community focus their attention on other women and mothers around them.

First and foremost I would argue that expression of these emotions stems from women’s exclusion from the “mommies club.” Social exclusion is painful in any context and leads people to be hyperaware of the people around them who have what they want. In the case of women attempting to conceive and become mothers, they don’t discuss men, because men can’t get pregnant, aren’t considered mothers and don’t attend baby showers. Quite simply the infertility bloggers want access to a world that is composed only of women, so it makes sense that they focus on other women and mothers.

For women in the online infertility community, other women and mothers are the most visible targets of their incredulity, sadness, and frustration. As illustrated in chapters 2 and 3, pregnant women, baby showers, and so-called bad mothers are immediately available and in the purview
of women in the online infertility community, and are frequently the topics of discussion. On the other hand, state agencies and/or policies regarding insurance coverage of infertility treatments are invisible, and are not a part of these women’s everyday lives; but their friends and sisters who are having baby showers are. The alternative to targeting other women would be social-movement organization, but that is difficult, tiring, time-consuming, and in many cases emotionally draining. These women do not have the energy to fight for insurance coverage; they’re already exhausted, mentally and physically, from trying to rectify their situation.

Beyond these seemingly common-sense understandings of the online infertility community’s focus on other women, I think there are other potential reasons behind the phenomenon, which relate to women’s homosociality more generally. It would be facile and naïve to think that women in the online infertility community work so fervently for motherhood only because they so badly want to be a part of all of the moms around them. I do think it is related to wanting to become a member of the “mommies club,” which corroborates Nelson’s findings (2009). However, I also think their pursuit of connection with other women via motherhood also relates to common ideologies of how women should bond in homosocial settings. Common tropes of female bonding involve activities that revolve around caring and domestic responsibilities (knitting clubs, sewing clubs, recipes clubs) and beauty rituals (facials, manicures, pedicures). It is also in these settings where women talk about “girl” things like their menstrual periods, finding boyfriends, and getting married. Thus, mutual understandings of women’s homosociality rely heavily on gender stereotypes about acceptable womanhood, which may also be a contributing factor to these women’s focus on other women. In other words, motherhood is the “natural” way women come together as women, and so women pursue these means of coming together.
The significance of women’s homosociality might help explain why other scholars have observed an exclusion of non-biological mothers. Doucet (2006) found that men who are the primary caretakers for their children also encounter exclusion when trying to integrate themselves into motherhood networks:

“…with few exceptions, every stay-at-home father described an uncomfortable or downright painful experience in playgroups or, more generally, in the parenting community. Some fathers glanced into the windows of culture and quickly made the decision to avoid mother-dominated settings; they cite lack of time, fears that their child would catch a cold or flu, or the kids’ schedules. Sometimes their reasons seemed justified. Other times it was clear that they are just avoiding one of the most female-dominant areas of early parenthood” (139)

Similarly, Nelson (1999) found that non-biological mothers (lesbian mothers and adoptive mothers) were not as readily accepted into the fold of motherhood circles as biological mothers were. She argues that this is primarily related to their inability to share birthing stories, which were indeed a defining feature of entrance into the club. Relatedly, highlighting the importance of social support during the postpartum period, Fox (2009) observes in her study of couples becoming parents that “the women in the study need social support in its broadest sense … Far more than anyone else except their partners, the mothers (and sometimes mothers-in-law) of these women were the people who gave them this kind of support (Ribbens 1994)” (92). The way in which women rely on their own mothers (and sometimes their mothers-in-law) adds wider context to the significance of homosociality through motherhood.

Based on my findings, as well as those briefly discussed above, I maintain that women’s exclusion from the “mommies club” is associated with a homosocial relationality that is also hierarchical, such that certain types of mothers are more readily accepted into the motherhood
circle than others. This is not to say non-mothers are never included into the circle, but rather that membership in the group is seen as something unique, reserved primarily for women, and most often reserved for women who are the biological mothers of their children.

In examining women’s homosociality in the online infertility community I have demonstrated that women in this context covet particular things (pregnancy, a family, the ability to fit in with their friends who are parents) while pursuing motherhood. In acknowledging these items, I think it’s fair to conclude that women want not only to be mothers as an intrinsically valuable experience for themselves, but to be recognized as mothers by other people, especially other women. Indeed in her study of lesbian mothers, Nelson argues that, “‘mother’ is not merely a role or a label. It is a state of being, a perspective, an emotional connection and a set of activities. It is a status whose achievement depends on validation by others that one is a mother” (1996: 135). This may also explain why women struggling with fertility issues go online in the first place. Their blogging is what allows them to publicly chronicle the components of their life, their qualities as women, as couples, alongside their abilities and intentions that make them so close to being a mother already. They are able to publicly illustrate the maternal ideation they engage in on a regular basis.

