BARREN OR BOUNTIFUL?:
ANALYSIS OF CULTURAL VALUES IN POPULAR MEDIA REPRESENTATIONS OF INFERTILITY

by

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ABSTRACT

Infertility and infertility treatments appear more often on TV and film today than in prior generations.[1] One might believe that because the infertility experience is represented more frequently in popular media that the surrounding culture is more comfortable with supporting infertile men and women as they navigate their condition and potentially pursue treatment or adoption. This may be the case, but is not the only simple answer. Upon analysis, questions arise regarding how assisted reproductive technology is depicted—as opportunity or threat—and what the women who employ it look like. Are women identified in popular media as infertile of diverse ethnic and socioeconomic backgrounds, as scientific and sociological data demonstrate, or are they overwhelmingly white, over 35, and upper class, as widespread stereotypes of the condition present as truth?

This dissertation investigates how contemporary popular media (notably film and television) articulate infertility. The study of this topic informs social structures regarding women and their perceived roles in the domestic sphere (and outside of it, in professional positions), as well as women and their perceived roles in reproduction. In outlining the historical, sociological, and medical parameters of infertility prior to analyzing the depiction of infertility in a range of popular media genres, I aim to demonstrate how the condition is being produced, disseminated, and represented in contemporary film and television, and illuminate ways that these images may challenge or, more frequently, align with longstanding biases against infertility, particularly infertile women.

Using a cultural studies framework informed by feminist, stigma, and Foucauldian theory, this qualitative study investigates representations of infertility in popular media through textual analysis of works from numerous genres, including melodrama, horror, science fiction, and reality television. In general, this study yields support for seeing more stereotypes regarding upholding the domesticity of women and social suspicion of medical intervention in reproduction than for popular culture as a resource for innovative ways of depicting and framing the infertility experience. However, the dissertation concludes with reflections on paths for further study, and potential avenues for advocacy enabled by popular media.

[1] Kelly Oliver, *Knock Me Up, Knock Me Down: Images of Pregnancy in Hollywood Films* (New York: Columbia University Press 2012).

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Chapter 1

Introduction

As I turned 30, a number of my friends were undergoing fertility treatments or pursuing adoption after not being able to conceive. They told me about the hormone medications, the events that led to choosing adoption, and the stress they felt from financing expensive in vitro fertilization cycles. Depictions of the infertility experience that I saw on film or television, however, did not correspond with what I'd been told. These women (nearly always women) on screen fell apart when they saw babies, threw mood swing-induced tantrums in their workplaces, and bore "litters" of eight babies. They referred to themselves as "barren," and spoke of their infertility as a curse from God. Beyond these sensational images was the relative scarcity of the infertility experience in popular culture. One in eight couples, and more than one in 10 married women are infertile; those statistics are far from found in mainstream media.[2]

This disparity in quantity and quality of depictions made it clear to me that there was a problem in how popular media represent infertility. I wanted to investigate how close to the actual lived experience of infertility popular media images got, and what could account for deviations. Why did the representations I saw seem so similar, and what does the way the condition is represented say about how the surrounding culture thinks about infertility and infertile individuals?

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[2] "Fast Facts About Infertility," RESOLVE, last modified April 16, 2014, http://www.resolve.org/about/fast-facts-about-fertility.html; Anjani Chandra, Casey E. Copen, and Elizabeth Hervey Stephen, "Infertility and Impaired Fecundity in the United States, 1982-2010: Data From the National Survey of Family Growth," *National Health Statistics Report* 67:2013, 1-18.

Infertility and infertility treatments do appear more often on TV and film today than in prior generations.[3] One might believe that because the infertility experience is represented more frequently in popular media that the surrounding culture is more comfortable with supporting infertile men and women as they navigate their condition and potentially pursue treatment or adoption. This may be the case, but is not the only simple answer. Many of these tales are stories of professional women who find themselves battling late-stage biological clocks and turning to Assisted Reproductive Technologies (ART). How are these technologies represented? Are they framed as giving infertile women more freedom to delay childbirth in the interest of careers, or are they depicted as risks to personal and social well-being? Similarly, many representations of infertility depict women facing problems conceiving after years spent single (there are very few images of single women battling infertility). Is this character trait a positive one, or does the woman in question express regret over years spent unmarried and undomesticated? Is the woman or her partner infertile, or both? Asking such questions of media representations can impart how we as a society regard gender norms, and how they relate to biological expectations and the domestic sphere.

Infertility is a plot point in major television programs such as *Grey's Anatomy*, some celebrities speak publicly about fertility struggles, and the Nobel Prize has been awarded to the pioneer of in vitro fertilization (IVF). However, at the same time, horror movies about mutant babies accompanied the advance of fertility drugs (*It's Alive* [1974] and its sequels), many celebrities deny the use of ART, and

[3] Kelly Oliver, *Knock Me Up, Knock Me Down: Images of Pregnancy in Hollywood Films* (New York: Columbia University Press 2012).

negative tropes about desperate acts by "barren" women persist in the current media landscape, both fictional and "reality" (see the "Octomom" phenomenon). Growing attention to infertility in popular culture is apparent in the amount and variety of coverage, but the language and tropes used to explain and shape the infertility experience may not have necessarily changed from earlier days in which it was less openly talked about. This is, I believe, indicative of persistent social stigma.

This dissertation investigates how contemporary popular media (notably film and television) articulate infertility. The study of this topic informs social structures regarding women and their perceived roles in the domestic sphere (and outside of it, in professional positions), as well as women and their perceived roles in reproduction. In outlining the historical, sociological, and medical parameters of infertility prior to analyzing the depiction of infertility in a range of popular media genres, I aim to demonstrate how the condition is being produced, disseminated, and represented in contemporary film and television, and illuminate ways that these images may challenge or, more frequently, align with longstanding biases against infertility, particularly infertile women.

I suggest that there are definite ramifications for media studies in focusing on this area of study, particularly in two primary realms: for learning more about how we as a society regard gender norms and how they relate to biological and psychological expectations for women: and bodily intersections with science and technology, notably when medicine and the female body are intertwined. Following this trajectory from cultural messages regarding gender and medicine through

media representations of infertility, this dissertation studies social discourses and frames of knowledge that shape these depictions.

This study—as most scientific studies of infertility—defines infertility as failure to conceive following 12 months of well-timed, unprotected intercourse (or six months for females over 35 years of age). The primary focus here is on female infertility, as that is the condition most often addressed in popular media depictions of infertility. Additionally, most people think of complications with conceiving as gendered female despite biologically men and women being equally likely to be infertile.[4] Women traditionally, "whether or not…the infertile partner, ha[ve] disproportionately borne the medical, social, and cultural burden of a couple's failure to conceive."[5] Even when the root of the infertility is male, treatment to address that condition most often entails invasive work on the woman's body.

Infertility, though technically a medical condition, is inseparable from its cultural context. Parenthood is framed in mainstream American culture as a normal element of adulthood, a key part of our pronatalist ideology. The infertile population among those adults is widely believed to be white and middle-class women, despite demographic statistics evidencing higher rates of infertility among poor and working-class men and women, with a number of fertility disorders disproportionately affecting Black and Latino individuals.[6]

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[4] Anjani Chandra, Casey E. Copen, and Elizabeth Hervey Stephen, "Infertility and Impaired Fecundity in the United States, 1982-2010: Data from the National Survey of Family Growth," *National Health Statistics Report* 67:1 (2013).
[5] Margaret Marsh and Wanda Romer, *The Empty Cradle: Infertility in America from Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 1996), 4.
[6] Marsh and Romer, *Empty Cradle,* 246; Chandra et. al., "Infertility."

Fertility treatments are pitched primarily at the former, inaccurate view of infertility, however, as their exorbitant expense (most often not covered by health insurance) makes them available for limited socioeconomic segments of the population. The use of ART is also conditioned by social and cultural surroundings. With every new entry admitted to the fertility treatment arsenal—hormonal medication, donor sperm and egg, intra-uterine insemination, in vitro fertilization, and more—religious leaders, politicians, doctors, and both traditional and popular media weigh in on the ethics and propriety of medical assistance for infertility. Each new option brings new potential for bearing children and, in some views, for bolstering the institution of the family. But they are also accompanied by debate over additional reproductive choices for women and the definition of family. Infertility and its treatments, then, as culturally conditioned topics, go beyond personal experiences to the realm of social construction.

A major influence upon that social construction of infertility and ART is the ideology of pronatalism that imbues contemporary American culture with an inherent drive to view childbearing and the "children are our future" as of utmost importance in all realms of life—from politics to sexuality.[7] As summarized in 2007 by Janice Min, former editor-in-chief of *Us Weekly*, in discussing her magazine's focus on pregnant celebrities: "It's almost un-American at this point to say you don't

[7] Lee Edelman, *No Future: Queer Theory and the Death Drive* (Durham, NC: Duke University Press, 2004).

want children, especially from an image perspective. It's almost like saying you're a communist."[8]

In their history of infertility in America, Margaret Marsh and Wanda Romer write that media attention to infertility, and the focus on children as the heart of a family, routinely rises when birth rates fall and numbers of women in the workforce increase. In these times the public begins to fear not only for women's health, they write, but also "the nation's future," raising social concern over infertility to a new level.[9] Women who were not mothers, whether or not by choice, became suspicious and socially deviant by the 1920s as the family based around biological children assumed more importance.[10] Such wariness around infertility and its potential source in female behavior persists today in legislation about reproductive choice and worries over women being able to mother while working.

That pronatalist impulse also informs media interest in ART. While popular culture depictions of medical intervention in reproduction are ambivalent at best, and terrifying at worst (to be investigated in chapter 6), advances in ART are consistently attractive for media coverage. Some of that coverage focuses on ethical and scientific fears of manipulating reproduction, but this impulse can also be seen as stimulated by ideological drives promoting childbearing as a social duty.[11]

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[8] Jessica G., "'Us Weekly' Editor: Shunning Kids Makes You a Communist," *Jezebel*, http://jezebel.com/314443/us-weekly-editor-shunning-kids-makes-you-a-communist Oct. 24, 2007.
[9] Marsh and Romer, *Empty Cradle,* 31
[10] Marsh and Romer, *Empty Cradle*, 123.
[11] Marsh and Romer, *Empty Cradle,* 183.

As infertility and its treatment are invested with cultural meanings, representations are vital to their social construction. A thorough theory of media representation is beyond the scope of this dissertation, but preexisting literature on the analysis of representations in film theory defies any easy answer as to whether cultural opinions or media depictions come first. Representations, write E. Ann Kaplan, "embody unconscious fears and desires produced through repressed economic/political/racial and gender conflicts." While few outright declare that infertility threatens pronatalism and conceptions of roles for women, such tensions become apparent in analysis of the condition's representation. Notably, representations that deviate from typical lived experience are revealing in what they add to or leave out of an experience in question.

Social construction addresses the means by which ideas, and thereby experiences, are intricately, compellingly reflective of and determined by the surrounding world and historical period that produces them. Analysis of language and images used to represent entities uncovers the social constructions behind them, for "knowledge is not value-free and objective."[12]

Analysis of representations is essential not because these images are authentic or factual depictions of the infertility experience, but because they are not. In departing from realism, such representations have the power to condition cultural understandings of minority populations, especially those that are stigmatized and not always spoken of openly. To be sure, positive and nuanced

[12] Ann Phoenix and Anne Woollett, "Motherhood: Social Construction, Politics, and Psychology," in *Motherhood: Meanings, Practices, and Ideologies*, ed. Ann Phoenix, Anne Woollett, and Eva Lloyd (Thousand Oaks, CA: Sage Publications, 1991) 14.

representations of infertility are welcome additions to the cultural landscape. But upon closer analysis, many seemingly novel stories and character developments reinforce traditional conceptions about prioritizing female domesticity and anxieties about women's involvement with reproduction, particularly mixing science and procreation.

Popular media, including the film and television texts analyzed in this dissertation, are of value beyond escapist entertainment. This media terrain must be considered as "a site of struggle over meaning and values" within surrounding culture.[13] Notably, and this will be discussed more in chapters 4 and 5, popular media have a history of reflecting challenges to dominant culture by women. Such choices in what texts opt "to emphasize and valorize" about the female experience are important in the construction of social norms and expectations. [14] Often such reflections of feminist struggle are not liberatory, as "representations of women in media work to maintain ideologies" through their imagery constructing socially acceptable parameters for women.[15]

In this line of thinking, depictions of what infertile women do and do not do, and how they do and do not behave, play a vital role in shaping how others view the condition and those who suffer with it. As motherhood has been recognized as "*not* a natural or biological function," but instead "fundamentally a cultural practice that is

[13] Angharad Valdivia, "Clueless in Hollywood: Single Moms in Contemporary Family Movies," *Journal of Communication Inquiry* 22:3 1998, 277.
[14] E. Ann Kaplan, *Motherhood and Representation: The Mother in Popular Culture and Melodrama* (London: Routledge, 1992); Katherine N. Kinnick, "Media Morality Tales and the Politics of Motherhood," in *Mommy Angst: Motherhood in American Popular Culture*," ed. Ann C. Hall and Mardia Bishop (Santa Barbara, CA: Praeger, 2009) 2.
[15] Rachael Liberman, "The Politics of Mediating Female Sexual Subjectivity: Feminist Pornography and the Production of Cultural Variation" (PhD dissertation, University of Colorado, Boulder, 2013) 13.

continuously redesigned in response to changing economic and societal factors," so cultural conceptions of infertility are socially constructed and change as motherhood is variously idealized and played upon for patriarchal, pronatalist ideological aims.[16] Numerous theorists of representations of motherhood in media write that media images of happy, effortless mothering makes real-life women feel anxious and guilty.[17] As images of perfect mothers fill real moms with dread, images of infertile women make women who are infertile, as well as others who absorb these representations, fear the condition and those who suffer with it.

"From a social construction perspective, infertility is not to be viewed as a static condition with psychosocial consequences," writes Arthur Greil in his sociological compendium of interviews with infertile couples, "but as a dynamic, socially conditioned process whereby couples come to define their inability to bear their desired number of children as problematic and attempt to interpret and correct this situation." He adds, "[a] couple's experience of infertility is shaped by the ideology and social structure of the society in which they live."[18] Charlene Miall conducted an expansive study of interviews with fertile men and women to study social constructions of infertility, and learned that the prevailing ideology and social structure is not inclined favorably toward infertile individuals. Both her results and Greil's indicated beliefs that infertility is associated with deviance, stigma, and

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[16] Andrea O'Reilly, "Introduction," Mother Outlaws: Theories and Practices of Empowered Mothering, edited by Andrea O'Reilly (Toronto: Women's Press, 2004) 1-30: 5)

[17] Rebecca Feasey, *From Happy Homemaker to Desperate Housewives: Motherhood and Popular Television* (London: Anthem Press, 2012); Shari Thurer, *The Myths of Motherhood: How Culture Reinvents the Good Mother* (New York: Penguin, 1994);
Susan Douglas and Meredith Michaels, *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined All Women* (New York: Free Press 2004).

[18] Arthur L. Greil, *Not Yet Pregnant: Infertile Couples in Contemporary America* (New Brunswick, NJ: Rutgers University Press, 1988), 7.

failure to fulfill gender norms. The social construction of infertility, then, is essential for consideration of how both the population at large and the subset of infertile men and women themselves consider the affliction.

The social construction of infertility is a problem appropriate for media studies because media are a key part of fertility and infertility's move from personal to political in recent decades, as the condition and its treatment has been subject to greater medical attention and public interest. As an example of such increased coverage, Greil cites "dramatic increase in the media's attention to infertility" since 1978 and the introduction of in vitro fertilization to the infertility treatment landscape. He grounds this in content analysis of popular magazine article titles listed in the *Reader's Guide to Periodical Literature*: "In the decade prior to 1978, a total of eighteen popular articles on infertility appeared; but in 1978 alone, sixteen infertility articles were published, and on average thirteen articles a year have been published since 1978."[19]

Social constructions reflect and are made up of cultural discourses around issues. Discourse is not just what is said and written—it is the ideology that informs both those sayings and writings as well as the culture in which they are produced. There are always multiple discourses, so power struggles for dominant discourse are inherent and inform social constructions. In that struggle, there is affinity between Gramsci's notion of hegemony as consisting of contesting outlooks and value systems vying for power, and Foucault's notion of discursive practices as made up by institutions attempting to assert "truths" to dictate social practices. Both

[19] Greil, *Not Yet*, 197

theories concern how individuals and groups internalize power, whether working within, for, or against it. That internalized power then inherently shapes social construction. Different discourses about a topic intersect in popular depictions of it, in popular media. Economic issues, gender issues, political issues—these and more can be read in how a subject is depicted and what discourses inform its depiction in works of popular media.

