

Inside Infertility

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I write this essay as a feminist and advocate of critical thought who cannot attain the proper critical distance from my experience: I am still inside infertility and will no doubt always be held in its grip, though the force of this grip may lessen over time. I am a married, white, economically and educationally privileged, heterosexual woman from a large nuclear family (I have five siblings) who has found herself caught in the throes of the most normative kinds of desire for children in the face of extended difficulties with infertility. Although, on a rational level, I am well acquainted with the huge ethical, social, and individual problems connected to the discourse of infertility and the industry it has spawned (and I will attempt, with the help of a few feminist theorists, to point to some of these problems here), in relation to infertility, I cannot even begin to keep my emotions from subverting my critical awareness.

Although, of course, women and men from all classes experience infertility problems, the discourse of fertility and the way it is experienced and handled is clearly class, sex, and gender differentiated; and as with everything in our culture, class inevitably brings with it certain racial and ethnic connotations. I am, in fact, the perfect customer for the infertility market: I have the economic means and connections to pursue advanced medical intervention, and am deeply invested both in recreating my own childhood experience of a house filled with people (though smart enough to wish for only two children!), and in controlling the basic parameters of my life. By and large, the industry of infertility is clearly geared towards the upper classes, and women take on far more of the emotional and physical burden of infertility. In my experience, too, it is almost always assumed within mainstream discourses of infertility that the

person undergoing fertility treatments is one-half of a heterosexual couple.

I now have two spectacular children, a boy born in 1993, and girl born in 1999. Before each pregnancy, I underwent assorted infertility treatments including two hysterosalpingograms, several cycles of fertility drugs, and the preplanning for an *in vitro* procedure; my husband had an operation for a varicocele, and I had a laparoscopy to clear my fallopian tubes. However, while it seems as if my body was being medically manipulated for years, I spent only a few months actually on fertility drugs or undergoing procedures. The rest of the six or so years of trying to conceive a child (roughly two the first time, four the second) were spent in mental anguish and seemingly endless cycles of waiting until a next step could be taken. This essay, then, is mostly about the emotional aspects of suffering infertility problems—from the inside.

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I spent these six years dealing with my own little mourning after my period would come, then a day or two raking myself over the coals as to why it didn't work this time. Then there would be another week interrogating my desire to have a biological child. By then, it would be ovulation time again and my hopes would slowly start to rise from the depths of my conviction that it was never going to work. Then the two weeks of waiting and treating my body like a fragile vessel—trying not to exercise too much, work too hard, have negative thoughts, you name it—all under the guise of pretending I had control over whether I got pregnant or not, followed by the crushing disappointment again. The worst aspect of this disappointment was the feeling of what a fool I'd been even to imagine I might get pregnant, and the self-chastisement for wanting to have a biological child in the first place. I had a political conviction that adopting would be a better choice in terms of world population and giving a needy infant a home.

I spent the years of suffering infertility, then, feeling like I was at war with my body. Having conceived our son about a year after my husband's operation, we mistakenly thought our problem had been solved. Unfortunately, it wasn't that simple and we launched into another period of infertility treatment while trying to conceive a second child. In our second bout with treatment our

excellent (and expensive) private fertility doctor advised—since we knew we could conceive and carry a pregnancy to term (i.e., we already had once)—that I go through several cycles of fertility drugs to see if this would promote conception. It was at this point I tried a few cycles of Clomid and one of Fertinex. In spite of the doctor's claims of the innocuousness of these hormones, I walked around feeling like a balloon pumped full of dangerous gases, ready to explode and spew poisonous fumes.

This feeling of danger was borne out by the fact that, shortly after the Fertinex cycle, I began to have panic attacks for the first time in my life. While I am predisposed to panic (it probably would have happened anyway at some point), I'm sure the hormone surges triggered these initial attacks. Among other things, this seemed like an antithetical state of being in which to promote conception. Drugging yourself in the attempt to conceive a child feels like a contradiction in terms.

After I started having panic attacks I took a hiatus from the fertility drugs—as it turns out, forever. The next strategy was for me to go through a laparoscopy to see if either of my tubes were blocked (one had been blocked before my first pregnancy). This had to be postponed because of my panic attacks but eventually, about four months later, I went through the operation and the doctor said it was successful; she had opened one of the tubes completely and partially cleared the other. Again, the cycle of hope was renewed. My husband and I waited expectantly (at first) and then with increasing impatience as one, two, three...then six months went by with no pregnancy.