Perhaps the most convincing evidence supporting my assertion that women’s desire to become mothers is intimately connected to women’s homosociality is the absence of similar infertility blogs written by men. In my extensive search for infertility blogs, I found only one or two authored by men. The paucity of blogs about infertility written by men may be indicative of a few things. First their invisibility online may be an indication that they aren’t as bothered or feel less disrupted by being excluded from fatherhood than women feel from being excluded from motherhood and thus are less motivated to discuss their exclusion at length online. Second,
men’s invisibility online may be related to the fact that men in couples who have issues are not generally bearing the brunt of the labour that is involved in fertility treatments. Quite frankly, men are less at the mercy of their bodies than women and therefore have less logistical items to discuss, contemplate and organize. They are not the ones getting needles, taking hormones, nor planning when the best time to have sex is to increase their chances of conception, it is the women in the couples performing this labour. If men did go online to blog about infertility they would likely engage in a level of emotional disclosure that is stereotypically unacceptable for men. In turn they would be on the margins of masculinity as a result of their lacking virility and their propensity to be emotional, which would be a risky gender behavior in many respects.

It is possible that we don’t often see men go online to discuss their fertility issues and their aspirations to become a father because reproduction and babymaking is still the province of women, associated with the domestic realm and the private sphere. I would argue that this sphere and the experience that is associated with it are in some respects coveted and perhaps protected by women to enhance their own opportunities for homosocial connection.

Indeed the accounts of men’s exclusion from fatherhood as offered by Hadley and Hanley (2011) are qualitatively different in that they are absent of an urgency that is present in the narratives of women that I read. This difference, I maintain, suggests that fatherhood, as a gendered norm is not as hegemonic as motherhood, and perhaps not experienced by men as urgently as motherhood is by women. However, comparative analysis of these circumstances would be very beneficial to parcel out the differences and similarities.

5.5 Women’s Homosociality and Gender Identity

A further aspect of women’s homosociality in the online infertility community that needs to be addressed is what this homosociality tells us about the pursuit and achievement of a gendered
identity. As I’ve said previously, these women do not discuss their pursuit of motherhood in terms of feminine gender identity, but previous research ought to allow us a bit of leeway in assuming that women’s quest for motherhood is or could be—at least in part—a gendered identity pursuit (Greil 1991; Whiteford and Gonzalez 1995; Letherby 1999), among other things. If women in the online infertility community are pursuing motherhood in order to achieve a feminine gender identity, my argument is that they do it for people they are *like* (insiders: other mothers and potential mothers) rather than for people they are *unlike* (outsiders: fathers and brothers for example).

This argument might seem unrevealing, but I think it has important considerations for the way sociology makes sense of gender identity achievement. In 1987 West and Zimmerman transformed the terrain of gender studies with their “doing gender” framework, wherein gender is accomplished in repetitive and routine interaction (1987). According to this theory, individuals are accountable for their actions based on the normative expectations that are attached to one’s perceived sex category (sex attribution made by outsiders). This approach moved scholars away from thinking about gender as rooted in sex differences or sex roles and towards being able to see gender as an *effect* of interaction rather than an attribute that precedes interaction.

Despite West and Zimmerman’s position that the doing gender theory was intended to lead us towards examining both subversion and conformity, gender scholars have recently argued that the theory has simply solidified the way we see conformity rather than helping us see the way in which gender is also “undone” (Risman 2009). Risman further argues that popular applications of “doing gender” have created a tautology (2009).

For Messerschmidt the key to the “doing gender” approach is its ability to address both micro and macro levels of analysis wherein the concept of accountability connects ideas of structure
and agency (2009). In his work earlier (2000), he found the “doing gender” approach useful for understanding how teenagers interpret violent and non-violent behaviour in interaction. In light of his findings, Messerschmidt calls for research that examines intention in the context of “doing gender” and explores the extent to which “doing gender” may or may not be consciously intended as gendered behaviour. Thus his hope is that scholars explore more fully how agency operates in the context of gender performance.

Despite the fact that accountability is at the core of the “doing gender” perspective, few scholars focus on it, and as Hollander (2013) argues, “Most writers note that people ‘are held accountable’ to gender expectations—but by whom, how, and with what consequences are rarely addressed” (6). The concept of accountability is related to how individuals assume others might perceive their behaviours as a function of their sex category. Effectively, people “do gender” because they assume their behaviour will be evaluated with respect to normative gender expectations, which in turn affects the way they interact and achieve identity.

My findings with respect to women’s homosociality in the online infertility community suggest that women are accountable to other women. The blog posts canvassed, which continually reference other women and mothers, suggest women are preoccupied with how other women achieve motherhood (a measure of femininity) and that subsequent individual gender identity achievement occurs in constant comparison to those around us who are like us. We feel most accountable to people who are most like us. There is a paucity of research interested in gender identity (re)production in homosocial settings. Apart from Kimmel (1994), the research that does consider gender identity (re)production in homosocial settings does not do enough to focus on what is unique about homosocial settings that contributes to gender identity production. My findings, therefore, are both an illustration of how we might start looking at accountability
structures more squarely and a call for future research to investigate how accountability structures operate in homosocial settings. For example, what do women discuss in all-female environments? How do women discuss feminine beauty in hair salons, or nail spas, or the change rooms of clothing stores? Do men discuss masculinity at the gym? How is gender identity achievement discussed in sororities? Examining these questions also preserves the ethnomethodological roots of the “doing gender” perspective.