As described by film theorist Frank Krutnik: "in general one can see generic forms as a functional interface between the cinematic institution, audiences, and the wider realm of culture. Films never spring magically from their cultural context, but they represent instead much more complex activities of negotiation, addressing cultural transformation in a highly compromised and displayed manner."[20] Regarding infertility, mainstream films and television connect with cultural norms and shifting opinions of fertility, affected by surrounding politics, technology, medicine, and other elements in the social ether. This dissertation asserts that the texts analyzed are part of a productive relationship with the surrounding culture that absorbs and reflects our social anxieties, values, and hopes.

Infertility has been studied from historical, sociological, and medical perspectives, but little has been written about representations of infertility in popular media. This can be related to the relatively little mention of the condition in

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[20] Frank Krutnik, "The Faint Aroma of Performing Seals: The 'Nervous' Romance and the Comedy of the Sexes," *The Velvet Light Trap* 26: 1990, 57.

popular culture at large, especially when compared to other issues of reproduction such as abortion, birth control, and motherhood.

This dissertation considers representations of infertility on screen, and despite some mentions of tabloid media, its primary focus is mainstream Hollywood films and primetime television programs from recent decades. Although much interesting discussion of infertility occurs online and in celebrity media, to center the target this work limits analysis to mainstream film and television works, which supply a number of texts for analysis and also, as they are marketed to wide audiences, provide images that have been produced and screened for a great number of people. The chosen texts are not systematic examples, but rather productions of particular interest for how they represent the infertility experience. To interpret infertility on screen and television, I evaluate works ranging from horror and comedy films such as *Splice* and *Sex and the City*, to television melodramas and reality shows including *Grey's Anatomy* and *Keeping Up with the Kardashians*. I have limited the texts analyzed to those addressing female infertility (or not specifying which partner is infertile but positioning the infertility as female, aligning with aforementioned common conceptions of infertility as a "woman's problem"). I chose this approach both because popular media depictions of male infertility are uncommon, and because my focus on hegemonic views of infertility as gendered make analysis of female infertility on film and TV most appropriate.[21]

[21] An analysis of representations of male infertility is a valuable subject for study, as the gendered conception of the condition brings a host of interesting other issues to the fore in how male factor infertility (MFI) is depicted in popular culture. Three texts that include a significant storyline involving MFI include the television programs *Coach* (1989-1997), *Friends* (1994-2004), and *Masters of Sex* (2013-present).

From a theoretical approach, instead of presenting a grand theory of mass communication and its social implications—endeavoring to explain as much as possible with one all-encompassing concept—this dissertation applies a number of theoretical points of view to close readings in order to analyze popular media texts and their surrounding cultural discourses. I propose that this route allows for the investigation of how social anxieties surrounding particular conditions are influenced by larger cultural concerns, and can reveal the many ways popular media can absorb and contribute to surrounding social dialogues.

The first part of this dissertation offers a review of theoretical grounding as well as existing literature regarding this topic, through which I establish a context for the study of infertility in popular culture. I address sociological and historical literature about infertility rates and treatment, and how those have changed over time. Theoretically, I outline my approach to the cultural study of infertility employing primarily British Cultural Studies, feminist theory, and Foucauldian frameworks. This section also includes an explanation of methodology and methods employed in the analysis.

The second half of the dissertation illustrates my analyses of infertility representations in popular media, particularly: (1) infertility in melodrama; (2) infertility in horror and science fiction; and (3) infertility in reality television, notably celebrity domestic reality programs. In the study of melodrama, I focus largely upon a long history of seeing infertility as a disease brought on by a woman's own failing of her female gender due to selfish pursuits of a non-domestic lifestyle.[22]

[22] Marsh and Romer, *Empty Cradle*, 246.

The following chapter, evaluating horror and science fiction texts, explores prevalent fears of women producing great numbers of offspring that threaten humanity, with those anxieties amplified by ART and threats of genetic manipulation.

Whereas much of the first two analytical chapters results in findings that popular culture representations of infertility are not progressive or positive for broadening the social view of the condition, in the reality television chapter I argue that potential for resistant media messages regarding infertility exists. With lessons learned from theoretical applications of Foucauldian and British Cultural Studies theory, these scant examples may be seen as potentially opening doors for further, more revolutionary representations and messaging about infertility. In the final chapter, the conclusion, I consider whether such opportunities for advancement by stigmatized subcultures are truly possible via popular media, and propose further avenues for study.

With careful analysis within theoretical and historical contexts, this dissertation aims to fill a gap in literature and address what discursive frameworks we use to depict infertility. Such an evaluation is important for media studies in order to further understanding of how popular culture artifacts work to reproduce and bolster cultural conceptions of women's role in the domestic sphere, in the workforce, and in human reproduction.

Chapter 2

Literature and Theory

"Every era has a particular configuration of self, illness, healer, technology; they are a kind of cultural package. They are interrelated, intertwined, interpenetrating. So when we study a particular illness, we are also studying the conditions that shape and define that illness, and the sociopolitical impact of those who are responsible for healing it."
—Philip Cushman[1]

Existing historiography of infertility's representation in popular culture largely focuses on infertility's medicalization and stigmatization. This dissertation's mission to fuse these two paths—popular culture's view as well as infertility as a social and medical issue—is reflected in the following quote from Margaret Marsh and Wanda Romer's history of infertility in America: "History may not be able to tell us how to solve the societal dilemmas posed by assisted reproduction in contemporary America, but it does help us to understand the processes that brought us to this point."[2] Similarly, the trends that surface in popular media, whether as themes in fictional works or as cover articles in celebrity magazines, are telling of concerns within the surrounding culture. Infertility is not new, but how it's discussed and depicted reveals much about the changing society that continually views it as problematic.

In studying representations of infertility in popular culture, I turn to British Cultural Studies, feminist theory, stigma theory, and the work of Michel Foucault regarding the body and surveillance. These theoretical perspectives are combined in

[1] Quoted in Janice Peck, *The Age of Oprah: Cultural Icon for the Neoliberal Era* (Boulder, CO: Paradigm Publishers, 2008), 8.
[2] Margaret Marsh and Wanda Romer, *The Empty Cradle: Infertility in America from Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 1996), 6.

an effort to enhance the scope by which we can see and study the social construction of infertility. The importance of these texts analyzed to that aim, with their infertile characters and plots about attempting to conceive, is illuminated when theories of feminism, abjection, and stigma are considered.

About Infertility

In their preface to *The Empty Cradle: Infertility in America from Colonial Times to the Present*, Marsh and Romer write that no history of American infertility existed when they began researching their book in 1987.[3] Indeed, not only are comprehensive historical studies of infertility sparse, but resources from which to create such an account are not readily available. The condition is more readily spoken about and publicized today, but in investigating infertile women from generations prior, "those who wished for offspring in vain have left little to enable historians to understand how they coped with their involuntary childlessness."[4]

There is little data on infertility in early America, but childless marriages were rare. American infertility prior to the mid-1800s was frequently thought to be due to a test of faith or God's disfavor, with prayer offered as a primary treatment.[5] Health-based advice appeared in occasional at-home wellness guides for women, but were not the purview of the medical profession until the middle of the

[3] Marsh and Romer, *Empty Cradle*, x.
[4] Margaret Marsh, "Motherhood Denied: Women and Infertility in Historical Perspective," in *American Families Past and Present: Social Perspectives on Transformations*, ed. Susan M. Ross (New Brunswick, NJ: Rutgers University Press, 2006), 217.
[5] Marsh and Romer, *Empty Cradle*.

nineteenth century, when the field of gynecology developed and women were encouraged to seek professionals rather than self-help advice or midwives.[6]

"Medicalization" is a sociological term used "to describe the process by which certain behaviors come to be understood as questions of health and illness, subject to the authority of medical institutions."[7] In his 1988 account of infertility in society, *Not Yet Pregnant: Infertile Couples in Contemporary America*, Arthur Greil writes that this medicalization of infertility was indicative of larger cultural shifts in the late nineteenth century through present times. "The trend toward medicalization… developed as part of a larger trend toward increasing prestige for science and technology."[8] This influenced all manner of daily life and activities, from higher education to housework.

Marsh locates the move toward medicalization in the late nineteenth century among larger changes in "patterns of family formations and in cultural attitudes about the family": fewer large families living together, and more emphasis on the husband-wife couple.[9] These shifts in social conceptions of the family unit "had profound implications for the ways in which women dealt with infertility."[10] Largely, Marsh argues, this resulted in infertility increasingly being seen as a disease that required medical attention. "Beginning in the 1850s, and continuing ever since,

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[6] Ibid.
[7] Arthur L. Greil, *Not Yet Pregnant: Infertile Couples in Contemporary America* (New Brunswick, NJ: Rutgers University Press, 1988), 33-34.
[8] Greil, *Not Yet*, 34.
[9] Marsh, "Motherhood," 211.
[10] Marsh, "Motherhood," 212.

women in infertile unions increasingly sought help from physicians to help them conceive."[11]

With medicalization, "barrenness" became formally known as "sterility."[12] A change in terminology and attention from the medical profession, however, was not soon accompanied by changes in knowledge about the reproductive system or effectiveness in treating its disorders. Even "experts" in infertility saw success rates of only 16 percent.[13] It was not until generations later, in the 1920s and 1930s, that advances in medicine actually had beneficial effects for the infertile. That era brought more understanding of the role of hormones in reproduction, and thereby more information about the menstrual cycle. Only after that did medical intervention into some conception complications become more reliably effective.[14]

In the World War II and postwar period, "few Americans doubted that technological advances promoted the public good."[15] That societal interest in technological and scientific innovation, combined with the post-World War II baby boom, formed the basis for mid-twentieth century investment and achievements in infertility treatment. Infertility specialists opened practices, and while rates of infertility did not change, public attention to the condition and availability of treatment did rise.

Ovulation-stimulating hormonal supplements—including the still-frequently used clomiphene citrate (also known as Clomid)—debuted in the 1960s. In vitro

[11] Marsh, "Motherhood," 214.
[12] Marsh and Romer, *Empty Cradle,* 10.
[13] Marsh and Romer, *Empty Cradle,* 144.
[14] Greil, *Not Yet*, 41.
[15] Marsh and Romer, *Empty Cradle,* 172.

fertilization was first successful in 1978, after having been first attempted in a series of highly publicized experiments in the 1940s. Female infertility remained the priority of the medical profession for generations, as it was commonly presumed that any man who was not impotent was fertile. Semen analysis remained absent from most couples' infertility diagnoses until the 1950s, and even then was subject to suspicion and sensitivity by not only the men undergoing testing, but also the mostly-male medical community.[16]

Medicalization can be credited or blamed with leading fewer couples to adoption as not only more treatments became available, but also more public attention about scientific advances in infertility promoted beliefs that couples have medical options to exhaust in forming a biological family prior to or instead of adopting the children of others. In early America, the colonial family was defined by household rather than by genetic lineage. That view as well as higher mortality rates made the building of a family by those who could not conceive more readily possible. During the 1950s, after many legal strictures tightened adoption regulation in the early twentieth century, approximately 75,000 to 100,000 adoptions took place annually in the United States. While there are not data regarding infertility's role in those adoptions, "evidence suggests that probably as many as 85 percent chose adoption when they failed to conceive."[17] With increased successes of and media attention to medicalization of infertility though, "the inability to procreate became converted from a social state into a medical condition…[with a] shift from emphasis on coping with childlessness through social

[16] Marsh and Romer, *Empty Cradle,* 102.
[17] Marsh and Romer, *Empty Cradle,* 204.

means, such as participating in the rearing of others' children, to dependence on medical intervention."[18]

Hormone therapy also allowed women to delay trying to conceive, leading to more women first attempting conception at a later age, which could necessitate medical assistance with fertility problems not as often faced in years prior to the pill. With widespread use of hormonal contraception came perceptions of blame for many instances of post-pill infertility. As Margaret Marsh details, though, the mixing of medicine and morals around fertility had existed for ages. In the early days of infertility's medicalization, "[t]he problem of infertility provided numerous opportunities for the assertion of conventional values, as physicians articulated an explanation of its etiology that centered on women's inappropriate behavior. Such confident pronouncements about the root causes of infertility were designed to advance the claims of gynecologists to authority in both reproductive and behavioral matters."[19] The "motherhood mandate," social expectation for women to bear children, "can—and has—stigmatized those whose unions are involuntarily childless as well as those who choose not to have children. Historically, it has been invoked to valorize women's fertility and to castigate those with expectations for achievement beyond the confines of home and family."[20]

Demographics from 1965 demonstrate a pattern of fertility in American that breaks with the prior "baby boom" of soaring fecundity for families post-World War II. From that year on, marriages occurred at later ages and resulted in smaller

[18] Marsh and Romer, *Empty Cradle,* 2.
[19] Marsh, "Motherhood," 216.
[20] Marsh and Romer, *Empty Cradle,* 5.

families. The 1970s were marked by notably lower numbers of childbirth, and later rises in that demographic still did not come near postwar fertility levels.[21] Through at least the early 1990s, the sole population group to evidence "significant and consistent increases in childbirth" has been women in their thirties, and the average age of first-time mothers has continued to increase since then, albeit more slowly than the 1970-1990 time span.[22]

Women have long played an active role in the medicalization of infertility, seeking treatments as soon as they are readily available or even before. Marsh and Romer cite women flooding the scientists pioneering early in vitro fertilization with requests for treatment following reports of their work appearing in popular media. These inquiries came from infertile women nationwide, despite the research being in very early stages; not yet having produced a successful pregnancy, let alone a live birth; and having been described in media by skeptics and detractors as "rape in vitro."[23] With every new advancement, Marsh and Romer write, patients have been "active agents in seeking out medical solutions" to infertility, participating in the condition's medicalization.[24]

Most studies employ "unprotected intercourse for 12 months without conception" as the marker of infertility, as this is the timing referenced by many clinicians in moving forward with infertility treatments. For couples in which the

[21] Marsh and Romer, *Empty Cradle,* 211.
[22] Marsh and Romer, *Empty Cradle*, 218; T. J. Mathews, Brady E. Hamilton, "Delayed Childbearing: More Women Are Having their First Child Later in Life," NCHS Data Brief, 21, 1.
[23] Marsh and Romer, *Empty Cradle*, 177.
[24] Marsh and Romer, *Empty Cradle*, 252.

woman is over 35 years of age, however, that time period is reduced to six months. Using that 12-month definition, the infertile percentage of the population is frequently recognized to range from as low as five percent to a high of 15 percent.[25] Lifetime infertility, however, is far smaller than that upper boundary—less than five percent.[26] Consistency in measurement is often cited as difficult to determine due to historical and geographical data discrepancies and definitional variations; some studies take into account whether physician assistance has been sought, self-definition, and other time-based parameters in defining infertility.[27]

In a 2009 letter to *Human Reproduction*, Dyer criticizes an earlier (2007) study by Jacky Boivin, Laura Bunting, John A. Collins and Karl G. Nygren for this lack of precision and continuity in summarizing the global prevalence of infertility. That prior work considers 28 population surveys that included data on infertility to conclude that there was an overall, worldwide median prevalence of 9 percent. Among other criticisms of the review, Dyer cites different measurements of infertility across the studies as a problem, notably that some of those studies measured infertility according to 24 months of trying to conceive rather than 12. Dyer points out that the final summary percentage then, should reasonably be higher. The author writes, "comparability of existing data is limited due to differences in definitions, outcome measures, research settings and socio-cultural backgrounds. Against this backdrop, the attempt to capture a single median

[25] Jacky Boivin, Laura Bunting, John A. Collins and Karl G. Nygren, "International estimates of infertility prevalence and treatment-seeking: potential need and demand for infertility medical care," *Human Reproduction*, 22: 2007, 1507.
[26] Jane Menken, James Trussell and Ulla Larsen, "Age and Infertility," *Science*, 233: 1986, 1390.
[27]Polly A. Marchbanks, Herbert B. Peterson, George L. Rubin and Phyllis A. Wingo, "Research on Infertility: Definition makes a difference," *American Journal of Epidemiology*, 130(2): 1989.

estimate of infertility prevalence is fraught with difficulties and may be misleading."[28] Boivin et. al respond that the differences in numbers of women classified as infertile between those studies that used 12 and 24 months were not significant, but did acknowledge that the field of infertility studies is hindered by such methodological differences between studies.[29]

The most popularly used statistic regarding infertility in the United States, cited by the Centers for Disease Control and infertility advocacy organization RESOLVE, is that infertility affects one in eight couples.[30] This is close to a long-cited statistic that one in 10 couples experiences infertility which can be dated to the 1880s, the early years of infertility's medicalization.[31]

As the trends of infertility and seeking treatment for infertility grew in the latter half of the twentieth century,[32] numerous studies were conducted to investigate whether these could be connected to social and/or environmental changes. Other than older age at first birth (which indeed may be related to such social changes as improved female-controlled contraception and enhanced education and workplace opportunities for women), none were demonstrated by data. A 1982 study by Pamela Rachootin and Jørn Olsen, in addition to setting out to determine numbers of women who had encountered reproductive challenges, aims

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[28] S.J. Dyer, "International estimates on prevalence and treatment seeking: potential need and demand for medical care," *Human Reproduction*, 24(9): 2009, 2379.
[29] Jacky Boivin, L.E. Bunting, J.A. Collin, and K.G. Nygren, "Reply: International estimates on prevalence and treatment seeking: potential need and demand for medical care," *Human Reproduction*, 24(9): 2009, 2380.
[30] "Fast Facts About Infertility," RESOLVE, http://www.resolve.org/about/fast-facts-about-fertility.html, accessed March 31, 2015.
[31] Marsh and Romer, *Empty Cradle*.
[32] Frank van Balen, Jacqueline Verdurmen, and Evert Ketting, "Choices and motivations of infertile couples," *Patient Education and Counseling*, 31: 2007, 19.