After this wait, we were urged by the doctor to try to become subjects in a study, which would allow us to obtain one free *in vitro* cycle (running upwards of \$10,000 on the open market), so it seemed worth a shot, so to speak. Although I had severe ethical reservations about this process (which involves putting out a huge amount of money and emotional energy for a procedure that is often not successful and begins to call into question how much intervention one is willing to undergo to achieve pregnancy), we launched into the process of qualifying for the study. Finally, results would be assured...or so it seemed.

That's the endless lure of fertility treatments: Each process has its own kind

of promise. But no process can guarantee conception and a full-term pregnancy. In fact, an *in vitro* cycle only has a 10 to 40 percent likelihood of success (depending on whom you ask, and on who and what age the patient is). At any rate, we were dropped as potential subjects when it became clear I had to stay on my panic medication. (What a recipe for disaster for a victim of panic disorder and infertility—making the possibility of conception contingent on being well, which is precisely the kind of pressure and perfectionist thinking that causes people to have panic attacks in the first place!)

At this point, for the first time, my husband was willing at least to talk about adoption. We felt strongly that pursuing *in vitro* outside the study was the wrong thing to do, given the fact that we would be putting out a huge amount of cash that would not ensure our having a baby at the end. Ethically, it would make more sense to use this money towards adoption, knowing that we could make a difference for a baby who needed a home, especially since we were lucky enough to have already had one biological child (odd term, biological child, as if adopted children are produced in factories...). At the same time, as my husband was fond of pointing out, adoption—which these days basically amounts to purchasing an infant, the laws against this notwithstanding—raises its own host of complex and unpleasant ethical dilemmas.

Leaning towards adoption, I was also reluctant to submit my body to the punishment of more hormone treatments. However, my husband wanted to try fertility drugs for a few more cycles. By way of a compromise, I agreed to do this if he would then agree to adopt if it didn't work. By that time, nine months had gone by since the laparoscopy. The month we were planning to try the drugs again, I awaited the morning of my period in order to begin calculating when to take the drugs (one becomes hyper-aware of the different phases of one's monthly cycle when going through infertility treatments); a day past the onset of my expected period, I half-heartedly took a pregnancy test, assuming I would face the usual disappointment and feeling foolish for even hoping enough to waste the test. Surprise! It had happened again. Just like the first time—when, after two years of trying, we had conceived our son at the very last possible moment before further intervention. So here I am, the mother of two—panic

disorder and all—experiencing the miraculous fact of these two children every day. One of the best legacies of having suffered from infertility is the feeling of total, overwhelming gratitude that one experiences in relation to the mere existence of one's children; one of the worst (which is closely related), is the feeling that one isn't allowed to be a flawed parent or to be ambivalent about parenting since it is the long-desired outcome of infertility procedures.

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More than the infertility treatments I went through, which were minimal compared to those that other women experience, the pain of infertility for me was largely due to the emotional circumstances surrounding this state of being.

I'm sure I'm not alone here: During infertility one's entire identity becomes wrapped up in it such that one experiences oneself, before anything else (professor, partner, parent, etc.) as *infertile*. Both times I went through the process of trying to conceive, I walked around feeling barren, a nineteenth-century word, but one that, in its evocation of vast plains of dead soil, sums up my feeling of inadequacy as an infertile woman better than any more clinical postmodern term. Seeing other women or men with babies would drive me crazy because I was barren; walking past a preschool would feel like a personal insult because I was barren; catching a moment of "Sesame Street" on someone else's television set would fill me with despair because I was barren. And this was equally true when I already had one child, strangely enough.

Certainly my feelings of failure had something to do with societal norms, the expectation that a woman will be a mother and, in my case, that she will be a mother of a household full of children (well, at least two, given that I have a busy career). But this is almost a truism at this point and not very revealing. I think the real issue is that of how we conceive of ourselves, and is linked to the way in which we deeply internalize certain ideas about what we want to be. It's not the external pressures that are the hardest to bear—I'm rather good at bucking those—it's the pressures that have been so thoroughly internalized they are part of who we are, and, of course, the way in which each of us internalizes norms and societal pressures is unique.