I think we can safely conclude that women’s relationality—especially in homosocial settings—is complicated. As I’ve argued here, women are accountable to other women when they are attempting to achieve a gendered identity such as motherhood, and they also strive to feel connected to and relate to those very same women. In short, they are both angry with other women and want to be their friends. I can’t help but think of Simmons’s (2003) analysis of what she calls “hidden aggression” among girls, and her suggestion that “to understand girls’ conflicts, one must also understand girls’ intimacy, because intimacy and anger are often inextricable” (30). Thus we need to ask, what is the connection between intimacy and aggression for women? I’ve argued that women are both angry with and want to be friends with the women they focus a great deal of their attention on. Women who blog about their infertility are angry and feeling excluded. However, their emotional responses to their circumstances do not lead to broader, more socially complex understandings of power, inequity, and injustice. Unlike the gender “reclamations” and refutations” Judith Taylor (2008) identifies in the memoirs of the contemporary feminist movement, women in the online infertility community rarely assemble corrective measures to address the structural constraints of their situations. This is not to say that they ought to engage in these actions, but rather it is to ask why they do not readily engage? How can we understand their anger, exclusion, and desire for intimacy in the context of their seeming lack of orientation to mechanisms of change?
As illustrated in chapters 2 and 3, women in the online infertility community who are excluded from the motherhood circle focus on that circle, continually returning to their inability to be a part of what they see as “the group.” Women’s feelings of perpetual exclusion might also help explain why women in the online infertility community rarely make friends with one another online. While they are certainly caring, cordial, and pedagogically helpful, they are especially reluctant to make lifelong friends with the members of their already existing club. Perhaps the reluctance with which they join the club of “IFers” is indicative of larger gender ideologies that stipulate how and in what contexts women ought to be connecting. In this case they ought to be connecting via a mutual understanding, which bonds mothers to one another. If women in the online infertility community fully embrace their membership in the infertility club, then it might also indicate that they’ve accepted their futures as non-mothers. Indeed the reluctance with which women online receive their membership into the infertility community leads me to question whether women who blog about this topic are a community or are merely posting parallel lives?

5.6 Online Culture, Communities, and Collective Identity

Cultures often develop in the context of group settings, through communities and often in the pursuit of a collective identity. Recently, collective identity has become a core concept in social movements literature. Some scholars see it as a process (see for example Melucci 1995), while others see it as an end product or achievement. My discussion and analysis of the online infertility culture and community draw on ideas of collective identity formation while also considering Fine’s (1979) version of “idioculture,” wherein the examination of groups of people is grounded in the observation of interaction and communication between members.
My research has met Fine’s criteria of idioculture as discussed in the introduction, given that these women bloggers: *share a consciousness* about infertility as an injustice; express themselves through *narratives* (the blogs significant parts of their life stories); rely on a particular *moral code* related to motherhood that draws on common discourses of good and bad mother to make adjudications about motherhood; and engage in particular *practices and norms* by gathering and investing in scientific knowledge which they then apply to their bodies. While these features of women’s infertility blogging conform with Fine’s criteria for idioculture, the question still remains: do women’s infertility blogs constitute a community?

As indicated at the outset of this research, definitions of community are often changing and thus somewhat unreliable, and methods of studying them are also in flux. Virtual communities and cultures are especially vulnerable to being excluded from sociological analysis because they are often used as foils for “the real world.” However, since online culture is growing and becoming more coherent as a space for communication and interaction, we’ve been able to recognize the validity of online communications as useful illustrations of cultural spaces and see them as legitimate data sources for exploring cultural reproduction (Hine 2000). Indeed, it has been argued that individuals’ experience in cyberspace closely approximates their real-life experiences (Markham 1998). The women in this study are no exception, in that they are discussing the realities of their lives.

After following the narratives of the sampled women in the online infertility community I can declare with certainty that these women endure an invisible pain. The outside world does not see the pain they experience on a regular basis. The secrecy that surrounds infertility suggests there is a shame associated with the diagnosis that prevents women from sharing what they are going through with some of their closest family and friends. As
indicated previously, research on stigma and infertility has attributed women’s shame and secrecy regarding infertility to the assumption that they have failed as women (Greil 1991; Letherby 1999). More than a failed gender identity achievement, however, I would argue that the secrecy surrounding infertility also relates to the fact that the family is most often understood as a private institution wherein social reproduction is primarily women’s responsibility (Luxton 1980). Even more than that, infertility involves sex, a topic that has been defined historically as a private, personal, not-for-public-discussion matter, which could also be contributing to the secrecy that surrounds infertility.

One of the most interesting things about the online infertility community is how the rule of secrecy, which seems to govern most women’s attitudes and actions towards infertility, is breached once women go online. Women in the online infertility community make the private pain of infertility public by claiming space in the virtual world. They express themselves without reservation, with confidence, with surety, rarely holding back, sharing exceptionally personal information with complete strangers. In light of the way in which women online challenge the secrecy that surrounds infertility, it is important to contemplate the way in which their actions affect the mechanisms of secrecy and the virtual world’s ability to facilitate intimacy among strangers.