"to identify socioeconomic correlates of subfecundity and spontaneous abortion"[33] despite earlier studies (both in the United States) "relating social factors and fecundity [having] failed to demonstrate any statistical relationships."[34] Likewise, Rachootin and Olsen find "no significant associations…between the occurrence of subfecundity and family net income, employment status of the 'head of the household', area of residence, type of housing or age at time of interview."[35] Their work did find that, "[w]omen without a college education were more likely to exhibit primary subfecundity than college-educated women."[36] The authors add, however, that, "It is difficult to put much weight on the isolated finding of a lower risk of primary subfecundity among college-educated women as compared to women without a college education when no consistent trend was observed in either the other educational variable (i.e., high school versus no high school) or in other measures of social status."[37]

In 1986, Jane Menken, James Trussell, and Ulla Larsen consider the potential impact of reproductive behavior, and find that the hypothesis that changes in sexual behavior led to increased incidences of infertility-inducing sexually transmitted infections did not hold water, largely because "effective treatment for many conditions that interfered with reproduction is now available."[38] Age, however, was

[33] Subfecundity is often used interchangeably with "infertility," and is generally defined as reduced capacity for conception. Wilfried Karmaus and Svend Juul, "Infertility and subfecundity in population-based samples from Denmark, Germany, Italy, Poland and Spain," European Journal of Public Health, 9(3): 1999.
[34] Pamela Rachootin and Jørn Olsen, "Prevalence and socioeconomic correlates of subfecundity and spontaneous abortion in Denmark," *International Journal of Epidemiology*, 11(3): 1982, 245.
[35] Ibid.
[36] Ibid.
[37] Rachootin, "Prevalence," 248.
[38] Menken et al., "Age and Infertility," 1389.

an indicator of reduced fecundity, but no biologically more than could be found in historical data and only in notable numbers after age 35.[39] Reasons that the topic of infertility was of more social concern despite lack of evidence that modern women faced this problem in greater numbers than their predecessors included, the authors propose, more concern with "turning fertility on," so to speak, after being able to control it more accurately in recent years with better contraceptive methods; attention to scientific advances in treating infertility from media; and expansions into treating infertility by obstetricians when birth numbers declined.[40] In another article, Menken notes that the late twentieth century may have seen more instances of infertility because it was not reported as often in the past, when "a woman's sense of shame and inadequacy may have kept her quiet...and adoption was a far more easily available solution then than now."[41]

The finding noted by Menken et al. that age at first birth or attempt to conceive does affect the prevalence of infertility has been reiterated by numerous other studies. Charles Ascher-Walsh, Jeffrey Klein, and Mark V. Sauer, in their 2000 article regarding the medical treatment of infertility in women of advanced reproductive age, demonstrate that first births to women between 30 and 34 years old and 35 to 39 years old increased from 7 percent and 2.1 percent, respectively, in 1970, to 21 percent and 6.3 percent in 1990.[42] The authors note these numbers before writing that more couples today seek treatment for infertility and add that,

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[39] Ibid.
[40] Menken, "Age and Infertility," 1393.
[41] Jane Menken, "Age and Fertility: How Late Can You Wait?" *Demography*, 22:1985, 473.
[42] Charles Ascher-Walsh, Jeffrey Klein, and Mark V. Sauer, "Treating Infertility in Women of Advanced Reproductive Age," *Reproductive Technologies*, 10(184): 2000.

"Data from natural populations, consisting of couples not practicing contraception, indicate that a gradual decline in female fertility begins in a woman's late twenties, and a dramatic fall between 35 to 40 years of age."[43] Therefore, that increase in women postponing first birth until their mid or late 30s would predict a likewise increase in women encountering infertility.

Lone Schmidt, Kirstine Münster and Peter Helm report that in Denmark, women's age at delivery of first birth increased from 23.3 years in 1969 to 26.9 years in 1992.[44] Plas, Berger, Hermann, and Pflüger, in their study of effects of aging on male fertility, cite a German study of differences in male and female age at first birth, demonstrating that both sexes' ages rose along with "a trend in developed countries toward higher maternal and paternal ages."[45] Here, the majority of maternal ages at first birth shifted from the late 20s in 1988 to the early 30s by 1998. No study has found conclusive evidence that there is an equal to the female fall-off in fecundity in males due to age.[46]

Regarding medical intervention, "[s]eeking medical help appeared to be the obvious [and first] step to take for infertile couples," according to a 1995 study of 92 infertile couples in the Netherlands by Verdurmen and Ketting.[47] Medical treatment was considered prior to adoption, foster care, and alternative medicine. The "obviousness" of this decision was clear to the authors when, "it was considered

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[43] Ibid.
[44] Lone Schmidt, Kirstine Münster, P. Helm, "Infertility and the seeking of infertility treatment in a representative population, "British Journal of Obstetrics and Gynaecology," 102(12): 1995, 981.
[45] E. Plas, P. Berger, M. Hermann, and H. Pflüger, "Effects of aging on male fertility?" *Experimental Gerontology*, 35:2000, 544.
[46] Plas, "Effects"; Sharon A. Kidd, Brenda Eskenazi and Andrew J. Wyrobek, "Effects of male age on semen quality and fertility," *Fertility and Sterility*, 75 (2001).
[47] J. Verdurmen and E. Ketting, 11th International congress of psychosomatic obstetrics and gynecology, 1995, 293.

often and at an earlier moment, when it was not compared with other alternatives and when there was not much doubt or disagreement about it."[48] "It can therefore be concluded," they determine, "that seeking medical help in the case of fertility problems is an obvious step to take for people in their search for a solution to their childlessness, whereas other decisions are more problematic." However, despite increased social and media attention to infertility treatments, studies show that the majority of women who can be classified as infertile often do not seek medical assistance in order to conceive.

In the (earlier critiqued) Boivin et al. article regarding global estimates of infertility prevalence, the authors also address the numbers of women who turn to medical treatment. Seventeen of the 28 population studies considered by the authors included information on demand for medical care, defined as "seek[ing] any medical advice or care to resolve their fertility problem."[49] Of those 17 applicable studies, 12 were conducted in "more developed countries"; only two studied women in the United States. In those countries, "The proportion of infertile couples seeking any infertility medical care ranged from 42 percent to 76.3 percent" (mean 56.1 percent)[50] Given that, "In parenting surveys the vast majority of people, around 95 percent, express the desire to have children at some point in their lives," this percentage of treatment-seeking is surprisingly low.[51] Additionally, within that broad definition used by the authors that includes approaching doctors for advice or

[48] Verdurmen, International Congress, 299.
[49] Boivin, "International Estimates," 1507.
[50] Boivin, "International Estimates," 1509.
[51] Boivin, "International Estimates," 1511.

care, the percentage of actual treatments performed was found to be less than 25.[52] Some of this low percentage, Boivin et al. write, can be attributed to discrepancies in healthcare resource availabilities and costs from country to country, although the difference in couples seeking treatment is usually not found to be drastic.

Arthur Greil and Julia McQuillan conducted a study of what patterns are exhibited by American women who do seek help, and note the seeming strangeness of low treatment-seeking numbers:

> The National Survey of Family Growth reports that, of the 10 percent of US women identified as fecundity-impaired in the 1995 NSFG, 43 percent had ever sought infertility services. We are thus confronted with a paradox. On the one hand, we have a group of women who seem prepared to do "whatever it takes" to become pregnant. On the other hand, there is a large group of women who do not seek treatment at all.[53]

The authors "suggest that examining a broader spectrum of subfecund women will help address this paradox successfully."[54] Through a random sample of women from 12 upper-Midwest states, women between the ages of 25-50 were interviewed regarding their reproductive history. Women who met the criteria for subfecundity at any point in their lives (12 or more months of unprotected intercourse without pregnancy) were then divided into "subfecund without intent" and "subfecund with intent," depending on whether they were aiming to become pregnant within that period of time.[55] The latter population was found to be older on average, and that "subfecund with intent" population was more likely to seek medical help (54

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[52] Ibid.
[53] Arthur Greil and Julia McQuillan, "Help-seeking patterns among sub-fecund women," *Journal of Reproductive and Infant Psychology*, 22: 2007, 306.
[54] Ibid.
[55] Greil, "Help-seeking," 308-309.

percent versus 14 percent). Intent, then, was found to be important in seeking treatment, and advanced age was one defining factor of the women who intended to conceive.

Another study of Midwestern American women (by Lynn White, Julia McQuillan, Arthur L. Greil, and David R. Johnson) considers helpseeking behaviors among women who at some point in their reproductive history met infertility criteria ("12 months or more of regular intercourse without conception") and finds that only 40 percent approached a doctor for assistance. Additionally, a mere 35 percent of women in that infertile sample self-identified as ever having had a fertility problem.[56] These authors also cite intent as a determining factor in identifying oneself as infertile and seeking medical treatment. Age of the woman did not prove to be significant, though the authors cite the small sample size (196 women) as a potential factor in that result.

In a 2000 publication, Elizabeth Stephen and Anjani Chandra review results from the 1988 and 1995 National Surveys of Family Growth that demonstrated only 42 and 44 percent of women classified as infertile or fecundity-impaired seeking treatment. That treatment ranged from seeking advice to invasive procedures such as IVF. Age did prove significant in the authors' bivariate analysis of the survey data. They find that "the population of fertility-impaired women is very similar to the general population of women in terms of socioeconomic characteristics (education and income) and in race or ethnicity. However, fertility-impaired women are older: 43 percent are aged 35-44, compared with 36 percent of women in the general

[56] Lynn White, Julia McQuillan, Arthur L. Greil, and David R. Johnson, "Infertility: Testing a helpseeking model," *Social Science & Medicine*, 62: 2006, 1031.

population."[57] Further, multivariate analyses "revealed no net effect of age on service receipt," although having private health insurance and higher income remained "significantly associated with greater odds of service use."[58] Both of those factors, the authors note, may nullify the age significance because they are often associated with individuals of older ages.

Relatively few studies are available regarding treatment-seeking patterns of U.S. women. This population requires dedicated studies due to the differences in health insurance coverage between this country and other developed nations. As noted by Stephen and Chandra, whether a woman had health insurance or not was predictive of her seeking treatment for infertility. This factor is not seen as important by most other studies of Western countries, where universal health care or at least more inclusive health care coverage is the norm rather than a special benefit. Frank van Balen, Jacqueline Verdurmen, and Evert Ketting point out that a study by Hirsch and Mosher found fewer numbers of American infertile couples seeking medical help than results from similar studies in Western European countries, with the difference "explained, at least partly, by different health care systems… Accessibility appears to be lesser in the U.S."[59] White also comments on how socio-demographic differences between the U.S. and other Western countries affect numbers of women seeking treatment: "In the U.S., treatment is expensive and

[57] Elizabeth Harvey Stephen and Anjani Chandra, "Use of Infertility Services in the United States: 1995," *Family Planning Perspectives*, 32: 2000, 134.
[58] Stephen and Chandra, "Use of Infertility Services," 135.
[59] van Balen, "Choices," 26.

often not covered fully by health insurance plans. As a result, income and health insurance are strong predictors of treatment seeking."[60]

Stigma surrounding infertility may also have a hand in the statistics regarding opting to not seek treatment. In a study of stigma in matters of reproductive health, Rebecca Cook and Bernard Dickens reported that healthcare for issues of reproduction in general that are not met with widespread public approval, from infertility to AIDS, may suffer from potential patients being loathe to admit requiring assistance for fear of social repercussions.[61] That perceived impact of social stigma negatively impacting healthcare-seeking behavior is important to consider in the study of how popular media represent infertility, as will be detailed further in the ensuing discussion of theoretical paradigms for this study.

Theoretical Frameworks for Studying Infertility

In working to gain a comprehensive understanding of how social beliefs about a condition inform—and are in turn informed again by—popular media, this dissertation employs feminist theory, stigma theory, and the work of Michel Foucault. These frameworks have been chosen for the ways they regard communication and culture, and are considered in concert rather than selecting only one viewpoint for analysis in an effort to enhance the scope of the study.

First, though, I must note the importance British Cultural Studies played in inspiring my work here. British Cultural Studies is valuable to this study for the

[60] White, "Infertility," 1032.

[61] Rebecca Cook and Bernard Dickens, "Reducing Stigma in Reproductive Health," *International Journal of Gynaecology and Obstetrics,* 125: 2014, 90.

stress it places on works of popular culture in analyzing cultural values, as well as for its incorporation of other theoretical approaches to studying the societal messages that inform those works of culture, including feminist theory and political economy—both important to considerations of infertility in terms of gender, the domestic, and medicine. The "problematic" of British Cultural Studies, as explained by James Carey, is "what is the relationship between culture and society, or more generally, between expressive forms, particularly art, and social order."[62] This approach prioritizes the analysis of communication as essential for evaluating culture, and accentuates the need to contextualize media research within the broader cultural environment to thoroughly understand how meanings are produced and interpreted.

Theorists in the British Cultural Studies tradition take up Gramsci's notion of culture as the site of struggle for hegemony, the dominance of opinion and messages shaping social order on all levels. A British Cultural Studies perspective, then, necessitates conceptualizing the question of media's power from a viewpoint of culture as a reflection of meaning in lived experience and as likely ideological but potentially liberating, allowing people to think critically about their situation and possibly break out of it. Here, "cultural practices and communication texts can be viewed as a battle-ground in a struggle between different groups to define, maintain, and contain meaning," resulting in consistently shifting power relations evidenced

[62] James Carey, "Mass Communication Research and Cultural Studies: An American View," *Mass Communication and Society,* eds. James Curran, Michael Gurevitch, and Janet Woolacott, (Thousand Oaks, CA: Sage, 1977), 412.

in media and other cultural texts.[63] Such an engagement with how culture is reflected in and then in turn reinforces or alters power relations was a major impetus for my initial musings about the vital role popular culture plays in communicating social values. This paradigm also led me to important works in feminist media theory.

Feminist Media Theory

Feminist media theory fit well with British Cultural Studies thanks to the latter's early adoption of value in personal experience. "[Feminist theory] helped to focus concern on how identity, subjectivity, and gender are constructed" by culture and, hence, media.[64] Feminist theory works to illuminate people and experiences earlier concealed, to analyze the roots of that silencing, and to use that knowledge for prevention, championing of the marginalized, and further critical consideration of contemporary culture.

According to Alison Jaggar, feminist theory prioritizes concern with gender justice and uses this lens to analyze subjects of research. For a researcher taking a feminist approach to media studies then, a question of media's power would be conceptualized as a consideration of media's production, reception, and dissemination with gender justice of utmost concern. Feminist theory and cultural studies do not claim to be objective in goals and opinions, nor do they ascribe to formulas for discovery of media "truths." Neither claim to escape what Geertz calls

[63] Norma Schulman, "Conditions of Their Own Making: An Intellectual History of the Centre for Contemporary Cultural Studies at the University of Birmingham," *Canadian Journal of Communication* 18: 1993, 70.
[64] Schulman, "Conditions," 69.