This is the power of ideology, for better or worse: As Louis Althusser and

others have theorized, its most insidious effects come from the fact that it structures us internally, defining our desires and wants. Among other things, my bouts with infertility made me confront the fact that I have always imagined myself as a certain kind of woman, merging incompatible roles: One who is both my mother (super competent, multi-tasking, nurturing many souls other than her own) and my father (professionally successful, enjoying his children mostly from a distance, funny and self-absorbed, as one has to be to a certain extent in order to get academic work done). If I had not had to question over and over again my desire to have children (that is, if I had been able to conceive and bear them easily), I would not have gone to such depths of self-questioning, interrogating these impossible dual desires. Ultimately, I cannot answer whether my desire for not only one but two children is purely social and ideological or partly biological (linked to our culture's current romance with genes¹ or to some drive to replicate the self). I can only say it is bone-deep, and at this point I can't separate the two forces since they are so deeply interwoven in my psyche.

In patriarchal capitalist societies, the whole notion of infertility is itself constructed in relation to some fantasy of perfect virility (for men) or maternal wholeness (for women); as Sylvia Tubert has noted, "*the mother* is the model proposed to women to identify with, and to organize her Ego Ideal around, and it is difficult for [her] to find a place as a desiring subject in a patriarchal culture if [she doesn't]"² (hence my great respect for women who, knowing they do not want to be mothers, refuse the role). Even many women who are aware of these pressures are still entirely prey to the promise of bodily restoration (correcting the broken body) that fertility procedures seem to offer. We find ourselves caught in a morass of contradictions and ambivalences: Wanting to be both *women* (mothers, like our mothers) and *men* (controlling the means by which motherhood takes place and in my case also combining it with a high-powered career).

The paradox of infertility is that infertile people who pursue fertility treatments feel simultaneously empowered by this act and completely objectified by the science enlisted to help. Reproductive technologies promise to remedy the

split in the self (between the desire for children and the body's recalcitrant refusal). But simultaneously, they are instrumentalizing technologies; submitting our bodies to them as separable objects that can be mechanically or chemically "fixed," we infertile people are alienated "from the bodily experiences of reproduction."³ There is enormous pain compacted into this paradox, which gives a false sense of empowerment over something that ultimately can't be controlled and, paradoxically, gives this promise of control through the instrumentalization and domination of the body as an object that is broken and can be fixed. One is led, or leads oneself, to believe that one's state of mind, on the one hand, is irrelevant and, on the other, can deeply affect one's chances of conceiving. Thus, when I got pregnant the unassisted way both times, I felt as if I had suddenly done something *right* to make this happen. The other side of this is that I felt guilty, as if I had personally failed, when I didn't conceive.

Every month of being actively infertile (actively trying and failing to conceive), I blamed myself for having been in too negative a frame of mind to achieve a pregnancy. Somehow, the unfortunate guilt of the working mother became conflated with my sense of defeat so that the failure to become pregnant seemed a consequence of the fact that I work. Endless magazine stories and anecdotal input from friends and strangers warning the reader just to slow down and relax in order to achieve pregnancy reinforced these feelings. Again, the ideological dimensions of infertility discourse become clear: If a working class woman were having trouble conceiving, I doubt she would be chastised for, or would accuse herself of, the career-woman "syndromes" supposedly causing her infertility, though she might be blamed or blame herself in other ways that I wouldn't know about.

The experience of infertility thus produces the paradoxical feeling of being both alienated from one's body, which one submits to doctors so they can fix its barrenness; and too close to it, as if every thought can somehow influence its fertility status. I believe that this is only true for women.

I think men feel equally frustrated over infertility but in a different way. While male impotence is a major societal and individual concern, tapping into anxieties about male sexual prowess, there is no discourse of male barrenness,

no discussion of men's incapacity to father children. Men can feel frustrated because they are distanced from much infertility treatment and can't do something to make it work out; often they come into conflict with the woman's tendency, even if both are eager to have a child, to push more to take action. There is no question that women still feel (are made to feel?) responsible for conception not occurring, even in cases, such as mine, where the male partner has a diagnosed problem as well. This has to do, again, with broad societal notions of woman-as-mother and men as incidental to conception, notions that are, again, internalized so that most women feel that conception and care for the child are primarily our responsibility. Women are the vessels, women are responsible: This is the conjunction that the fertility business primarily plays on.