Apart from Georg Simmel’s work on secrecy, secret societies, and the mechanisms of secrets (1906), the sociology of secrets has surprisingly few interested followers. Contemporary sociological research on the topic identifies the primary components of secrets as power, control, and agency. Diane Vaughan’s examination of disintegrating couples’ relationships maintains that the driving force behind “uncoupling” is secrecy (1986). One party has information the other does not have (a secret), thereby creating a
breach of trust. The practical result of this breach of trust is that the partner who lacks information is unable to fully participate in decisions about the relationship. Their agency is thus diminished, while the power and control the other partner has over the relationship increases.

The fact that some women go online to discuss some of the most private, intimate parts of their lives, I would argue, allows them to assert claim power and control over a situation that they see as holding them prisoner to a childless life. In other words, they find agency in information. What does women’s propensity to go online—sharing private details of their lives—say about intimacy? The very act of entering the virtual world to share secrets challenges popular conceptions of intimacy as only being available in the context of face-to-face interaction. Contrary to what many people might assume about the lack of intimacy available in the virtual world, it would seem that women in the online infertility community illustrate that intimacy is indeed available online. The intimacy that women in this community achieve shatters the boundaries of privacy and challenges standard notions of intimacy altogether. After all, intimacy, as most people conceive of it, occurs with people we know.

In light of the way women in the infertility community online share their secrets with strangers, what does this say about the relationships they have with their partners, who by biological necessity are involved in the process? Do these women go online because they aren’t getting the support they need from their partners in their quest for parenthood? Do they go online in an effort to protect their relationship, which might become exhausted by the process? Do their efforts indicate that they recognize they cannot get everything from their partner in terms of emotional support and so turn to the virtual world? In that sense, are
these women perhaps moving away from the traditional pattern of hetero-normative relationships that presume we get everything we need both emotionally and physically from one person? My data does not allow me to speculate about these questions but they are indeed issues that ought to inform future research with this community.

Women in the online infertility community do not know (in the traditional sense of the word) the audience they are speaking to. In the case of the majority of women’s blogs sampled, the authors generally assume a specific audience by addressing other women who are facing similar struggles. Attention will sometimes be paid to explaining specific things to newcomers, especially medical procedures and diagnoses, but for the most part, bloggers in this community assume a knowledgeable audience. In this way, then, there is also a practical component to going online to discuss private, intimate details of one’s life with strangers in an already established community of people. First, there is no need for these women bloggers women to explain anything to other women, because it is presumed they are facing a similar reality. Second, and put rather simply, keeping a diary of one’s experiences, whether online or on paper, is cathartic. Indeed in any stressful situation, therapists encourage their patients to keep a journal of their feelings in order to help them process their emotions. And finally, and probably most significant for women in the online infertility community, the people responding to or reading these blogs will not tell them what they do not want to hear. These women struggling with infertility know that if they share their experiences online they won’t be told by other members of the community to “just relax, it will happen” or “stop worrying, that will prevent you from getting pregnant” or their most hated piece of advice: “stop trying, that’s when we got pregnant.”
Women in the online infertility community have found a safe space to share their disappointment, hope, despair, anger, and frustration. They are fairly certain they won’t be judged by their fellow “IFers,” which provides them with a great deal of comfort during an emotionally and physically painful time. Some of the new virtual communities online might be considered analogous to the safe spaces established by women in the early days of the feminist moment, many of which are still alive and well today.

Indeed there is a boldness with which women in the online infertility community express themselves in their blogs. I would argue that this boldness stems from the anonymity of the group. This is not to criticize these women for hiding their identity, but rather to note that they are anonymous in that they are not speaking to people they know. This anonymity affords them the opportunity to speak courageously, without fear of being judged by people who already have specific expectations of them. Entering the virtual world of the infertility community allows women to let go of their fear of being judged, to become empowered in a situation that renders them extremely vulnerable.