"Mannheim's Paradox: Where does conditioning leave off and science begin?."[65] Rather, a feminist media theorist would see every side of the equation—including the researcher—as conditioned by the surrounding culture.

Feminist media criticism emerged from second wave feminism in the 1960s, compelled by scholars who realized "the significance of the images of women promulgated by literature [and other cultural texts], and saw it as vital to combat them and question their authority and their coherence."[66] This concern with representation is directly related to social construction, as feminist media theorists recognized the power cultural texts can have in shaping social expectations and opinions. Representation of women in cultural works "provided the role models which indicated to women, and men, what constituted acceptable versions of the 'feminine' and legitimate feminine goals and aspirations."[67]

In *Where the Girls Are: Growing Up Female with the Mass Media*, Susan Douglas analyzes popular American advertisements, television programs, films, journalism, and music to determine what messages are being communicated to audiences via popular texts. The social construction of the world that she reads from those messages is far from reality, skewed to prominently call attention to "some features of American life and values while collapsing, ignoring, and demonizing others."[68] Paraphrasing Todd Gitlin, she writes that these representations are "like fun-house mirrors that distort and warp 'reality' by exaggerating and magnifying

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[65] Carey, "Mass Communication Research," 415.
[66] Peter Barry, *Beginning Theory: An Introduction to Literary and Cultural Theory* (Manchester: Manchester University Press, 2002), 121.
[67] Ibid.
[68] Susan Douglas, *Where the Girls Are: Growing Up Female with the Mass Media* (New York: Random House, 1994), 16.

some features of American life and values while collapsing, ignoring, and demonizing others."[69] Those images communicate to female audiences messages that are not aligned with real-world situations, rather teaching them lessons about their expected futures that leave them ill-equipped for life beyond popular culture. "The news, sitcoms, or ads are not reflections of the world; they are very careful, deliberate constructions," Douglas states.[70] Audiences learn distorted messages from those unrealities, and women in particular receive dictates about their roles, wants, and needs. For example, Douglas writes, a constant message from ads, movies, and television shows is that women must expect to be under surveillance, and like it.

Paula Treichler and Ellen Wartella outline ways in which feminist theory and communication studies can inform each other. Communication brings to the table means of cataloguing and analyzing gender representations, explorations of ideology and economics, and means of data collection and analysis. Feminist theory complements this with a new take on power relations, a theory, "which attempts to account for the social and cultural construction of sexual difference," with a stress on lived experience. The theoretical outlook links gender to other pertinent communication issues such as class and race, as well as an agenda aimed at social reform.[71]

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[69] Ibid.
[70] Ibid.
[71] Paula Treichler and Ellen Wartella, "Interventions: Feminist Theory and Communication Studies," *Communication* 9:1986, 1.

The fight feminism takes up against essentializing—reducing a group of people to some generalization that may or may not apply to individuals and does a disservice to the group at large by denying diversity and enforcing stereotyped sameness—is yet another alignment for the theory with British Cultural studies. This also provides a fit for feminist theory with stigma theory, evaluating how culture informs those reductions and stereotypical portrayals.

Stigma

Social constructions reflect and are comprised of cultural discourses around issues. Discourse is not just what is said and written—it is the ideology that informs those sayings and writings, and the culture in which they are produced. There are always multiple discourses, so power struggles for dominant discourse are inherent and inform social constructions. In that struggle, there is affinity between Gramsci's notion of hegemony as consisting of contesting outlooks and value systems vying for power, and stigma as a social construction meant to distance those populations thought of as outside the desired norm.

Norman Fairclough details the importance of studying representations to learn about culture at large. "Language (and…visual images) is an element of the social at all levels," he explains, as texts are shaped by social structures and practices.[72] Those texts also work back upon society as "ways of acting, ways of

[72] Norman Fairclough, *Analyzing Discourse: Textual Analysis for Social Research* (London: Routledge, 2003), 24.

representing, ways of being."[73] One importance of analyzing texts, Fairclough writes, lies in discovering what becomes framed as "the universal and the particular":

> The issue here is how particulars come to be represented as universals—how particular identities, interests, representations come under certain conditions to be claimed as universal. This issue can be framed within questions of hegemony—of the establishment, maintenance and contestation of the social dominance of particular social groups: achieving hegemony entails achieving a measure of success in projecting certain particulars as universals.[74]

This explanation of particular figures or personality traits coming to stand for a universal type is key to the study of stigmatized conditions.

Stigma, according to Erving Goffman's work on stigma's social construction, "makes an individual or cultural form problematic."[75] Stigma tarnishes the image of an individual or group, thereby making such people somehow less desirable and of a lower quality than those Goffman refers to as "normals." Stigma and stereotype, for Goffman, are intertwined. Stereotypes are devised to distance the "normals" from the stigmatized. Such cultural construction of what makes up the "normal" population could be uncovered thanks to media analysis, according to Fairclough's explanation of representations making up "universals." If that universality is hegemonic, the representations reinforce marginalization of characters (and, hence, real-life individuals) that deviate from the socially constructed norm. Infertility's depiction in cultural texts, then, is not merely something we observe in the cinema or on our television screens. Those representations invade personal lives and relationships, and how we see others and ourselves.

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[73] Fairclough, *Analyzing Discourse*, 27.
[74] Fairclough, *Analyzing Discourse,* 40-41.
[75] Goffman quoted in Paul Lopes, "Culture and Stigma: Popular Culture and the Case of Comic Books," Sociological Forum 21(3): 2006, 390.

In *Stigma*, Goffman states that a "single attribute" serves to discredit an individual's social identity.[76] The stigma is not merely that attribute though, but rather a "special kind of relationship between attribute and stereotype," a social construction that punishes an individual in their interactions with others.[77] As phrased by Crocker, Major and Steele, stigmatized people suffer under an attribute which "conveys a social identity that is devalued in a particular social context."[78] In a pronatalist society that values children and those who bear them, childlessness can be a stigma shouldered by the infertile.

According to Goffman, stigma makes an individual "reduced in our minds from a whole and usual person to a tainted, discounted one."[79] This is particularly applicable to infertility, as numerous women interviewed about their inability to get pregnant cite fears of being seen as not wholly a woman, having absorbed the cultural conception that women are inherently fertile.[80]

The liminal nature of the stigmatized—made "other" and not "normal," thereby outside the accepted mainstream—reinforces hegemonic frames at work in society. Bruce Link and Jo Phelan propose a concept of "stigma power" in recent writing, theorizing that this is a key factor in creating social structures and cultural systems. Via stigma power, "we see the relationship between cultural and structural elements as reciprocal because once social structures are created, members of the public observe the resulting downward placement or exclusion in a way that

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[76] Ibid.
[77] Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity*, New York: Simon and Schuster, 1963: 4.
[78] J. Crocker, B. Major, and C. Steele, "Social stigma," in *The Handbook of Social Psychology*, eds. D. T. Gilbert, S. T. Fiske and G. Lindzey (Boston: McGraw-Hill: 1998) 505.

coheres with or reinforces their interest in, and approach to keeping people in, down or away."[81]

A key to stigma's cultural efficacy for Goffman as well as Link and Phelan is its ubiquity and subtlety. Stigma is hidden in routine social processes, often unrealized even by those who effect its manifestations, and taken for granted. As such, it is hegemonic in its capacity to be powerful yet not necessarily overt in maintaining hierarchical social structures of acceptance and sanction.

> [S]tructural discrimination disadvantages stigmatized groups cumulatively over time via social policy, laws, institutional practices, or negative attitudinal social contexts. Such structural-level factors can serve to keep people down, in or away, and while they are often extremely explicit and directly discriminatory, they nevertheless exempt individual stigmatizers from the burden or embarrassment of directly exercising discrimination.[82]

One example of how such stigmatization of infertility manifests in structural, often taken for granted aspects of society is healthcare coverage. Much can be gleaned from considering the absence of coverage for infertility treatments in the vast majority of health insurance plans—for a society that so values the family and children, not assisting those who wish to bear children with significant financial costs in pursuing that goal reveals underlying social beliefs about who ought to be providing these presumably vital progeny.

Mary Douglas's work on social hierarchy is illustrative of stigma at work in determining accepted and rejected groups within a community. In writing about

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[79] Goffman, *Stigma*, 3.
[80] Charlene E. Miall. "Community Constructs of Involuntary Childlessness: Sympathy, Stigma, and Social Support." *The Canadian Review of Sociology and Anthropology*, 31:4, 1994.

[81] Bruce Link and Jo Phelan, "Stigma Power," *Social Science & Medicine*, 103: 24-32, 30-31.
[82] Link and Phelan, "Stigma Power," 25.

community constructs of what is acceptable behavior and how identities are formed within those limits, Douglas addresses AIDS and its treatment. Her work on this matter is applicable, though, to any person whose bodily functions are outside the desired norm of what a society determines to be "good" group organization and behavior. Notably, her work on risk-bearing sexual behavior as stigmatized is seen as applicable to infertility when one considers assisted reproductive technologies and their status for many as risky in respect to toying with the natural order of human reproduction.

Physical disorders are framed by Douglas as impurities and pollutants, kept outside dominant social groups to avoid tainting the community at large. That dominant group, or "central community," is a "symbolic system, attracting solidarity, capable of being mobilized in its own defence, holding strong views on correct norms of behavior…it has developed consensus for a common pattern of order, and for dealing with the boundary against the outside."[83] Echoing Gramsci's hegemony, Douglas asserts that the values of the "central community" come from that dominant community itself, setting the boundaries to ensure its members remain the locus of social, economic, and moral value, and those who are not compliant remain on the border or outside. That delineation ameliorates risk for those in power, and prevents perceived threats to dominance from gaining traction in upsetting the social order. "When it comes to a particular disease, the existing attempts on the part of the central community to segregate itself and control its borders have their

[83] Mary Douglas, "The Self as Risk Taker," *Sociological Review*, 38(3): 1990, 447.

effect on others."[84] Infertile women and men are excluded from the center when they are childless in a pronatalist society, in part by how stigma is effected in, and affected by, media texts and cultural interactions.

Some sociological studies have investigated stigma as it relates to infertility, including a project by Charlene Miall interviewing fertile men and women about their conceptions of the condition. Pervasive cultural stigmatization of infertility, Miall explains, stems from social conceptions that femininity and maternity, and masculinity and paternity, are equivalent in the "strongly pronatalistic societies" of Canada and the United States.[85] "This commitment to parenthood in western society has been attributed," she writes, "in part to the Judaeo Christian tradition which seen children as blessings from heaven and barrenness as a curse or punishment."[86] Other studies based on interviews with infertile individuals and couples return results indicating that these perceptions of failure and shame resonate in terms of how they see their sense of self-worth and societal value, notably in relation to gender expectations.

Elaine Tyler May writes that during the baby boom, and in many ways persisting today, parenthood has been viewed in American culture as a key marker of both being fully adult, as well as "evidence of socially sanctioned heterosexuality and patriotic citizenship.[87] As American ideology is deeply connected to a pronatalist commitment to continuing success, this seemingly private experience of

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[84] Douglas, "Self," 455.
[85] Miall, "Community Constructs," 3.
[86] Ibid.
[87] Elaine Tyler May, *Barren in the Promised Land: Childless Americans and the Pursuit of Happiness* (Cambridge, MA: Harvard University Press, 1995), 3.

reproduction becomes profoundly public and subject to social regulation, conferring upon the infertile a marginal status.[88]

Pronatalism affects women's self image and identity, write Ann Phoenix and Anne Woollett in "Motherhood: Social Construction, Politics, and Psychology": "Regardless of whether women become mothers, motherhood is central to the ways in which they are defined by others and to their perceptions of themselves."[89] It also serves to demonize women who test or complicate its dominance as an ethos for Western society. In vitro fertilization and other cutting-edge reproductive technologies are sometimes challenged as a questionable means of procreation, as they are viewed skeptically or with disdain from some cultural circles as unnatural, too risky, and "playing God" with nature. It is sometimes considered along with abortion as women going too far with control over their bodies. A study of popular culture representations of abortion, "Telling Stories about Abortion" by Gretchen Sisson and Katrina Kimport, details how social constructions of abortion frequently punish women who acquire—or even just consider—aborting an unwanted baby. In this study, a notable 13.5 percent of women in popular culture texts who thought about or obtained an abortion died.[90]

Researching stigma surrounding reproductive health issues, Cook and Dickens found that, "[a]lthough without moral taint, infertility is sometimes

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[88] May, *Barren*, 17.
[89] Ann Phoenix and Anne Woollett, "Motherhood: Social Construction, Politics, and Psychology," in *Motherhood: Meanings, Practices, and Ideologies*, eds. Ann Phoenix, Anne Woollett and Eva Lloyd (Thousand Oaks, CA: Sage Publications 1991), 13.
[90] Gretchen Sisson and Katrina Kimport, "Telling Stories about Abortion: Abortion-related Plots in American Film and Television, 1916-2013," *Contraception*. 89(5): 2014.

considered shameful or discrediting, not least by married couples anxious to conceal resort to medically assisted reproduction."[91]

> It has been observed that, at both the critical and the public health level, '[o]nce stereotypes and stigma are established, they can result in individuals being feared, avoided, regarded as deviant, and even blamed for engaging in the immoral behaviors that must have elicited the 'punishment' of their affliction…This type of social climate can be devastating to members of vulnerable populations who suffer from stigmatized medical conditions since it can result in the internalization of self-blame and destruction of self-esteem.[92]

Such monitoring of the individual for social deviance from within as well as from surrounding populations reveals the pervasive and destructive nature of stigma. Further analysis of these interactions between the social and the personal are accessed via the work of Michel Foucault.

Foucauldian Theory

Foucauldian theory is appropriate for analyzing representations of infertility in large part because of his intensive work on the body—both social and individual. In Foucault's concept of power, it exists simultaneously throughout the social body and at the most intimate levels of the individual body. He describes power as capillary, inhabiting minute levels of human action and interaction. It affects the social and the personal bodies by regulating behavior and thoughts. Modern power's capillary existence "touches people's lives more fundamentally through their social practices than through their beliefs," and is "anchored in the multiplicity of what he calls 'micropractices', the social practices which comprise everyday life in modern

[91] Cook and Dickens, "Reducing Stigma," 89.
[92] Cook and Dickens, "Reducing Stigma," 92.

society."[93] What we consider to be "truth" is in fact a product of power and knowledge working together to shape our views of the world.

For Foucault, an important way power reaches the individual level is via surveillance in society—both in the form of physical visibility and, importantly for infertility studies, through a scientific, medical means of cataloguing, confession, and examination. The power/knowledge dynamic effects "discourses" that we employ to explain our situations. One major discourse that we rely upon for what we think of as truth is Foucault's "bio-power"—a combination of disciplinary power "aim[ing] to render the individual…more powerful, productive, useful, and docile," and regulatory power, in which the human body "is the target of state interventions and the object of study in demography, public health agencies, health economics and so forth."[94] Women in particular are regulated by bio-power, as the medical and psychiatric fields historically focused on the "hysterization of women's bodies" and "socialization of procreative behavior" to both tame and exploit actions of the female figure. These efforts did not serve women themselves though, Foucault explains: "…the hysterization of women, which involved a thorough medicalization of their bodies and their sex, was carried out in the name of the responsibility they owed to the health of their children, the solidity of the family institution, and the safeguarding of society."[95] It is of note that infertile women have historically been—and are often still today—depicted as hysterical and irrational, with emotional issues causing their physical failings.

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[93] Nancy Fraser, "Foucault on Modern Power: Empirical Insights and Normative Confusions," PRAXIS International 3:1981, 272.
[94] Jana Sawicki, *Disciplining Foucault* (New York: Routledge, 1991), 67-68.
[95] Michel Foucault, *The History of Sexuality, Volume I* (New York: Random House, 1984), 147.

