Infertility & Parenthood: Shifting the Social Construction

The identity of a woman is inextricably linked to ideals of motherhood. The female body is associated with its general reproductive capabilities and 'woman' is thus associated with childbirth. Socialization and historical thought have contributed to the association of childbirth and reproduction with mothering, motherhood and the presumption that women are the more caring gender of the binary. These ideals place women's identity under scrutiny when it comes to motherhood and the construction of the family. If a woman's purpose is defined by her ability to reproduce and care for a child, what problems does she face when she is deemed infertile? Women's experiences with infertility redefine the norms of family structure and demonstrate a need for a shift in the expectations for women and their relationship to parenthood. Additionally, the social burden placed on women in the realm of fertility ought to be shared by a couple as members of a partnership.

Infertility is defined as, "the inability to conceive after one year of timely, unprotected intercourse or the inability to carry a live pregnancy to birth," (Parry, 2005:275) and it affects somewhere between 4-5 million couples, or 15% of the married population (Parry, 2005; Peterson, Newton, Rosen, Schulman, 2006). Couples labeled infertile experience a great deal of stress in navigating the medical causes and solutions of infertility, but are also affected by the social norms of family construction that place significant emphasis on the nuclear family with two parents who can reproduce on their own. Infertile couples cope with infertility in several ways. First, they may avoid the topic or attempt to hide the issue from their partner, from their social circles or even ignore it themselves. Second, they may blame and see themselves as responsible, making infertility personally detrimental. Third, partners may cope using social supports and accessing institutional assistance with their emotional and medical issues (Peterson, Newton, Rosen, Schulman, 2006). This coping strategies are required for couples to

actively interpret their circumstances and seek ways to relate to themselves and others when they've been categorized as infertile.

While fertility is an issue that affects a couple and their relationship, it is women who are disproportionately affected in a social and psychological context (Peterson, Newton, Rosen, Schulman, 2006; Abbey, Andrews, Halman, 1992). In one study, "50% of women considered infertility the most distressing experience of their lives," while only 15% of men reported such severity in distress (Peterson, Newton, Rosen, Schulman, 2006:229). Several studies have also documented increased levels of depression in women experiencing infertility. Stress and depression associated with infertility increased for women when their male partners use distancing (from the infertility issue) as a coping strategy (Peterson, Newton, Rosen, Schulman, 2006). The relationship between infertility and self-esteem also affects a couple's intimacy with one another, leading to interpersonal conflict. Infertility can be intrusive to one's daily life, affecting their work schedules, interactions with the health care system and accessibility of future goals (Abbey, Andrews, Halman, 1992).

Such studies suggest that partners should be more involved, and in heterosexual couples, men should refrain from distancing themselves and instead support their partner and share in the experience. Couples who do not individually accept a disproportionate amount of responsibility or blame for the issue of infertility also experience lower levels of stress. It takes two individuals to share a relationship, to engage in sexual intercourse, to conceive a child and so it should involve both partners to engage with one another on the topic of fertility (Peterson, Newton, Rosen, Schulman, 2006).

Why is infertility a medical and social topic that requires coping? Parry (2005) addresses the relationship between fertility and the social construction of the heteronormative family. The mainstream idea of the family consists of two heterosexual parents – one woman,

one man – and their biological children. Women are expected to be mothers and take on motherhood as their central identity, thus infertility can affect a woman's identity when it comes to the lens of gender and family. Parry writes, "[...] women with infertility negotiate their experiences in a context in which traditional ideology of family is prevalent, even if only idealistically," (2005:276). Parry also describes a "pronatalist ideology" that dominates North American womanhood. This concept reinforces the pressure that women should "conceive and/or raise children" but the biological conception and subsequent rearing of a child is revered as the best form of motherhood (Parry, 2005:277).

Pronatalism views women's ability to bear children as presumably natural and built into their identity. Accordingly, a woman's desire to postpone or chose not to conceive children is seen as unnatural. Medical literature reflects this construction in describing women's infertility as a failure or physical defect. In describing male infertility, language is not so hostile (Ulrich & Weatherall, 2000). For example, "everyday terms such as 'barren' and 'sterile' convey a sense of emptiness and inadequate that reinforce the importance of motherhood for womanhood," (Ulrich & Weatherall, 2000:324). Ulrich and Weatherall's (2000) study showed that women felt they had lost something in their relationship with their partner and felt insufficient for social expectations. Women who are unable to produce children find themselves amidst a culture that questions their identities because the "mandate of motherhood" is so pervasive (Ulrich & Weatherall, 2000:334).

The current literature reflects women's coping strategies and changing sentiments about children over time. Parry's (2005) study included interviews with 32 women who experienced infertility and analyzed how their conceptions of motherhood and family subsequently shifted. Most women reported previous conceptions of family that were traditional and conservative in nature – a heterosexual family unit with biological children.

Those interviewed reported marriage and biological children as important components of their definitions of family. Some indicated that the desire for blood-kin relationship to their children was part of a reproductive instinct and they possessed a desire to pass on their genes to their offspring. Additionally, respondents conveyed a sense of loss when they could not experience pregnancy and childbirth "naturally" if at all. These findings paint a loss of identity and purpose for these women, especially if pregnancy and childbirth are seen as natural, thus making infertile women feel alienated and unnatural (Parry, 2005:280-283).

Interestingly, several women in Parry's (2005) study reporting feeling a greater sense of family unity and appreciation for their families if they were able to conceive biologically after confronting challenges with infertility. Parry reported that a few women who saw themselves as overcoming infertility and reaching their goals of biological conception "seemed even more committed to traditional ideologies of family," (2005:284). Other women experienced multiple shifts in their thinking from wanting children who looked like them and carried their genetics, to accepting adopted children in the same ways as their biological children. Chosen families based on intimacy became more important to some women than the biological basis of kinship. One of Parry's points concludes that "women who were unable to conceive discussed broadening of their conceptualizations of family, moving them beyond a traditional ideology of family focused on the presence of biological children" (Parry, 2005:286).