Yet, even with the boldness and confidence that going online seems to incite in the women in this study, they would likely give up their membership in the “IFers” club in an instant. They might even trade the world not to have had a reason to become a member in the first place. Indeed, some women, once they become pregnant, try to remain in touch with those they met online during their fertility struggles. Generally, however, they are not met with welcoming arms. Unlike various survivor groups or Alcoholics Anonymous, whose members are lifelong, women in the online infertility community—as a result in a change of status—do not (or at least hope not to) remain members forever.
The reluctant way in which women become members of the online infertility community does not, however, diminish the intentional, industrious, dedicated, and focused actions they take on when they arrive there. Indeed it is their resolve in the face of their reluctance that is somewhat puzzling. Women in this online community are often more dedicated to addressing their fertility issues than are individuals who start online communities for specific social-change purposes. What does it say about this community that their communications did not develop into larger conversations about the need for change that might be achieved via their collective power? While some of the women worked to distribute petitions encouraging a change in insurance coverage of procedures for infertility, this was by and large not the common discourse found in these blogs. Unlike many women who suffer postpartum depression, as studied by Verta Taylor (1996), who came to understand their struggles in collective terms, women blogging about their infertility have not. I do not, however, discount this as a possibility for the future, as I think it is early in the life of the infertility community. The absence of collective understandings of power and political rhetoric critiques in the online infertility community may be a limitation of my sample, which included only blogs. It is possible that social movement work might already be taking place in other venues online. Had I included websites, listservs, discussion boards, etc., the discourses, discussions, and scope that emerged may have been different. Are the discourses on women’s infertility blogs different from those found on websites geared toward creating awareness about infertility? Are the discussions women are having in support groups similar to those they are having online? Are there elements of social change in other online venues dedicated to addressing infertility? Certainly these are interesting prospects to consider for future research in this area.
5.7 Medicine, Science, and Women’s Bodies

Women’s bodies are the centerpiece of their struggles with fertility. It is important, therefore, to ask whether these women saw their bodies as failures or themselves as failures. There are two perspectives that guide sociological understandings of individuals’ relationship between mind and body.

The first perspective is the social constructionist one, which treats the body as a “system of cultural representations.” Theorists in this camp borrow heavily from Foucauldian sociology, which aims to understand how the body is an artifact of the social. That is, in most estimations, social constructionist perspectives of the body understand the body to be heavily determined by culture, wherein discourse is transferred to the body almost directly. Sociological research that takes this tradition seriously is concerned with understanding how the body becomes a site of discipline and self-discipline. Thus, scholars are interested in asking questions regarding how both cultures and individuals govern, regulate, manage, and control bodies. Shilling (1993) suggests that in an age of high modernity, individuals have become accustomed to the high degree of control they have over their bodies, yet he cautions that this control has led to uncertainties surrounding how these bodies ought to be controlled.

In contrast to social constructionist perspectives, phenomenological approaches to the body, influenced largely by the work of Merleau-Ponty (1962), look at the lived experience of embodiment in everyday interaction. Theorists in this camp are concerned with understanding how people make sense of their bodily experiences. They ask questions that revolve around how one comes to understand him/herself as an embodied individual and how that experience is connected to identity. As discussed previously, “body projects” often
form the basis of research that investigates the relationship between the body and identity, where the body is understood as an “entity which is in the process of becoming; a project which should be worked at and accomplished as a part of an individual’s self-identity” (Shilling 1993: 5). Body projects that revolve around the improvement of one’s health are often the most common bodily ventures (e.g., bodybuilders, dieters, chronic over-exercisers etc.). According to phenomenological approaches, our life experiences are mediated through our bodies. The various editions of Our Bodies Ourselves, which for decades have been restoring women’s agency in navigating their bodies and identities as women, represent feminist approaches to the phenomenology of the body. Goffman (1959) maintained that human agency is closely related to our capacity to govern and control our bodies. He is often concerned with how bodies are a component of action.

The evidence outlined in chapter 4 illustrates that women in the online infertility community assigned high authority to scientific and medical understandings of women’s bodies, such that they monitored and recorded their own bodily reactions and signals in hopes of obtaining reliable information about their pregnancy status. Thus, women in the online infertility community appear to engage more actively with the social constructionist perspective, in that they apply information to and discipline their bodies according to specific scientific discourses about women’s bodies more generally. Mastering scientific knowledge and applying that knowledge to their bodies is illustrative of a perspective that presumes the body is constructed and/or regulated by acquiring the correct knowledge. These women might indeed recognize that the body cannot be overcome altogether, but they seek to manipulate it enough to reach their goal. Part of their ability to manipulate their bodies requires that they listen carefully to the signs their bodies provide. I found little to no evidence in the blogs that suggested that women in the online infertility community
attributed their failure to become mothers to the way they see themselves as people or as women. Instead they conceptualized it as a failure of their bodies. The prevalent discourse among the blogs suggested that women in the online infertility community saw their bodies as a roadblock to be sculpted, manipulated, and conditioned into reaching the goal: motherhood.

My findings both corroborate and diverge from Emily Martin’s in *The Woman in the Body: A Cultural Analysis of Reproduction* (1987). Martin argues that women “represent themselves as fragmented—lacking a sense of autonomy in the world and feeling carried along by forces beyond their control” (194). Despite this fragmentation, however, Martin suggests that her interviews also contain “a rich mix of consciousness of alternative social and cultural worlds, together with resistance and protest against conditions perceived to be diminishing and denying of autonomy and fulfillment” (194). She accounts for this resistance by arguing that women’s representations of themselves imply that women’s experience of their bodies provides them with the authority to confront the story of science. She argues that women’s stories are ones that defy the homogeneous narrative of women’s reproductive bodies offered by medicine and science.