Power is productive for Foucault, and indeed the results of such thorough medical study of the female reproductive system over the years have been productive in yielding new fertility treatments. "It is a normalizing gaze, a surveillance that makes it possible to qualify, to classify, and to punish. It establishes over individuals a visibility through which one differentiates and judges them."[96] But this close analysis of the body, in the doctor's office and in the bedroom, also produces negative social and personal effects due to heightened awareness of physical and emotional complications or aberrations—a phenomenon played out in the history of infertility's medicalization, becoming increasingly regulated and treated by gynecology and reproductive endocrinology. A socially accepted "normality" of proposed proper bodily function develops from repeated observations and judgments that make up the examination. It continues a historic subjection of women's bodies "to scrutiny, regular surveillance, and dissection at the physical and biochemical level, positioning the female body as a potential site of madness, badness or weakness."[97]

Applying Foucault's theory of capillary power to fertility, women become on the lookout for deviances in normal functioning in others and in themselves, hyperaware of reproductive abnormalities. Elaine Tyler May writes of these ramifications in *Barren in the Promised Land*, explaining that with increased options in the realm of reproductive technology and heightened public awareness of these advances come increased social input regarding how infertile individuals can attempt to overcome their condition. As treatment options grew, she explains,

[96] Foucault, *The History of Sexuality,* 197.
[97] Jane Ussher, *Managing the Monstrous Feminine* (New York: Routledge, 2006), 14.

"Americans have become more, not less, preoccupied with their own reproductive fates—and everyone else's as well."[98]

In *Disciplining Foucault*, Jana Sawicki considers Foucauldian and feminist analyses of contemporary reproductive technologies. Such treatments as in utero insemination, in vitro fertilization, and gestational surrogacy, along with the exhaustive supplementary procedures that accompany them (blood work, ultrasounds, and more) are just the most recent in a long line of medical discourses that evidence biopower's presence in the female life. These infertility treatments "clearly fit the model of disciplinary power," as they involve surveillance, examination, visibility (most literally in the form of ultrasounds), and labeling.[99] They involve potential intervention into women's bodies by state and medical officials, and create new categories of individuals: infertile women, surrogate mothers, birth mothers, unfit mothers, genetically impaired mothers, women psychologically unfit for treatment, women with hostile wombs, women overinvested in testing, women underinvested in testing, and more. "As these medical disciplines isolate specific types of abnormality or deviancy, they construct new norms of healthy and responsible motherhood," and increasingly make infertility a personal issue and failing rather than a social or political consideration.[100]

That individualization is enhanced when power/knowledge discourses are furthered by the confession. Encouragement to speak openly and honestly about

[98] May, *Barren*, 10.
[99] Sawicki, *Disciplining Foucault*, 83.
[100] Sawicki, *Disciplining Foucault*, 84.

one's personal failings, to reveal oneself to others, is a key element in Foucault's explanation of how power becomes capillary. Foucault removes the subject as the center and producer of truth, yet implicates the subject's search for truth and speaking that truth about him or herself in the power/knowledge dynamic. The more individuals inform others about themselves, the stronger the power/knowledge network and the institutions that employ it become. In the prevailing Enlightenment belief in rational individuals, however, the confession has an "attraction…linked to a belief in its liberating effect."[101] That belief is a "ruse" for Foucault though, and promoted by "institutional incitement to speak" in the service of the greater good.[102]

Confessions take innumerable forms, as, "One confesses in public and in private, to one's parents, one's educators, one's doctor, to those one loves; one admits to oneself, in pleasure and in pain, things it would be impossible to tell anyone else…."[103] Whether to a priest, to a government official, to a doctor, or to a peer, though, confessions inherently involve subjects reporting to authority and furthering "a power relationship."[104] The confessor is continually seeking acceptance within surrounding social (power) structures. Those structures in turn propagate feelings that confession will help in that acceptance effort.

This symbolic relationship between confession and institutional power is where Foucault's theory complements Goffman's work on stigma, as Goffman did

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[101] Bonnie Dow, "Ellen, Television, and the Politics of Gay and Lesbian Visibility," *Critical Studies in Media Communication* 18:(2001), 125.
[102] Foucault, *The History of Sexuality,* 18.
[103] Foucault, *The History of Sexuality,* 59.
[104] Foucault, *The History of Sexuality,* 61.

not address the way social institutions make individuals with certain attributes problematic and then require intervention. Foucault's work demonstrates how stigma can be shaped on a cultural level, not necessarily knowingly by individuals but hegemonically, at a larger social level.

"The deliberate, incidental, or accidental use of language can have a stigmatizing effect…magnified through the language of authority figures," explain Cook and Dickens.[105] Such institutional stigmatization of infertility can be witnessed in the structuring of healthcare policies delineating reproductive technology procedures as lifestyle choices not applicable for financial coverage, and in the language of proposed "personhood" legislation that criminalizes in vitro fertilization due to the creation of embryos outside human bodies. These are examples of Foucault's "modes of subjectification" which lead individuals to modify their views of themselves and their actions due to perceived opinions of themselves by sources of authority and peers.[106] Such "truth discourses" conceal yet still spread stigma in the service of social order.

Popular Culture

With the above detailed theoretical frameworks, this dissertation will present analyses of film and television texts that include notable discourses about infertility. Such subjects as popular film and television are worthy of study because, James Carey explains, studying culture prioritizes meaning. Media are "not merely appurtenances to society but…crucial determinants to the social fabric," therefore

[105] Cook and Dickens, "Reducing Stigma," 90.
[106] Paul Rabinow and Nikolas Rose, "Biopower Today," *BioSocieties*, 1: 2006, 197.

all varieties of media thread are applicable and valuable for consideration.[107] With a mission to "enlarge the human conversation by comprehending what others are saying," popular culture studies listens to voices and makes careful consideration of images in mass media texts in order to better understand the experiences of diverse audiences.[108]

Additionally, as popular culture is directed at wide swaths of the public, studies of these texts emphasize concentrating on what messages are subject to such mass delivery and reception. Some popular culture theorists see potential for diverse subgroups and interpretations within that mass audience, focusing on texts and the social constructions in them as, in the words of John Fiske, "centers of meaning."[109]

Media invoke and negotiate cultural tensions, calling attention to and then resolving them in the process of making meaning. Most often those resolutions—and resultant meanings—correspond with hegemonic ideas of what bearing and raising children mean in the surrounding society, such as young women giving up babies for adoption so they may have a "better" life with upper middle class parents (as in *Juno*) or an infertile woman finally achieving pregnancy once she learns to "just relax" (seen in *Sex and the City*). But looking for dominant discourses over the years, how these invocations and resolutions take shape, can point to hegemonic changes in society at large. Representations in popular culture, then, are important far beyond the small or large screens. As language shapes the world, not just reports

[107] Carey, "Mass Communication Research," 271.
[108] Carey, "Mass Communication Research," i.
[109] John Fiske, *Understanding Popular Culture* (London: Routledge, 1995), 1.

it, "reality is brought into existence, is produced, by communication—by, in short, the construction, apprehension, and utilization of symbolic forms," explains Carey.[110]

As summarized by Elaine Tyler May, "[m]uch more than the majority who have children, the childless minority articulate the tensions surrounding reproduction in this society and in the lives of individual women and men."[111] In terms of a paradigmatic framework, this dissertation aims to combine the foundations of British Cultural Studies and feminism with theories of stigma and Foucauldian work on power/knowledge. With that underpinning in contemplation of historical context, social hierarchies, political economy, gender, hegemony, and theories of social production and reproduction, it follows that such a project will be inherently political with an eye toward potential transformation and empowerment.[112] I plan to emphasize critical analysis of the texts to uncover what cultural meanings and values shape representations of infertility, believing that studying these will prove revealing of cultural attitudes toward gender and scientific facets of infertility.

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[110] James Carey, *Communication as Culture: Essays on Media and Society* (New York: Routledge, 2009), 25.
[111] May, *Barren*, 4
[112] Douglas Kellner, "Cultural Studies, Multiculturalism, and Media Culture," in *Gender, Race, and Class in Media*, eds. Gail Dines and Jean M. Humez, (Thousand Oaks, CA: Sage Publications, 2003); Douglas Kellner and Jeff Share, "Critical Media Literacy is Not an Option," *Learning Inquiry* 1(1): 2007, 59-69.

Chapter 3

Methods and Methodology

"[B]arren…carries negative meanings: unproductive, sterile, bare, empty, stark, deficient, lacking, wanting, destitute, devoid. It is the opposite of fertile, lavish, abounding, productive."

Elaine Tyler May, *Barren in the Promised Land*[1]

"In recent years, significant changes in social patterns and values might reasonably be expected to have affected constructions of involuntary childlessness," writes Charlene Miall in her study of public understanding of infertility.[2] "The media attention which infertility has received in the last few years…may be increasing general awareness of the stresses associated with infertility, thus making people more sympathetic and understanding of infertile couples' experiences."[3] However, following extensive interviews with fertile individuals, Miall found that more than half of both men and women supported "stigmatizing constructs of involuntary childlessness," displaying the persistence of incorrect and negatively biased beliefs about the causes of infertility and the natures of infertile individuals. This dissertation investigates whether such inaccuracies also pervade popular culture representations of infertility, with the thought that, if so, these may provide one cause for skewed social understanding of the condition.

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[1] Elaine Tyler May, *Barren in the Promised Land: Childless Americans and the Pursuit of Happiness* (Cambridge, MA: Harvard University Press, 1995), 11.
[2] Charlene E. Miall. "Community Constructs of Involuntary Childlessness: Sympathy, Stigma, and Social Support," *The Canadian Review of Sociology and Anthropology*, 31:4, 1994, 6.
[3] Miall, 14.

This work investigates cultural discourses that inform and shape the creation of texts, rather than studying the ramifications of those texts upon social discourse. In the circular system of production, dissemination, and reception, the focus here is on the production end, considering the effects shaping the texts' development. To do so, this study employs textual analysis—notably of a critical, Foucauldian bent concerned with power structures informing cultural constructions—to evaluate works for intention, meaning, and tone.

I focus on analysis of popular culture texts—notably film and television texts—based on theories of their role as cultural storytellers and communicators of values. Texts such as movies and television shows both are created as reflections of and responses to surrounding ideologies, social values, and fears. Media scholars have written at length about the role film and television can play in shaping social identities and expectations, reifying norms of behaviors and roles. Women especially are subject to social conditioning via popular culture, whether being taught to consume or to be cute.[4] This is of note due to infertility's frequently gendered portrayal and social presumption.

Following a cultural studies framework, this study pursues the question: What do representations of infertility in popular media tell us about social structures regarding women, the domestic, and reproduction? In order to explain

[4] Linda Williams, "'Something Else Besides a Mother' *Stella Dallas* and the Maternal Melodrama," in *Home is Where the Heart Is: Studies in Melodrama and the Woman's Film*, ed. Christine Gledhill (London: British Film Institute, 1987); Rebecca Feasey, *From Happy Homemaker to Desperate Housewives: Motherhood and Popular Television* (London: Anthem Press, 2012); Susan Douglas, *Where the Girls Are: Growing Up Female with the Mass Media,* (New York: Times Books, 1995); Michele, Mattelart, "Women and the Cultural Industries," in *Media, Culture, and Society: A Critical Reader,* eds. Richard Collins et. al (London: Sage Publishers, 1986).

how the dissertation attempts to propose an answer, the following section offers a review of the methods employed in conducting the analysis.

Methodology

As explained by Sandra Harding, the word "method" refers to techniques used in gathering evidence.[5] This includes such tactics as interviews, focus groups, and content analysis. Alternately, "methodologies" are "theories and analyses of how research should proceed and how evidence should be gathered."[6] The terms are not interchangeable, as the latter is an overarching approach to the means of acquiring data. Alison Jaggar explains: "Methodologies help researchers think critically and constructively about methodology in a broad sense, which includes not only techniques for gathering evidence, but also processes of selecting and designing research projects and publicizing their results."[7]

This dissertation employs feminist methodology, which maintains concern with gender justice as paramount in carrying out a study. Due to longstanding biases against infertility as abject, infertile women as somehow not truly female, and anxieties around human use of reproductive technology, qualitative research on the condition would be aided by a feminist methodological approach.

Jaggar describes two main thrusts of feminist methodology as a guiding force for research: the dialectical interrelation between power, knowledge production, and the disparity between groups inherent to that system; and the "inseparability of

[5] Sandra Harding, *Feminism and Methodology* (Bloomington, IN: Indiana University Press,) 1987: 2-3.
[6] Alison Jaggar, *Just Methods: An Interdisciplinary Feminist Reader* (Boulder, CO: Paradigm Publishers, 2008): x.
[7] *Just Methods*, xi.

research projects and methods from social and ethical values" on every level of the text, from producer to cultural context of the research.[8] "In order to evaluate and reflect, feminist methodology is employed as a check and balance system that seeks to provide criticism and suggestions for improvement."[9]

As previously explained though, feminist methodology provides an ethical guidance for the researcher but not any prescribed method for carrying out the research. That ethical grounding is important despite not determining actual methods, as admitting the researcher's belief behind the methodology allows for a fuller picture of the project. "[T]he process of analysis is always interpretive, always contingent, always a version or a reading from some theoretical, epistemological or ethical standpoint,"[10] and being conscious about that status of the researcher as situated assists not only those carrying out the study, but also those interpreting the study's results. Therefore, it should be clear that this study's commitment to feminist methodology means it was carried out with overt concern for gender justice at every level of the process.

Methods

That alignment with feminist methodology informs this study's use of qualitative research in investigating representations of infertility in popular media. As described by Norman Denzin and Yvonna Lincoln, "Qualitative researchers stress

[8] *Just Methods*, xi.
[9] Rachael Liberman, "The Politics of Mediating Female Sexual Subjectivity: Feminist Pornography and the Production of Cultural Variation" (PhD dissertation, University of Colorado, Boulder, 2013): 102.
[10] Margaret Wetherell, "Debates in Discourse Research," in *Discourse Theory and Practicd: A Reader*, eds. Margaret Wetherell, Stephanie Taylor and Simeon J. Yates (London: Sage Publications, 2001): 384.

the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry. Such researchers emphasize the value-laden nature of inquiry." [11] Specifically, in performing that examination of how society and reality inform each other, this study employs textual analysis.

Norman Fairclough, in writing about textual analysis, details the importance of studying representations to learn about culture at large. "Language (and…visual images) is an element of the social at all levels," he explains, as texts are shaped by social structures and practices.[12] Those texts also work back upon society as "ways of acting, ways of representing, ways of being."[13] One importance of analyzing texts, Fairclough writes, lies in discovering what becomes framed as "the universal and the particular":

> The issue here is how particulars come to be represented as universals—how particular identities, interests, representations come under certain conditions to be claimed as universal. This issue can be framed within questions of hegemony—of the establishment, maintenance and contestation of the social dominance of particular social groups: achieving hegemony entails achieving a measure of success in projecting certain particulars as universals.[14]

This explanation of particular figures or personality traits coming to stand for a universal type is key to the study of stigmatized conditions, such as infertility. Here, the textual analysis to discuss frameworks of the universals and particulars of

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[11] Norman Denzin and Yvonna Lincoln, "Introduction: The Discipline and Practice of Qualitative Research," in *The Sage Handbook of Qualitative Research*, eds. Norman Denzin and Yvonna Lincoln (Thousand Oaks, CA: Sage, 2008,):10.
[12] Norman Fairclough, *Analysing Discourse: Textual Analysis for Social Research* (London: Routledge, 2003): 24.
[13] Fairclough, *Analysing Discourse*, 27.
[14] *Analysing Discourse*, 40-41.

infertility considers text features from narrative structures and recurring tropes to how music and wardrobe are utilized, and how camerawork is deployed to feel either "realistic" or heightened to spark emotion. These elements combine to define characters and situations, placing them within determined frameworks for audiences that may then carry over to life beyond that media consumption.

The primary thrust of textual analysis here is discourse analysis, dedicated to how a text describes the world of possibilities within which we can and ought to think about infertility. As explained by James Paul Gee, "language allows us to do things. It allows us to take on different socially significant identities."[15] I argue that, in considering works of fiction, language also allows characters to do things and inhabit those identities. Discourse analysis is based on "a theory of how we use language to say things, do things, and be things," notably in relation to identity.[16] Identity is an integral part of infertility studies, as the condition is often cited by sufferers as calling into question gender identity, social identity, and social standing concomitant with those notions of identity.

"Since, when we use language, social goods and their distribution are always at stake, language is always 'political' in a deep sense," Gee writes. Discourse analysis, thereby, is also political in its intent to reveal power structures in society and, in my project, potentially point to productive and positive changes in discourse. This mission refines my discourse analysis approach to that of critical discourse analysis, aligning my goals with the method's aim to "not just describe how language

[15] James Paul Gee, *An Introduction to Discourse Analysis: Theory and Method* (London: Routledge, 1999), 2.
[16] Gee, *Discourse Analysis*, 3.

works or even to offer deep explanations…[but also to] speak to and, perhaps, intervene in, social or political issues, problems, and controversies in the world."[17]

This method's intent is to study and uncover the social and political contexts that underpin communication and media. The "critical" added to discourse analysis "is essentially making visible the interconnectedness of things," as researchers adopting this method are driven to uncover "the functioning of ideologies in everyday life."[18] These ideologies evidence themselves as structures and means of discussing and communicating events, ideas, and people.