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Facing one's desires is an excruciatingly painful but productive part of infertility. It feels so deeply unfair, in the same way that early death or chronic disease seems unfair, that many people get pregnant at the drop of a hat and never have to confront how or why or whether they want to have biological children. (Whether they want to get pregnant or not is another story.) Those of us who have been through infertility are forced to confront and work through this desire over and over again if the infertility period lasts a long time. This can create enormous self-consciousness about being a parent and overly controlling tendencies during the process and once the desired child arrives. The control issue is profound from the very beginning of infertility and gets to the roots of our complex attitudes towards bodily health. On the one hand, we want to surrender ourselves to a highly technologized medical industry (cure me! make me pregnant!), defining our medical problem as purely biological rather than an inextricable and complex mixture of psyche and body. On the other hand, we live in a culture of control: Discourses of self-help and natural healing imply that if we just get the right attitude we can cure ourselves of cancer, get pregnant, or solve whatever medical problem we think we have.

This conflicting set of desires conditions the infertile subject. Infertility produces a body that becomes out there, someone else's to manipulate into submission. And yet we experience every moment of this manipulation inside.

Infertility makes tracks on our bodies and minds. We are conditioned by it just as our desires direct its course. (For example, the technologies developed to ensure ideal physical or mental traits in the selling of designer eggs are born out of our desires as much as the medical profession's marketing.) The crucial issue, perhaps, is for us to understand the way in which these desires and the technologies that supposedly fulfill them but also partially construct them are co-constituted. There is no way to determine which causes which, as Donna Haraway has so eloquently put it, objectivity—the objectification of the infertile body, in this case – “is less about realism than it is about intersubjectivity.”⁴

If we allow our bodies to be instrumentalized as purely reproductive sites rather than asserted as aspects of ourselves in a fully intersubjective relationship with the doctors we turn to for help, we are allowing our physical body to be separated from our emotional/mental self in the most dangerous process of commodifying human life. This is a process that ultimately leads to the horrors of such cases as the recent suit brought by a divorcee in order to claim possession of embryos developed from donor eggs fertilized by her ex-husband's sperm. Those who have infertility problems must recognize at every step our participation in this commodification and continually work to keep our bodies fully attached to our minds.

The process of undergoing infertility treatments must be a thoughtful one. The embryo is an embryo, not a person or a child, much less a thing to be bartered or sold, in spite of what anti-choice advocates would argue. Children don't belong to adults the way cars or books do. The trick—which I certainly failed in sustaining—is to go as far as we are comfortable going with infertility treatments while, one would hope in a productive rather than self-chastising way, interrogating all the way through our burning desire to deliver and raise only “biological” children. Throughout the process we must continue to be skeptical of medical interventions and their promise of hopes fulfilled as well as our own urges to look to them as miracle cures for our own feelings of inadequacy.

The infertile person, the one “inside” infertility, must sort through these dilemmas on his or her own while also, ideally, sharing stories with others and generating and/or participating in a more public discourse about the

experience of infertility. Too much of infertility is experienced in a vacuum by women afraid to expose our own thwarted desires or too wounded to speak out in an empowered and empowering way. Those of us who have experienced infertility will always be “inside” it but, when the immediate pain subsides, we might focus on the fact that being inside infertility has its virtues, if one can use this inside view to cast a different light on the desires that produce and are produced by infertility discourse in the first place. ★

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- 1 Valerie Hartouni, *Cultural Conceptions: On Reproductive Technologies + the Remaking of Life* (London and Minneapolis: University of Minnesota Press, 1997), p. 9.
 - 2 See Silvia Tubert, “How IVF Exploits the Wish to Be a Mother: A Psychoanalysts Account,” trans. Barbara MacShane, *Genders* 14 (Fall 1992), p. 41.
 - 3 Helen E. Longino. “Knowledge, Bodies, and Values: Reproductive Technologies and the Privilege of Partial Perspectives,” *Technology and the Politics of Knowledge*, eds., Andrew Feenberg and Alastair Hanna (Bloomington and Indianapolis: Indiana University Press, 1995), p. 208.
 - 4 Donna Haraway, “Fetus: The Virtual Speculum in the New World Order;” *Modest_Witness@Second_Millennium.FemaleManC_Meets_OncoMouse* (New York and London: Routledge, 1997), p. 199.