In the same way that women in Martin’s study saw themselves as disconnected from their bodies, so do the women in my study. In the context of the women blogging online, however, this disconnection provides them with a means to overcome their body and thereby become liberated in separating mind from body. My findings diverge from Martin’s with respect to the relationship that women in the online infertility community have with medical and scientific knowledge. Rather than using their experience of their bodies to confront scientific understandings of women’s reproduction as the women in Martin’s study did,
questioning the authority of the science itself, women in the online infertility community accept the knowledge as fact, apply it to their bodies, and use it to empower themselves in their journey. My findings corroborate Greil’s (2002) argument that “infertile women do not respond passively to medical definitions of themselves, but rather act as independent agents who work the system to achieve the outcomes they desire” (111). Some might interpret as a jail sentence the regimentation of their lives that follows the wisdom of science and medicine, but given their relatively high level of comprehension of the subject, these women are instead empowered to make science work for them.

Certainly women in the online infertility community are motivated by self-interest to subscribe to the validity of science and medicine, since they see it as the solution to their problem. However, what is notable and important to recognize is that these women, in the context of their experience, are no longer at the mercy of folkloric understandings about how women’s bodies operate, especially with respect to reproduction. Unlike traditional folklore that characterized women with infertility as being barren as a result of being hexed by God, the common discourses found online here are grounded in science and medicine.

Women in the online infertility community don’t feel pushed around by the authority science is supposed to have, unlike previous feminist understandings of Western medicine as being disempowering (Oakley 1984; Rothman 1989). This is not to say that the infertility experience for these women is not medicalized. Indeed the medicalization of infertility is a given, such that pursuing medical intervention as indicated in chapter 2 is a choice grounded in a neoliberal consumer ideology. In fact, women in the online infertility community describe their interactions with medical professionals as quick, impersonal, to the point, and possibly even alienating. However, it is these women’s fluency in medical knowledge that
allows them to feel empowered in these potentially alienating contexts. While these women use their knowledge of medicine, science, and women’s reproduction as cognitive compensation for the perceived failure of their bodies, they also use it as a tool to navigate the medical system.

For women facing infertility, science, medicine, and the medical professionals they consult provide potential solutions to their problem, which in turn allows them to continue to have hope for a future that includes motherhood. With respect to medicalization and childbirth, Fox and Worts (1999) conclude that “understanding women’s diverse responses to the challenges of labor and delivery—and indeed, highlighting their agency—depends on situating them in their social context” (343). For women in Fox and Worts’s study the context is the privatization of childcare responsibility accompanied by a paucity of social support for new mothers, which led many women to embrace medical intervention during labour and delivery (343). The context for understanding how the women in my study welcome medical intervention is that medicine is seen as the solution to their problem. Indeed, it is science and medicine that provide women in the online infertility community with the opportunity to continue to engage in maternal ideation.

The collision between science, medicine, and women’s bodies in the online infertility community offers an excellent opportunity to engage in a conversation about medicine as being empowering. As I observed previously, women in this study apply scientific understandings of women’s bodies to their own bodies, thus falling more in line with social constructionist conceptualizations of the body as malleable. A large contingent of feminist theory interprets the application of science to women’s bodies—especially in the context of medicine and reproduction—as disciplining force (Rothman 1989; Raymond 1994).
According to these theoretical perspectives, the body as a manipulable entity is disempowering for women because it often leads to a reinscription of traditional gender roles, reduces women’s social usefulness to the mere utility of their bodies, and facilitates patriarchal control of women’s bodies (see Thompson 2002 for a review).

This case offers an empirical counterpoint to existing constructions of women’s bodies as controlled, disciplined, and restrained by science. The women in this study master science and then apply this knowledge to their bodies in a way that puts them in charge of their future. They are not at the mercy of simply interpreting their bodies’ signals based on folkloric understandings of how women’s bodies operate, but rather they chronicle and interpret these signs with scientific precision and accuracy. Moreover, as aptly observed by Fox and Worts (1999), the jurisdiction of women’s bodies is a contextual matter wherein “control means different things to different women” (340). For the women in this study, control, and in turn empowerment, meant they appropriated science as a way to make their bodies do things that perhaps “nature” did not intend for them.

The cognitive work that women in the online infertility community do also speaks to their dedication and intention to become mothers. These women are industrious, deliberate, productive, and assiduous in how they engage with medical information pertaining to their condition. Rather than lie back and accept the cards they’ve been dealt, women go online in order to become active participants in sculpting their future. The way in which they turn to science for solace and in turn engage these discourses challenges popular conceptions of infertile women as being cursed, incomplete, or freakish. Women in the infertility community have a command of the medical knowledge pertaining to infertility and
reproduction that is far more sophisticated than the average person’s understanding of their own body.

My findings raise questions with respect to feminism and women’s perspectives on science. Is feminism to credit for the authority women seem to have taken with respect to their fertility challenges? How has women’s fluency with medical knowledge changed the way the health care establishment deals with female patients? These are questions that future research ought to investigate.