The definition of "discourses" in critical discourse analysis is broad, described by Ruth Wodak and Michael Meyer as "relatively stable uses of language serving the organization and structuring of social life."[19] This encompasses a wide scope of communication, including popular film and television.

> CDA sees discourse—language use in speech and writing—as a form of 'social practice'. Describing discourse as social practice implies a dialectical relationship between a particular discursive event and the situation(s), institution(s) and social structure(s), which frame it: The discursive event is shaped by them, but it also shapes them. That is, discourse is socially constitutive as well as socially conditioned—it constitutes situations, objects of knowledge, and the social identities of and relationships between people and groups of people. It is constitutive both in the sense that it helps to sustain and reproduce the social status quo, and in the sense that it contributes to transforming it.[20]

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[17] Gee, *Discourse Analysis*, 9-10.
[18] Ruth Wodak and Michael Meyer, "Critical Discourse Analysis: History, Agenda, Theory, and Methodology," in *Methods for Critical Discourse Analysis*, eds. Ruth Wodak and Michael Meyer (London: Sage, 2009): 7-8.
[19] "Critical Discourse Analysis," 6.
[20] Norman Fairclough and Ruth Wodak, "Critical Discourse Analysis," in *Discourse as Social Interaction*, ed. Teun van Dijk (London: Sage, 1997): 258.

That dialectical relationship between a "discursive event" and its surrounding culture is the focus of study afforded by the critical discourse analysis method. The potential for the relationship to propagate and at the same time possibly contribute to its modification is the reason to engage in textual analysis, particularly with a feminist methodological aim to bring to light instances where gender justice is lacking.

Critical discourse analysis is appropriate for the study of infertility in popular media due to the method's alignment with British Cultural Studies and Foucauldian notions of power as inherent in all interactions, and that power as being unequal to the detriment of disadvantaged populations. Critical discourse analysis includes within its rather large umbrella of not being aligned with one specific theory a strain termed Foucauldian discourse analysis, and this further refinement informs the aim of my study's marriage of Foucauldian theory and textual analysis. This method of analysis places less emphasis on analyzing semiotic elements of texts (as happens in much critical discourse analysis) in favor of a larger picture of "what is 'made up' by the text itself," although the two share a concern with "the relationship of language to other social processes, and of how language works within power relations."[21]

Foucault's beliefs in the importance of history, of institutions in society (including the medical establishment), and subjectification of individuals as inherent in cultural processes all reinforce motivation to critically analyze representations of infertility and its treatment. This entails consideration of not only

[21] Linda J. Graham, "The Product of Text and 'Other' Statements: Discourse Analysis and the critical use of Foucault," Educational Philosophy and Theory 43:6, 2011, 671-2.

what is said and depicted, but what is not presented, and why.[22] A Foucauldian approach to discourse analysis has been applied previously to texts in order to evaluate treatment of other stigmatized conditions, including homosexuality.[23]

The aim of Foucauldian discourse analysis is to "try to grasp subjection in its material instance as a constitution of subjects," as explained by the theorist in a 1980 lecture.[24] It means something, therefore, when a character uses the term "barren" to describe an infertile woman and when a woman undergoing infertility treatments is depicted raging through a normally staid office space. Foucauldian discourse analysis' objective is to uncover discursive frames erected around situations, encouraging certain readings of texts, events, and individuals. This method wants to "determine…why it is that certain statements emerged to the exclusion of all others and what function they serve," questioning taken for granted "truths."[25]

Selection of Texts

In Norman Fairclough's view, critical discourse analysis focuses on studying social problems that have a semiotic aspect, and "prefers a pragmatic, problem-oriented approach, where the first step is to identify and describe the social problem which should be analyzed."[26] Once having located the social issue, the method

[22] Gavin Kendall & Gary Wickham, *Using Foucault's Methods* (London: SAGE, 1999).
[23] Bonnie Dow, "Ellen, Television, and the Politics of Gay and Lesbian Visibility," *Critical Studies in Media Communication* 18(2001): 123-140.

[24] Michel Foucault, "Two Lecture," in Power/Knowledge: Selected Interviews and Other Writings 1972-1977, ed. C. Gordon (New York: Pantheon Books, 1980): 97.
[25] Graham, "The Product of Text," 667.
[26] Wodak and Meyers, "Critical Discourse Analysis," 30.

progresses to identifying dominant genres and discourses that make up that semiotic aspect, and also determining what resistance against ideology exists within those dominant frames. This dissertation is not as concerned with a detailed semiotic breakdown, taking a more Foucauldian approach to the "big picture" of texts, but does adopt that methodological outlook of analysis as intended to uncover cultural means of speaking about issues via study of texts and their genres.

Wodak explains that in critical discourse analysis many studies are concerned with "typical texts" rather than more formal means of sampling. What makes a text applicable is nebulous and ultimately up to the researcher, but largely is determined by "[w]hat is typical in which social situation, and for which aspect of a social problem."[27] This dissertation's decision to focus on film and television as producers of cultural stories and discursive frames is therefore one—but one valid—approach to considering the large-scale social issue of infertility and its representations.

Texts chosen here encapsulate a variety of issues at play in cultural conversations about infertility, including gender roles, the domestic, and reproductive technology. This dissertation presents analysis of three broad genre categories for those texts: melodrama, horror and sci-fi, and reality television. Each provides a different discursive frame for production and presumed audiences, which enhances the study of the individual cultural works of film or television.

In creating the initial list of film and television representations of infertility to consider for analysis, I ran several online searches. These included a search in the

[27] Wodak and Meyers, "Critical Discourse Analysis," 23.

International Movie Database (IMDB.com) for titles tagged as having "infertility" as a keyword or in a plot summary. This website catalogs more than 2.7 million film, television, and video game titles, providing a comprehensive resource for entertainment information thanks to industry and crowd-sourced contributions. An IMDB search as of March 2015 returned 215 titles. That list was checked for meeting criteria of films and television shows for this project: 1) English language, 2) accessible by American audiences, 3) scripted stories (excluding documentaries and reality television to prioritize depictions of infertility determined by media creators), and 4) primetime airing for television programs. This last qualification largely rules out soap operas and daytime talk shows, which would be valuable to study but are outside the scope of this particular project.

Additional sources online proved necessary because not all films or television programs that include infertile characters may be keyworded on IMDB (particularly because an infertile character may be minor in a certain film, or an infertility plot may be only one of many in a television series that spans many seasons). To make the list more comprehensive, searches on Amazon.com and Google for films and television programs that include infertility were conducted.

This dissertation includes analysis of a number of popular media texts spanning various genres. However, readers will likely wonder why some works are included and others excluded. I found the genres and texts studied here to be particularly salient examples of how infertility has been portrayed in recent years by popular culture, with an eye toward the chosen framework of gender justice. No one dissertation can aim to analyze every instance of infertility in popular media. As

asserted by Lawrence Grossberg, "the simple fact of the matter is that no one can collect all of the material that is appropriate," particularly as "the size and density of the field expand...."[28] In this light I hope that texts analyzed here will provide an appropriate and invigorating entry to this field of study, with a broader scope of texts for evaluation to follow in continuing research.

Interviews

I had intended to conduct interviews with celebrities who star in and produce the reality television shows to be analyzed in this dissertation. Reality television is singled out here because despite the genre's reputation for trafficking in stereotypes, it provides some of the most true-to-life portrayals of the infertility experience, presenting more nuanced and valuable discussions of infertility than seen in most popular culture. This contribution to the popular media landscape is elevated when one considers that in many celebrity-based reality programs that address infertility, it is the celebrity producers themselves who are infertile. I wanted to discuss with these star/producers how decisions were made to incorporate infertility, or not.

Via interview responses from celebrities and producers, analysis of texts could have been triangulated on the grounds of their input and my textual analysis, avoiding voicing only this researcher's opinions and judgments. These responses could have also articulated issues investigated in the critical discourse analysis. However, none of the individuals contacted responded to requests for interviews.

[28] Lawrence Grossberg, *We Gotta Get Out of This Place* (New York: Routledge, 1992): 29.

The celebrity/producers I reached out to for interviews were: Giuliana Rancic, Bill Rancic, Tia Mowry-Hardict, Kris Jenner, Kim Kardashian-West, and Khloé Kardashian.

Access proved to be the primary limitation of the interview methodology, but this hurdle had been anticipated in the planning of this process due to the interview subjects' status as celebrities and known difficulties in interviewing this population for academic purposes. As explained by Olivier Driessens in his recent work on challenges to interviews in the field of celebrity studies, "the interview has hardly been used to study individual celebrities," due to "…the challenges posed by celebrities as a research population."[29] Interviews are difficult to come by for academics, he wrote, because celebrities are inundated with interview requests from media, there is no direct return on investing time in an academic interview for the celebrity, there is a perceived potential threat to celebrity brands or projects from critical research, and many celebrities employ gatekeepers in the form of managers and press agents that keep direct contact out of reach.

Driessens proposes the following tactics: stressing that the interview is not journalistic, emphasizing the goals and values of the interview in particular and research project at large, explaining why the individual was selected for study, and trying to get direct contact beyond management. In attempting to contact the celebrity/producers of the reality programs analyzed here, I followed the above guidance in reaching out to press agents and managers via e-mail and traditional mail requests (see Appendix A). Additionally, while I was not able to get personal

[29] Olivier Driessens, "Expanding Celebrity Studies' Research Agenda: Theoretical Opportunities and Methodological Challenges in Interviewing Celebrities," *Celebrity Studies,* 2014, 1.

contact information for any of the individuals, I attempted to make direct contact (or as close to direct contact as possible) by reaching out to each multiple times on Twitter. None of the above attempts received any response from either a manager, agent, or celebrity.

Despite not conducting research that interacts with living subjects, this study does entail some ethical concerns. One issue to address is in this project's very description, when I write of interest in the "representations" of infertility. For not only am I analyzing how others represent infertility and infertile individuals—*I* am also representing the infertile community when I speak about its members. I will need to attempt to describe what I perceive as their interests and their perceptions about popular culture. As explained by Linda Alcoff, "[i]n both the practice of speaking for as well as the practice of speaking about others, I am engaging in the act of representing the other's needs, goals, situation, and in fact, who they are."[30] This makes a methodology guided by a commitment to giving research subjects voice in the study all the more vital. Although interviews did not prove possible in this study, the textual analysis is informed by theoretical background work that aims to bring validity and social consciousness to the work.

Additionally, there is the more specific potential ethical complication of *me* speaking about infertility. As someone who has experienced pregnancy loss and a minor degree of fertility testing but does not meet criteria to claim membership in the infertility community, some may argue I have no right to speak for a group of

[30] Linda Alcoff, "The Problem of Speaking for Others," in *Just Methods: An Interdisciplinary Feminist Reader*, ed. Alison Jaggar (Boulder, CO: Paradigm Publishers) 485-6.

which I am not part. However, Alcoff notes that when anyone—whether part of a population being studied or not—speaks they are "participating in the creation and reproduction of discourses through which…selves are constituted."[31] This reveals a problem with reverting to having only "others" speak for themselves: their speech will also bias an experience toward their own prejudices and judgments, just as it would have if I spoke. Every experience is different, even within a minority community. Again, I see this as stronger support for a multifaceted approach to analysis to prevent any one voice or theoretical outlook dominating the work. Such a base to this dissertation's methodology, with underlying feminist concern for gender justice, will aid in critiquing texts that hinder or ably work toward social change in depictions of infertility.

[31] Ibid.

Chapter 4

Infertility in Melodrama

"Won't somebody please think of the children?!"
— The Simpsons[1]

Reclining on her back with acupuncture needles forming a sharp halo from temple to temple, Charlotte York became frantic. Her mind raced after having been told to relax, stressing over the unfulfilled desire to conceive that had led her to seek treatment from "Dr. Wow," the Manhattan Chinese medicine expert with a devoted following of mothers. She leapt up from the table and ran into the waiting room full of other hopefully expectant women, screeching, "It won't work! I can't find my center!"[2]

That inability to simply "relax" and embrace motherhood has traditionally been blamed for female infertility. As long as infertility has been a subject of cultural conversation, it has been overtly or implicitly linked to women's psychology, values, and emotions.[3] As such, the genre of melodrama—marked by excess of emotion and often gendered as feminine—is a source for representations of infertile women, and an important popular culture mode for analyzing cultural anxieties around infertility, its causes, and its treatments.

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[1] *The Simpsons*, "Much Apu About Nothing," directed by Susie Dietter (1996; Los Angeles, CA; 20th Century Fox Television) DVD.

[2] *Sex and the City*, "The Domino Effect," directed by David Frankel (2003; Burbank, CA: Warner Bros. Television) iTunes.

[3] Margaret Marsh and Wanda Romer, *The Empty Cradle: Infertility in America from Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 1996).

Melodrama has been credited with bringing controversial women's issues into cultural conversation, but is not seen as universally helpful in resolving those controversies or promoting a feminist, progressive approach to such resolution. This chapter will demonstrate here that while infertility has appeared in contemporary melodramatic film and television texts, often with potential for resistance, these representations ultimately adhere to prevailing pronatalist, patriarchal ideology.

Melodrama

Melodrama, as defined by Thomas Elsaesser, "is a dramatic narrative in which musical accompaniment marks the emotional effects."[4] Its roots are on the stage, particularly linked to morality plays and oral communication of cultural values. Music cues the audience to emotional rises and falls in action and emotion, giving melodramatic works a rhythm "of exaggerated fluctuations."[5] Those rises and falls, combined with frequent reliance upon stock plots and characters in the morality play mode, have led to critics and the public often using melodrama as a condescending label for the genre.

Numerous film historians have determined that melodrama originated in the wake of modernization addressing a new bourgeoisie, to serve its morality play purpose for a mass audience in "the vacuum of a post-revolutionary world where

[4] Thomas Elsaesser, "Tales of Sound and Fury: Observations of the Family Melodrama," in *Home is Where the Heart Is: Studies in Melodrama and the Woman's Film*, ed. Christine Gledhill (London: British Film Institute, 1987) 50.
[5] Lynne Joyrich, "All that Television Allows," in *Private Screenings: Television and the Female Consumer*, eds. Lynn Spigel and Denise Mann (Minneapolis: University of Minnesota Press, 1992) 229.

traditional imperatives of truth and ethics had been violently questioned and yet in which there was still a need for truth and ethics."[6] Some genre theorists have argued that such a definition of the melodrama truly encompasses all mainstream films, as they search for ethical grounding and, in Peter Brooks' words, a "search for a new plenitude in reaction to the decentering of modern consciousness."[7]

That assertion stands at odds with customary derogative associations—popular and critical—of the melodrama genre with lower quality work. In response to the above definition, war and gangster genres, which underpin much of "classic Hollywood cinema," certainly qualify as melodramatic in concern for good versus evil and heroes versus villains. However, film theorists including David Bordwell, Kristin Thompson, and Janet Staiger maintain that the "Classical Hollywood Style" is marked by "linear, progressive forms" oriented toward specific goals, and cannot include melodrama, as the genre is inherently concerned with spectacle and episodic storytelling.[8]

That linear progression of classic film genre forms is presumed to include action on the part of protagonists. In melodrama, often events happen *to* the protagonists, and they suffer with repercussions of and reactions to those exterior forces.[9] Additionally, aligning with the genre's stage roots and ties to musicality, melodrama is defined in part by its stylistic and emotional excesses. On the other

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[6] Linda Williams, "'Something Else Besides a Mother' *Stella Dallas* and the Maternal Melodrama," in *Home is Where the Heart Is: Studies in Melodrama and the Woman's Film*, ed. Christine Gledhill (London: British Film Institute, 1987) 301.
[7] Peter Brooks, *The Melodramatic Imagination: Balzac, Henry James, Melodrama, and the Mode of Excess* (New Haven: Yale, 1976) x.
[8] Linda Williams, "Film Bodies: Gender, Genre, and Excess," *Film Quarterly* 44(4): 1991, 3.
[9] Thomas Elsaesser, "Tales of Sound and Fury: Observations of the Family Melodrama," in *Home is Where the Heart Is: Studies in Melodrama and the Woman's Film*, ed. Christine Gledhill (London: British Film Institute, 1987), 43-69.

hand, "quality" or "classical" cinematic genres are oriented toward portraying a realistic and action-oriented narrative.[10]

Peter Brooks and Thomas Elsaesser consider melodrama less a specific genre, and more as a "generalized type of aesthetic experience that produces specific emotional effects in the spectator.[11] In this view, melodrama is more a "mode of experience" than a narrative framework, and may be found in any number of genres.[12] The text in question shifts into the melodramatic mode when it tries to make sense of moral conflict with the addition of heightened emotions and expression, and characters struggle with ethical dilemmas at both social and psychological levels.[13] Such a definition well suits melodrama for portraying infertility as rooted in women's mental states.