Women may attempt medical intervention for infertility or adoption if they have the financial resources and support of their parents, but as Parry found, many women do not have the resources or support of their partners to do so. These women who remained childless sought their sense of family from extended kin, built relationships with friends, and strengthened emotional bonds with their partners. The importance of chosen families can be

highlighted when it comes to families who cannot reproduce due to infertility or lack of resources (Parry, 2005).

The medical community has historically focused on women's infertility, rather than on the couple as a reproductive unit. Johnson and Johnson (2009) argue that discourse on infertility should address both partners involved in reproductive therapies. The Johnson and Johnson study found that predictors of seeking medical help for infertility problems included: "intentions to get pregnant at the time of the infertility episode, years living together, and total family income" (Johnson & Johnson, 2009:438). Attitudes about parenting were also relevant – all of which indicates that a couple must be involved with one another when discussing infertility and considering medical intervention or alternative options (Johnson & Johnson, 2009). The woman should not bear the brunt of the social and emotional effects of infertility.

Practically, this leads to medical professionals including the social context when treating a couple experiencing infertility. Johnson and Johnson assert that, "family practitioners should seek to engage with both female and male partners" should one or both parties seek treatment (2009:442). The authors also advocated for development of internet resources to educate couples about solutions and alternatives when managing infertility as a family. (Johnson & Johnson, 2009). There remains a need for further development of programs and services for men, women, heterosexual and homosexual couples.

The dominant ideal of biological motherhood is strong, requiring advances in medical technology to "correct" a woman's body so that she might be able to reproduce. Advances in medicine have allowed many women to have biological children, but the cost is high and the procedures are invasive. Additionally, the time elapsed between marriage and childbearing may result in additional stress. If a couple conceives a child after a long period of time after publicly pronouncing their unity, "the social pressure on them may have intensified, but they

will likely also have had to make important decisions about the type of treatment they are willing to receive," (Matthews and Matthews, 1986:644).

Matthews and Matthews introduce the concept of "infertility investigation" during which the couple explores social constructions of family and reproduction that may shift and change with time and obstacles. (1986:644). Some couples may become pregnant quickly and with little effort while others require consistent treatment and assistance procedures such as artificial insemination or in vitro fertilization. Some couples may never be able to reproduce children biologically no matter what level of intervention they seek. The latter couples may experience the highest level of stigma and personal affect. "The strongest social and social-psychological impact is likely to be found among those who are proven sterile and among those who remain infertile without any reason being determined," (Matthews & Matthews, 1986:644). These couples face the options of remaining childless, adopting, or continuing to try medical intervention. Should a couple choose to remain childless or to alternatively adopt, they must reestablish their family constructs and expectations to form a new reality (Matthews & Matthews, 1986).

When a couple is involuntarily childless, their personal identity and roles within families and social systems are altered. The family is an integral system within the composite social order and when the family is redefined, those within the social order undergo a transformation as well. The social interactionist approach applies to the experience of identity conversion. Matthews and Matthews claim, "identity is 'situated' in that it is a person's sense of who he/she is in relation to a particular situation," (Matthews & Matthews, 1986:645). The concept of identity hierarchies is also pertinent to childlessness as the importance of a parental identity may be ranked highly in one's life and then compromised by infertility. The strong expectations involved leading up to parenthood may result in serious identity problems for the

individual – "Involuntary childlessness is [such] a failure to perform, which may lead to what we would term, 'identity shock'" (Matthews & Matthews, 1986:645).

In response to a altered life course due to fertility, women who cannot reproduce biologically and conform to the "motherhood mandate" must readjust to a new reality. McQuillan, Torres Stone and Greil (2007) studied life satisfaction among infertile women and found that "most women rate motherhood as their important life role" and that children provide meaning, support and social value throughout their lives (2007:956). It is relevant to study these women and their families because infertility blocks a significant goal held by the majority of women. In a controlled study, McQuillan, Torres Stone and Griel (2007) found that marriage and life satisfaction are strongly associated, as is marriage and motherhood. However, this may result in a false association with motherhood and life satisfaction. The study actually concluded that "the apparent association between motherhood and life satisfaction is actually created by shared associations with marriage," (McQuillan, Torres Stone and Griel, 2007:974). In general, women experiencing infertility did not report decreased life satisfaction, however certain groups of women did demonstrate a higher association of lowered satisfaction associated with infertility. Women who perceive their infertility as a significant problem are likely to score lower on general life satisfaction. If women try to resolve the issue of infertility and do not succeed, their happiness is probably compromised in the course of their lifetime(s). It is "persistent involuntary childlessness" that is "associated with lower life satisfaction for women who perceive infertility as a problem," (McQuillan, Torres Stone and Griel, 2007:976-977).

Couples are evidently affected by the social importance of families and parenthood. Women experience a disparate amount of social stigma and pressure, but this is due to larger implications of motherhood and gendered life expectations. Fertility is a social and medical

topic that seeps into institutional and legal parameters of daily life. The way medical literature

discusses fertility, the solutions and alternatives to infertile couples and the resources available

have demonstrated insufficiency in the present research. Life satisfaction is compromised for

some women and the solution is summed in this quotation: "[...] if we lower the centrality or

importance of motherhood, women can also maintain high levels of life satisfaction when they

experience infertility," (McQuillan, Torres Stone and Griel, 2007:977). Parenthood and

reproduction require new guidelines and expectations, especially with the rise in same-sex

couples and shifting family structures. The social climate surrounding the family institution is

changing, so the institution must shift in turn.

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