Undoubtedly the democratization of knowledge has allowed the women in this sample access to the detailed scientific and medical knowledge they assimilate reference in their blogs. The Internet itself ought to be championed as the primary vehicle in this process of democratization. On the whole, women feel less powerless to face infertility and are not directly reliant on medical professionals to determine their future fate as mothers. This finding complicates understandings of western medicine as traditionally coercive and controlling. In the context of infertility, western medicine proves to be destigmatizing for the reasons shown here, and democratic access to knowledge has enabled this.

Of course, when we discuss democratic access to knowledge, we also have to be careful to contextualize what that may mean. When it comes to the Internet, democratic access means information is available to those who can use a computer. Age, class, and education influence this, leading some to argue there is a “digital divide” between those who are able to access the Internet and those who are not (Rogers 2001; Guillen and Suarez 2005). The women in this study are primarily white, heterosexual, and middle/upper-class, yet we know statistics on infertility show that white, middle/upper-class women are not the largest group among those who have fertility struggles (Chandra and Harvey 2010; Greil et al. 2011).
Thus white, middle/upper class heterosexual women are overrepresented online when it comes to discussions of infertility. With this overrepresentation in mind we must also contextualize how the democratization of knowledge benefits different people in different ways, perhaps some more effectively than others.

5.8 Entitlement and Reproductive Freedom/Choice

Much like the tension that exists in the feminist literature on motherhood regarding the sources of women’s motivations to mother, there is tension in the feminist literature on infertility. The issue is well articulated by Thompson (2002):

“Infertility poses a prima facie tension for feminists. On the one hand, even in an age of decreasing birthrates, voluntary childlessness, and increasing rates of infertility, involuntary childlessness is recognized as one of the greatest forms of unhappiness and loss an adult woman might endure … On the other hand, feminists are also interested in disrupting the gendered role expectations and the essentialist connection between motherhood and women’s identity that greatly intensify infertile women’s suffering. Contemporary infertility and its treatment are conceptualized and structured on a strongly coupled, ultraheterosexual, consumer-oriented, normative nuclear family scenario. When successful, treatment enables women to reinscribe themselves into that logic” (52).

Thus the paradox for feminists studying women in the online infertility community who pursue motherhood with vigour and intensity is precisely the reinscription of that logic. Despite the fact that middle-class women have a lot of options with respect to self-actualization, many of them—as this case aptly illustrates—see self-actualization through domestic roles like motherhood.

Pointing to the way in which women in the online infertility community claim their entitlement to motherhood, as much of this study does, does not in any way suggest they are
wrongful or mistaken in their desires. If anything, my aim in pointing to this entitlement is to signal just how pervasive the motherhood imperative is and how crucial it is for the women in this study. For these women and, I would argue, for the majority of women in North America, motherhood is not just another gender norm they have to live up to; it is a development stage or life course requirement that they never imagined they would not be able to participate. Ultimately, women with fertility struggles find themselves without reproductive choice. While we tend to think of reproductive choice in connection with women’s ability to access birth control and abortion, perhaps it ought to be conceptualized more broadly as women’s right to control their fertility. Women who pursue motherhood by means of reproductive technologies are trying to control their fertility (timing and number of children), not unlike women who attempt to prevent pregnancy with birth control or access their right to abortion. This control and authority is an aspect of women’s lives that feminists have championed for decades, and thus it ought not to be dismissed here simply because it is a way to achieve conformity with mainstream gender ideals.

Returning to the analogy of the Game of Life I offered at the beginning of this chapter, I can safely say that women in the online infertility community do buy what the Game of Life is selling. However, as previously acknowledged, if one wants to have any fun playing the game, one needs to buy in. Women in this study want to be mothers. Whether that goal has to do with social pressures, identity achievements, ideal visions of self-actualization, desires to procreate, or a need to carry on their genes is unanswerable with the data I have here. Women in the online infertility community have bought in, but they still aren’t having any fun playing the game. It is in observing how these women navigate their misfortune, in many ways not accepting it as inevitable, that I have grappled with the sociological import of these circumstances.
As mentioned previously, during this study I puzzled over the way women in the online infertility community pursued motherhood so intentionally and spoke so candidly on their blogs about their pursuits. My puzzlement certainly questioned their desire to conform with normative versions of femininity, but I think I may also have envied the investment they make in themselves (the irony of my being envious while studying these women’s envy is not lost on me). Women in the online infertility community work deliberately and purposefully towards what they want and what they believe they deserve. They believe they deserve to be heard and to be happy—that takes incredible confidence. Indeed women in the online infertility community have a sense of self-importance that is foreign to me, which is where another, more personal paradox in this study is found. While I publicly declare my identity as a feminist, many of the women in this study—I am guessing—would probably not identify as feminists, yet their self-assurance, confidence, persistence, and intentionality suggest otherwise about their identity. I don’t know this to be true, however. Thus, as is always the case with social research and the production of knowledge, there are only more questions.
References


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APPENDIX A: INFERTILITY “DICTIONARY”

Below is a list of terminology, abbreviations and acronyms commonly used in the online infertility community.

**AF:** Aunt Flow - a woman’s period or time of menstruation.

**ART:** Assisted Reproductive Technologies.

**BBT:** Basal Body Temperature – Referred to when using the natural family planning method. It is a way to chart women’s temperatures to identify if/when ovulation occurs.