In this chapter the term melodrama is used in that more general approach of it being a mode not bound only to texts that fit traditional views of the melodramatic genre (notably as a "woman's film"). With this stance, I will be able to include works from other genres (here, comedies) in which the melodramatic mode is employed to discuss subjects of moral and emotional import, specifically infertility.

Melodrama is often gendered as a feminine mode of address and expression. This label has been applied by theorists in the aforementioned sense as "not masculine," but also by feminist film scholars who believe it may serve as a

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[10] Williams, "Film Bodies," 3.
[11] E. Ann Kaplan, *Motherhood and Representation: The Mother in Popular Culture and Melodrama* (London: Routledge, 1992), 63.
[12] David N. Rodowick, "Madness, Authority and Ideology: Domestic Melodrama of the 1950s," in *Home is Where the Heart Is: Studies in Melodrama and the Woman's Film*, ed. Christine Gledhill (London: British Film Institute, 1987) 268-9.
[13] Brooks, *Melodramatic*, 4.

"counter-balance to the dominant male genres."[14] Melodrama's aliases include "the women's film" and the "weepie." As described by Linda Williams, "These are films addressed to women in their traditional status under patriarchy—as wives, mothers, abandoned lovers, or in their traditional status as bodily hysteria or excess, as in their frequent case of the woman 'afflicted' with a deadly or *debilitating disease*.[15] Melodrama is marked as feminine narratively by a passive heroine who suffers, in opposition to masculine genres in which a hero acts against or in spite of suffering. Action-oriented dramas allow for expansive exploration as the setting for development, whereas melodrama's suffering often contains the protagonist in a claustrophobic and limited world, such as the domestic space, enabling more consideration of characters' interior and emotional *re*actions to exterior forces.

The primary discussion of melodrama so far has been regarding film, but it is frequently found as a mode of expression on television as well. The mode and mechanism are well-suited in their marriage of frequent female address, as well as both having alliances with the domestic sphere. Lynne Joyrich explains that the television format's "reliance on background music, the close-up, confined interior, and intimate gesture rather than action due to small screen are elements that resonate with melodramatic conventions.[16] Additionally, melodrama and television share being historically denigrated for simplistic storytelling and reliance upon sensation and fantasy to draw in audiences.

[14] Kaplan, *Motherhood*, 67.
[15] Williams, "Film Bodies," 4 (emphasis mine).
[16] Joyrich, "All That," 234.

Melodrama and Excess

Melodrama, in the view of it as a mode supported by Elsaesser and Brooks, is perhaps most marked by its use of excess. This is found in mise-en-scène, from dress and hair, to lighting and staging of action, and on a grander scale in heightened drama within everyday events (often domestic). That intensification is frequently communicated by excess in the form of heightened emotions on the part of not only characters, but also in members of the viewing audience.

Williams uses this excessive emotion in classifying melodrama as a "body genre" (along with horror and pornography, other denigrated genres). In melodrama, the body is made "beside itself" due to being overcome by emotion, "featured most sensationally in…melodrama's portrayal of weeping."[17] Cast in a negative light by Classical Hollywood Cinema theorists, such seemingly over-the-top displays of emotion become fodder for further belittling melodrama as not serious or realistic.

Its grounding in a patriarchal reality, however, is what Joyrich identifies as particularly realistic for melodrama's representation of the female experience as secondary and presumably inactive. In order to find and explain meaning, she writes, "melodrama leaves nothing unsaid. Its hyperbole and emotional heightening correspond to the difficulty of naming the reality it strives to locate."[18] That powerlessness on the part of protagonists as well as female viewers is then what moves melodrama's viewers to tears as well, earning its monikers "weepies" and "tearjerkers."

[17] Williams, "Film Bodies," 3-4.
[18] Joyrich, "All That," 236.

In that status as a "body genre," melodrama is decried as base, of low cultural rank due to overinvestment in physical and emotional excesses rather than a more cognitive or rational approach to events. Between what is enacted on screen and what reactions occur on the part of the spectator, Williams writes, melodrama is castigated for "an apparent lack of proper esthetic distance, a sense of over-involvement in sensation and emotion."[19] However, despite its status as a "guilty pleasure," many theorists have found a history of communicating controversial social issues (often via a female lens) to the masses who tune into this mode. This comes in large part due to melodrama's longstanding association with the domestic and the maternal.

Maternal Melodrama

With its frequent female address, melodrama often adopts women and children as protagonists. The space in which they could act, however, has historically been limited to the confines of the domestic sphere or public spaces into which personal matters overflow, including hospitals and private offices.[20] This focus on the domestic is one strike against the genre for theorists in the Classical Hollywood vein, but Elsaesser points out that such limitation applies emotional pressure to a situation, enhancing already intense rising and falling emotions in the melodramatic mode.[21]

[19] Williams, "Film Bodies," 5.
[20] Joyrich, "All That."
[21] Elsaesser, "Tales," 61.

As melodrama often concerns the domestic sphere and female protagonists within that space, the role frequently found for women to inhabit is that of mother. Due to the aforementioned melodramatic marker of pressure being applied from outside the domestic, upon the protagonist, a classic trope of the women's film is not the happy mother, but the long-suffering mother.[22] By featuring mothers but making them suffer, melodrama often upholds the ideal institution of motherhood, but "devalue[es] and debas[es]" the individual mother through punishment for any number of moral or social transgressions. But, Williams adds, by being set in the domestic sphere, including multiple female characters, and addressing a female audience in the course of that tension between idealized motherhood but tarnished mothers, "the maternal melodrama presents a recognizable picture of woman's ambivalent position under patriarchy that has been an important source of realistic reflections of women's lives."[23]Potential for resistance and portrayals of approximations of some female lived experiences, then, are afforded by the melodramatic mode.

For most critics of maternal melodrama, however, its representations of women in the maternal role serve to reinforce ideologically inscribed limited options for women, and strict social boundaries within which "good" mothers can operate. Luce Irigaray writes:

> As both natural value and use value, mothers cannot circulate in the form of commodities without threatening the very existence of the social order. Mothers are essential to its (re)production (particularly inasmuch as they are (re)productive of children and of the labor force

[22] Williams, "Film Bodies."
[23] Williams, "Something Else," 320.

> through maternity, child-rearing, and domestic maintenance in general). Their responsibility is to maintain the social order without intervening so as to change it.

Maternal melodrama, then, is one form of popular culture that serves to inscribe women more fully in a capitalist, pronatalist ideology dependent upon women bearing and raising children. The good of democracy itself, in this paradigm, is dependent upon idealization of motherhood.

Motherhood itself is not the only requirement for women, however. There are good and bad mothers in popular culture that align with social parameters for appropriate ways to raise children and not disrupt surrounding culture. Maternal melodrama assists in the communication and reinforcement of these parameters through what it is that causes its female characters to suffer. From lack of involvement in the domestic sphere, as in *Imitation of Life* (1959), to over-investment in one's children to the point of self-sacrifice, as in *Stella Dallas* (1937), film historians have demonstrated that even a "slight deviation from her maternal role" leads to mother punishment in melodrama.[24] Infertility preventing a woman from achieving motherhood certainly qualifies as making a woman deviate from the desired female norm.

Infertility as Domestic Threat

If women who fail to be "good" mothers are deserving of punishment in melodrama (and other cultural texts), women who are not mothers at all come in for extra condemnation. The pronatalist ideology that informs American society is

[24] Kaplan, *Motherhood*, 77; Williams, "Something Else."

threatened by women who cannot or choose not to have children, often not making a distinction between the two. Those without have historically been, and are still often today, castigated for childlessness stemming from a psychological failing keeping them from fulfilling their female purpose to procreate. This root of infertility as a mental and emotional disorder makes it particularly appropriate to study in the context of melodrama.

The Cult of True Womanhood arose in nineteenth-century America in part due to the same impetus for melodrama's stage popularity, part of a search for moral stability in a post-Industrial time of change.[25] Women were seen as a singular reliable, virtuous entity (without concern for individuals), and a major source of that moral grounding lay in the presumed female desire to bear children and raise them in a domestic space. Those who deviated from such a vital cultural element were viewed with suspicion and seen as a risk to society at large.

There is a long history of psychologists looking to women's reproductive organs for the root of emotional and mental disorders. With infertility, women with reproductive complications have had to experience that in reverse, with blame for physical failings (including in many cases, those of their male partners) put on their thoughts and affects. Fears of women not truly wanting to be mothers causing widespread infertility have fueled such efforts in a pronatalist society concerned with the Cult of True Womanhood and its enduring legacy in today's "intensive mother" ideology (to be addressed further in Chapter 7), for decades. As recently as 1955, well after breakthroughs in endocrinology that brought attention to roles

[25] Barbara Welter, "The Cult of True Womanhood: 1820-1860," *American Quarterly* 18(2): 1966.

played by hormones in female fertility, it was popularly believed that "a considerable amount of female infertility—some estimates placed it as high as 75 percent—resulted from psychological rather than physiological disorders.[26]

Much of the blame for infertility was—and continues to be—tied up with social anxieties around feminism and women leaving the domestic space. The Cult of True Womanhood was a response to the "Woman Question" debated in media and culture following the Civil War, as opportunities for professional careers and higher education coincided with declining birth rates; together, these raised anxieties for the future of the United States. A notable factor in women's "sterility" (the preferred terminology of the time) entering popular discourse was that the falling birth rates and rising non-domestic opportunities were both largely found in white, Protestant populations.

Harvard physician Edward H. Clarke wrote a widely read and discussed work titled *Sex in Education*, in which he argued that higher education had a "sterilizing influence" on young women so intense that within years "the [American] race will be propagated from its inferior classes."[27] Similar class and race-driven calls for women to abandon ambitions outside the home were echoed in subsequent waves of immigration, including Theodore Roosevelt in 1913 calling childlessness on the part of white American women a phenomenon of "race suicide."[28]

As the Cult of True Motherhood assumed women's innate desire for children, and education and professions outside the home removed them from the stability of

[26] Marsh and Romer, *Empty Cradle*, 196.
[27] Quoted in Marsh and Romer, *Empty Cradle*, 79.
[28] Marsh and Romer, *Empty Cradle*, 113.

the domestic that accompanied motherhood, moral importance was placed upon women fully embracing their maternal role. Physicians in the late 1800s subsequently focused their attention on "inappropriate" behavior in explaining infertility's etiology. Psychology at the time adhered to belief in male and female brains being inherently different, with intellectual and moral disparities, and ensuing social responsibilities, diverging due to reproductive organs. Women's biological mandate, this thinking followed, was to marry and procreate. Failing to do so was not wrong only at the social responsibility level, but also damaging to their very physical and psychological makeup.[29]

Horace Bigelow, M.D. published a popular guide to women's health in 1883 that lay infertility's blame squarely at the feet of non-domestic desires. He wrote: "The present system of girl cramming and college forcing of women is accountable for much of the sterility and of the physical degeneracy of American womanhood…Restless activity, a dissatisfaction with her duties and calling, and a want of reverence for her special vocation, go hand in hand with sterility."[30] Such beliefs that higher education sterilized women from the brain down persisted in the early 1900s, and would be echoed generations later in such statements as, "Infertility was the unexpected fallout of the women's revolution."[31]

Beyond professional goals leading women's minds astray, doctors also blamed women whose values were not pure enough for motherhood for bringing infertility upon themselves. Links between contraception or abortion and infertility

[29] Marsh and Romer, *Empty Cradle,* 78.
[30] Quoted in Marsh and Romer, *Empty Cradle,* 75.
[31] Marsh and Romer, *Empty Cradle,* 246.

were popular in the early 1900s, and resurged with the advent of the birth control pill and Roe vs. Wade in the latter half of the century.[32] These women were often classified by their medical practitioners as having "self-inflicted" infertility, driven to contraception by a moral failing and thereby unfit for admission into the Cult of True Womanhood that demanded piety to guide children. "Ambitious outreaches of the modern woman," one physician wrote at the turn of the 20th Century, made her unfit for "her duties as wife and mother," and all doctors ought to counsel their female patients that such socially irresponsible psychological leanings would lead to infertility.[33]

Medical advances in the physiology of infertility did not do away with such psychological blame-placing later in the century, as articles on "unconscious rejection of motherhood" on the part of the female couple in a partner blocking conception appeared not only in popular media, but also in the medical journal *Fertility and Sterility*.[34] Infertile women faced finger-pointing not only from magazines and newspapers, then, but also from their doctor. As noted by Marsh and Romer, the blaming of the patient for their infertility is not inconsequential or unaffected by social forces, as the refrain that infertility is "volitional" arises in conjunction with eras of women increasingly leaving home for the workplace.[35]

Janice Peck points out that in the Reagan era, such personal failings were again tied to not only hurting one's own family, but our very national future. At that time, "breakdown of the family [was] linked to individual pathology, particularly

[32] Marsh and Romer, *Empty Cradle,* 114.
[33] Marsh and Romer, *Empty Cradle,* 82.
[34] Marsh and Romer, *Empty Cradle,* 196.
[35] Marsh and Romer, *Empty Cradle*, 247-8.

female pathology."[36] Social construction of what is considered to be "good" or appropriate motherhood continued, continuing socially constructed tenets of the Cult of True Womanhood. Domestic difficulties, including the lack of children to help a woman fulfill her motherhood mandate, were depicted as the root rather than the result of social, political, and economic challenges. Adhering to the neoliberal side of pronatalism, responsibility for family and social failings personal rather than public.

Demonstrating the staying power of the Cult of True Womanhood, Reagan-era culture (and beyond) did not question the family and motherhood's "natural" status.[37] Therefore, the right place for women to be was naturally in the domestic sphere rather than in the workplace, maintaining the moral center of the individual family for the benefit of the larger, American family. Feminist thoughts and ambitions that led aspirations to be outside the home and away from children assumed the blame. The primary beneficiary of this ideology of the good mother as dedicated to the domestic, explains Rebecca Feasey, is patriarchal society, which pigeonholes women as mothers and consumers first, without financial compensation for domestic labors.[38]

Infertility in Melodrama

As the melodramatic mode is marked by excesses in emotional reactions, suffering under seemingly uncontrollable forces, and often domestic and maternal-

[36] Janice Peck, *The Age of Oprah: Cultural Icon for the Neoliberal Era* (Boulder, CO: Paradigm Publishers, 2008) 83.
[37] Peck, *Age of Oprah*, 89.
[38] Rebecca Feasey, *From Happy Homemaker to Desperate Housewives: Motherhood and Popular Television* (London: Anthem Press, 2012) 6.

based female-oriented situations, it is unsurprising that infertility is a topic well-located within these parameters. The long history of infertility as psychological and emotional failing on the part of women makes the union of infertility and melodrama especially ripe for analysis. This section analyzes some texts that employ the melodramatic mode in telling stories of infertility, grouped into two sub-sections by psychological impediment to motherhood discussed in the earlier history of infertility and mental or moral disorders: non-domestic ambitions, and non-virtuous lifestyles. Texts analyzed here have been chosen because they well represent recent popular culture works that employ the melodramatic mode and address mostly female audiences, and they also use melodrama in storylines centered around infertility. They are not the only popular film and television texts that do so, but I selected these because they both have been popular with wide audiences, and include many aforementioned tropes of how infertility is stigmatized.

Working Women

Aligning with the tension between the Cult of True Womanhood and feminist advances that encourage women who have non-domestic aspirations to leave the home, melodrama has frequently portrayed working women as troubled by the lack of a fulfilling home and family life. These women lose or struggle to keep male partners, and also face losing the chance for "good" motherhood due to time away from children. In television programs *Grey's Anatomy* and *Private Practice*, women risk never achieving motherhood at all after achievements as medical professionals.