**BCP:** Birth Control Pills.

**BD:** Baby Dance – sexual intercourse.

**Beta:** HCG pregnancy test – test completed in a medical lab.

**BFP:** Big Fat Positive – refers to a positive pregnancy test.

**BFN:** Big Fat Negative – refers to a negative pregnancy test.

**Blasts:** treatments of embryos prior to implantation.

**CD:** Cycle Day – indicates what cycle day a woman is currently on. CD 1 is the first day of your period.

**CM:** Cervical Mucus – women produce cervical mucus. It is a discharge that can vary throughout the cycle. It can be tacky, sticky, egg white, and lotion like. It can be clear, white, and sometimes yellow tinged.

**CP:** Cervical Position – A woman's cervix can be used to help identify their current fertility. Throughout a cycle a woman’s cervix moves. When it is low and hard, that indicates infertility. When it goes SHOW, it means the woman is currently fertile.
**DTD: Do the Deed** – sexual intercourse.

**DPO: Days Past Ovulation** – used to keep track of the days of the luteal phase.

**DPT: Days Past Transfer** – used to keep track of the days following an embryo transfer.

**Ectopic pregnancy**: a pregnancy where the implantation of the fertilized egg occurs outside of the womb, generally in the fallopian tube. Ectopic pregnancies do not allow proper development of the fetus and are dangerous for the woman, thus they are usually terminated.

**Endo: endometriosis** – a gynecological condition wherein cells from the lining of the uterus appear outside of the uterine cavity. It is thought to contribute to infertility.

**Evap: Evaporation Line** – if a home pregnancy test is read after the time limit a small line may have formed. It is generally gray, shadowy or an indentation. This is not a positive result. It is merely the result of the test drying over where the positive strip would have been.

**EWCM: Egg White Cervical Mucus** – Estrogen increases around ovulation, which causes the female body to produce an abundant amount of cervical mucus. This creates a sperm friendly environment that is ideal for conception.

**FET: Frozen Embryo Transfer** – process by which frozen embryo(s) are implanted in a woman’s uterus.

**FSH - Follicle-Stimulating Hormone** – hormone given to woman used to stimulate immature ovarian follicles in the ovaries.

**GIFT - Gamete Intrafallopian Transfer** – procedure whereby eggs are removed from a woman’s ovaries and put into the fallopian tubes along with sperm. This procedure allows fertilization to take place in the woman’s uterus.

**HCG: Human Chorionic Gonadotropin** – A home pregnancy tests for this hormone, therefore is it known as the pregnancy hormone.

**HPT: Home Pregnancy Test** – test taken at home to check for pregnancy, the appearance of a
second line indicates pregnancy.

**HSG: Hysterosalpingogram** – a test used to check for problems in a woman’s uterus that may contribute to difficulty getting pregnant (i.e., blockage in fallopian tubes).

**IUI: Intrauterine Insemination** – medical procedure wherein sperm are placed into a woman’s uterus to facilitate fertilization. IUI’s are not considered ARTs because they do not involve the manipulation of eggs.

**IVF: In Vitro Fertilization** – an ART procedure that removes a woman’s eggs from her ovaries and fertilizes them outside of her body. The resulting embryos are then transferred to the woman’s uterus through her cervix.

**LH: Luteinizing Hormone** – the hormone that surges causing ovulation.

**LP: Luteal Phase** – Every woman is supposed to have a consistent period of time between ovulation and menstruation, which is the luteal phase.

**LPD: Luteal Phase Defect** - if a woman’s luteal phase is less than 11 days it may indicate a luteal phase defect. This means there isn't enough time between ovulation and a woman’s period for the egg to implant.

**OHSS: Ovarian Hyperstimulation Syndrome** -

**OPK: Ovulation Predictor Kits** - These are test strips purchased at a pharmacy that a woman can use to determine when she is about to ovulate. Unlike home pregnancy tests, the 2\textsuperscript{nd} line must be the same color or darker than the control line to be considered a positive.

**PCOS: Polycystic Ovarian Syndrome** – one of the most common female endocrine disorders, which is thought to contribute to infertility.

**PID: Pelvic Inflammatory Disease** – term used to indicate an inflammation of the uterus, fallopian tubes and/or ovaries. The inflammation often causes adhesions to organs and tissues nearby, causing fertility problems.
POAS: Pee on a Stick – reference to taking a home pregnancy test.

PUPO: Pregnant until proven otherwise – terminology used to describe a woman’s pregnancy status after an embryo has been implanted.

RE: Reproductive Endocrinologist - Medical professional many women see to address fertility problems.

SHOW: Soft High Open Wet - At ovulation a woman’s cervix will rise to a high position. It will feel soft to touch (like lips) and the opening will be slightly open. Wet indicates an increase in EWCM.

TTC: Trying to conceive

2WW: 2 Week Wait – time after an egg or embryo transfer until a reliable pregnancy test can be taken.