Grey's Anatomy (2005-present) is a primetime television drama that airs on ABC.[39] The program concerns personal and professional lives of surgeons at a Seattle hospital; its main characters are both male and female, but from its beginning the show has been primarily concerned with female address. *Grey's Anatomy* is often referred to as a "nighttime soap," aligning it with the melodramatic mode and female address of soap operas. The main character, who narrates most episodes, is Dr. Meredith Grey (of the title), and many supporting characters are also female doctors. The first season opening credits (which no longer open each episode, but set the tone for the program) featured signifiers of the female balance between professional and personal lives—feet changing from work shoes to stilettos; hands holding scalpels and then eyelash curlers; and a woman being zipped into a little black dress, then tied into surgery scrubs. *Grey's Anatomy* has been consistently popular, including multiple seasons among the top ten primetime programs, notably popular with the 18-49 viewer demographic.[40]

[39] *Grey's Anatomy* was created by Shonda Rhimes and has run 11 seasons and 244 episodes (as of May 2015). Its 18-49 ratings have ranged from a high of 3 in 2007 to a low of 13 in 2015. ("2006–07 primetime wrap." *The Hollywood Reporter*. May 25, 2007, retrieved September 14, 2012; de Moraes, Lisa. "Full 2014-15 TV Season Series Rankings: Football & 'Empire' Ruled." *Deadline*. May 21, 2015, retrieved May 24, 2015.)

[40] Daniel Fienberg, "TV Ratings: 'Grey's Anatomy' Rises, 'Bad Teacher' and 'Idol' Drop and CBS Rules Thusday," *Hitfix* , May 4, 2014, http://www.hitfix.com/the-fien-print/tv-ratings-greys-anatomy-rises-bad-teacher-and-idol-drop-and-cbs-rules-thursday; Dorothy Pomerantz, "TV's Biggest Moneymakers," *Forbes*, April 10, 2012, http://www.forbes.com/sites/dorothypomerantz/2012/04/10/tvs-biggest-moneymakers-2/.

Grey's Anatomy *opening credit sequence*

One female character from the show, Dr. Addison Montgomery, spun off to her own program, *Private Practice* (2007-2013).[41] Montgomery's departure stemmed directly from her desire to get pregnant, which took her to work alongside a fertility specialist in the Los Angeles area. This program also aired on ABC at night, aimed at a female audience, and concerned the lives and loves of numerous doctors. While less popular than *Grey's Anatomy*, *Private Practice* also served its network in drawing significant numbers of viewers ages 18-49.[42] Both programs also frequently utilized such melodrama hallmark as characters expressing a great deal of interior feelings, dramatic music cues during discussion of personal matters, and emotional cliffhangers between scenes and episodes.

Grey's Anatomy features multiple female characters encountering trouble conceiving. The titular character, once she marries at the end of season five, has a

[41] *Private Practice* was created by Shonda Rhimes and ran six seasons and 111 episodes. Its 18-49 ratings ranged from a high of 10 in 2009 to a low of 51 in 2013 ("ABC 2009 May Sweep / TV Season Ratings." *Medianet*. TheFutonCritic. May 21, 2009. Retrieved December 11, 2012; Dominic Patten. "Full 2012-2013 TV Season Series Rankings." *Deadline*. Retrieved November 28, 2014.).
[42] Bill Gorman, "Final 2009-2010 Broadcast Primetime Show 18-49 Ratings," *TV by the Numbers*, http://tvbythenumbers.zap2it.com/2010/06/16/final-2009-10-broadcast-primetime-show-18-49-ratings/54330/.

miscarriage and difficulty getting pregnant. Grey is told she has a "hostile" uterus, refers to herself as "barren," and expresses frustration that trying to get pregnant has made her weak when she has been used to succeeding as a renowned surgeon. Grey is repeatedly represented as pessimistic about her chances to get pregnant, connecting infertility with failure outside the workplace and her discomfort around traditionally "feminine" strengths such as housekeeping and emotional connection, while her husband (also a famous surgeon) expresses more optimism and excitement. Ultimately, when she has to take "baby drugs to make my uterus less hostile," she is forced to end treatment because side effects interfere with being able to perform surgery.[43]

Dr. Callie Torres is another working woman on the show who experiences infertility. Torres has secondary infertility—the inability to carry a pregnancy to term following at least one prior live birth. She learns that due to the earlier childbirth and a serious car accident, her uterus has too many adhesions to carry another baby to term.

Dr. Addison Montgomery was a primary character on *Grey's Anatomy* for two seasons before becoming the protagonist of *Private Practice*. In the two Grey's episodes that set up her departure, in her late 30s, Montgomery consults with a fertility specialist friend who tells her that she has "no fertility potential" due to a lack of eggs. Montgomery laments that she never tried for a baby earlier because she

[43] *Grey's Anatomy*, "Not Responsible," directed by Debbie Allen (2011; Burbank, CA: ABC Studios) Netflix.

was focused on her career, and that, "I just didn't realize I was out of time."[44] Montgomery also refers to herself as "great" in her job, but "barren." In dismissing a man who hits on her, she rants: "I am out of time. I missed my chance, and now I have two eggs left. I might as well have no eggs left. I am egg-less…I'm all barren. And dried up."[45]

In explaining her departure when she leaves the world of *Grey's*, Montgomery tells a co-worker that she is an obstetrician who is, "…barren. Apparently as a successful woman in her 30s I don't deserve to have children."[46] The character here and in the course of trying to get pregnant on *Private Practice* ties her infertility to her work, growing bitter over professional accomplishments that she blames for delaying childbearing when she was younger and, presumably, more fertile. Despite being told by another character that she has built a "work family" for herself during her career, Montgomery at one point yells in response that:

> I have already waited too long! First it was wait until you meet the right guy. And then I met Derek, and then I told myself, 'Addison, be smart. Wait until you finish med school, and then wait until you finish residency, and then wait until you finish your fellowship, and then my marriage exploded!...And I waited. And waited. And waited, until I only had one egg left! It's not that I didn't want kids. It's because I took having kids for granted. Because a 13-year-old girl can do it. Because a 75-year-old man can do it! You know who can't do it? An overeducated, talented, strong, powerful woman in her 40s. How ridiculous is that?[47]

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[44] *Grey's Anatomy*, "The Other Side of This Life Part 1," directed by Michael Grossman (2007; Burbank, CA: ABC Studios) Netflix.
[45] *Grey's Anatomy*, "The Other Side of This Life, Part 2," directed by Michael Grossman (2007; Burbank, CA: ABC Studios) Netflix.
[46] *Grey's Anatomy*, "Testing 1-2-3," directed by Christopher Misiano (2007; Burbank, CA: ABC Studios) Netflix.
[47] *Private Practice*, "What We Have Here," directed by Karen Gaviola (2011; Burbank, CA: ABC Studios) Netflix.

Montgomery attempts to get pregnant throughout the run of the series, including undergoing two failed in vitro fertilizations. She finally adopts a baby. Additionally, as the program's setting is a medical clinic that includes a "fertility specialist," many episodes include one-off "cases of the week" that include infertility issues, usually dramatized as unusual or morally problematic (as in the case of a surrogate mother who slept with three men at the time of her ovulation, calling paternity into question; or an infertile couple pushing their surrogate to deliver three babies despite risking the carrier's health). Of *Private Practice*'s 111 episodes, 52 included some mention of infertility, either regarding Montgomery or a patient.

Immoral Women

While Montgomery routinely speaks about her infertility in conjunction with her career, blaming dedication to medicine for her lack of children, she also frequently mentions the inability to conceive when talking about sexual scandals in her past. In the first crossover episode from *Grey's Anatomy* to set up *Private Practice*, she describes herself to another character as an, "adulterous bitch who forgot to have kids," associating her infertility with irresponsibility, unladylike behavior, and sexual promiscuity.[48]

[48] *Grey's Anatomy*, "The Other Side of This Life Part 1."

Dr. Addison Montgomery

Female immorality and its repercussions, especially upon the domestic and children, has long been a source of fascination for melodrama authors and audiences. Those women who do not ascribe to the Cult of True Womanhood's four tenets of piety, purity, submissiveness, and domesticity in melodrama often face punishment from the outside forces under which they suffer.[49] As melodrama concerns itself most with the domestic sphere, often that suffering involves dissatisfaction at home. Due to improper behavior, they may have trouble keeping a partner or, or in addition, having a happy relationship with their children. In texts considered here, actions not condoned by the Cult of True Womanhood—even if they occurred in one's past—are tied to infertility.

In *Private Practice*, Montgomery frequently refers to herself as "a cheater" and having had an abortion when talking about her infertility. "I'm a cheater. And a husband stealer. And on top of all that, I'm barren…I never wanted any of this to

[49] Welter, "Cult of True Womanhood."

happen," she says.[50] She expresses regret for both actions, and while neither are linked physically to her conception complications (as in the case of scarring due to sexually transmitted infections) the recurrent discursive linking of past sexual transgressions and current infertility reveals the character's belief that they are psychologically associated.

Grey's Anatomy's infertile doctors also do not adhere to the Cult of True Womanhood's piety, purity, submissiveness, and domesticity tentpoles, in addition to their transgression of working outside the home. Dr. Meredith Gray engages in sexual relations with multiple men over the course of the show, including with a married man before he eventually becomes her husband. Once she settles down, so to speak, she finds she cannot readily have children. Dr. Callie Torres, on the other hand, experiences infertility only once she attempts to have children while in a lesbian relationship. The child she bore earlier resulted from a one-night stand with a man, but the internal scars that keep her from procreating again are only discovered after she marries another woman.

Another program that addressed a largely female audience and employed melodrama in relating a plot about infertility is *Sex and the City* (1998-2004).[51] This program, along with its feature films (*Sex and the City* [2008] and *Sex and the City 2* [2010]), is comedic by genre but frequently shifts into the melodramatic mode—heightened emotions concerned with suffering related to the domestic. The

[50] *Private Practice*, "War," directed by Eric Stoltz (2010; Burbank, CA: ABC Studios) Netflix.
[51] *Sex and the City* was created by Darren Starr and ran 6 seasons and 94 episodes. Its ratings were notably high for a paid cable program (airing on HBO), hitting a high of 10.6 million viewers for its 2004 finale. (http://www.nytimes.com/2004/02/25/arts/record-ratings-for-final-fling-with-sex.html)

television program and subsequent films centered on protagonist Carrie Bradshaw and her three female friends Samantha, Miranda, and Charlotte. The characters' longing for sexual and domestic partners drove more plot lines than professional or other issues, further aligning the show and films with melodrama. Heightened emotions frequently mark show storylines that deal with romantic relationships and illness, hallmarks of the woman's film.

Charlotte receiving fertility acupuncture

While every female character on the show has trouble with their domestic lives, and all sleep with many men, Charlotte is the most traditional. She is the closest of the four to hewing to the Cult of True Womanhood, aspiring to marry, leave her job, and raise children. Once she marries in season three, infertility complicates her plan. In the course of the series, Charlotte marries twice (her first marriage disintegrates in large part due to the couple's infertility), suffers a miscarriage, and undergoes numerous infertility treatments. She routinely becomes incredibly emotional in pursuing pregnancy, to the point of alienating her friends and (first) spouse and withdrawing from her social life.

Charlotte and her second husband adopt a baby. On *Grey's Anatomy* and *Private Practice*, Grey and Montgomery also both adopt babies to achieve

motherhood. Perhaps the lesson to be learned by these characters from the melodramatic suffering they endured while battling infertility was that they could parent once they became more selfless. Adopting a child would assist in moving these women who had pursued professional and sexual freedom closer to the Cult of True Womanhood, in the self-sacrificing mother vein of melodrama. Additionally, both Charlotte and Meredith became pregnant post-adoption with "miracle" babies. This development, emblematic of longstanding (but scientifically unfounded) beliefs that infertile couples who adopt are more likely to subsequently conceive naturally, may represent to audiences that these women proved themselves worthy of biological children once they gave themselves over to another's child. Marsh and Romer cite a rise in media coverage of infertility claiming that pregnancy frequently followed adoption, calling adoption a cure for infertility a "scientific fact."[52] This, and post-adoption surprise pregnancies in popular culture, help bolster the presumed psychological unsuitability to mother as an underlying factor behind infertility.

British Cultural Theory, Feminism, and Melodrama

As these texts contain important messages regarding cultural opinions of infertile women and social beliefs about the causes of infertility—aligning with a long history of melodrama's representations of women's issues—considering how British Cultural Theory can be applied to studying feminist topics in popular culture is appropriate.

[52] Marsh and Romer, *Empty Cradle*, 168-9.

The goal of British Cultural Theory is not to answer a single grand question, but rather to accumulate many answers to draw from by considering and attempting to understand the many lifestyles and experiences that make up contemporary culture. Accumulating interpretations of the world, making them available, and learning from them is to become more knowledgeable about culture at large. The feminist concern with gender justice is a key component to a study of representations of infertility, as the condition is often regarded as gendered. Women are framed in popular culture by—and often encounter in real life—biological and social pressures to become mothers, and cultural portrayals of infertility most often figure the condition as a women's health problem.

British Cultural Theory's aim to uncover and analyze representations of and messaging to politically disadvantaged populations made it a natural fit for feminist theorists searching for a means to analyze the operations behind signification and subsequent meaning-making. Both believe that the personal is political, and that extensive social considerations are vital to analyzing subcultures and media. Neither claims to be objective or neutral in goals or opinions, but rather believe that cultural biases work their ways into media representations, which can then hinder the potential for popular media to create shared understanding that may complicate or defeat those biases.

As described by Norma Schulman, feminism within British Cultural Studies "helped to focus concern on how identity, subjectivity, and gender are constructed…completely consistent with Williams and Hoggart's early emphasis on

the use of personal experience to exemplify general phenomenon."[53] Because melodrama is concerned with representations of personal experience, analysis of how those representations are crafted is vital for what it may communicate about identity and gender construction. Feminism's drive to illuminate marginalized experiences and critically interrogate how they manifest in popular culture—particularly as those manifestations may align with and propagate hegemonic patriarchal society—finds a home in evaluation of melodrama and representations of infertility by the mode.

Melodrama's focus on female audiences and its gendered nature have made it of great interest to feminist film theorists. While many condemn melodrama's penchant for displaying female suffering, some see opportunities for empowerment and inclusion of messages resistant to patriarchal ideology, as these texts concern pressures women feel living within that ideological frame. In melodrama, women's roles in society find a voice, contributing to and potentially complicating the social construction of female identity.

For many feminist film theorists, the portrayal of women as victims in melodrama is problematic. The texts discussed here—*Grey's Anatomy, Private Practice,* and *Sex and the City*—depict the women coping with infertility as suffering with it, crying, undergoing painful procedures. Additionally, the medical melodramas bring in extra female victims each week in the form of patients in dire need of assistance. The featured players and guest actors alike often represent their

[53] Norma Schulman, "Conditions of their Own Making: An Intellectual History of the Centre for Contemporary Cultural Studies at the University of Birmingham," *Canadian Journal of Communication* 18:1993, 69.

infertility in a "why me?" mentality, and their infertility experiences are heightened by such melodramatic mise-en-scène elements as dramatic music cues and close-ups on crying eyes.

Mary Ann Doane has demonstrated that most women's films construct a heroine who is a victim, entailing a masochistic identification for the female viewer.[54] Masochism, to many film theorists, is a prime marker of the melodramatic mode. The viewer shares the suffering of the character, who frequently blames herself for hardships despite them being inflicted by outside, social elements, or interior, physiological or psychological sources. As demonstrated in the above summaries of texts using melodrama to address infertility, infertile characters are represented punishing or blaming themselves for their infertility, condemning their career choices or illicit behavior. This masochism and social castigation align with the history of infertility believed to be due to female psychological or behavioral faults. In the women's film, Williams writes, the problem is the pathos of loss.[55] When infertility is the problem, it is the loss of the female domestic ideal.

However, that the suffering these women struggle with most often concerns problems presumed to be female-centric, and frequently are related to the domestic, speaks to melodrama bringing to wide audiences issues of female import that may not be featured in traditional or Classical media. "Melodrama merits our most serious attention," as it reveals pervasive ideology in what it "closes off."[56] What options are not available to the suffering protagonist, then, whether that is sexual

[54] Kaplan, *Motherhood*.
[55] Williams, "Film Bodies," 10.
[56] David Ehrenstein, "Melodrama and the New Woman," *Film Comment* 14(5): 1978, 59.

freedom without familial repercussions or career aspirations free of domestic guilt, demonstrate to audiences what the society around that cultural text does and does not allow.

Melodrama's roots in morality plays lends more credibility to analysis of the mode as a communicator of social values and means of working through potentially inflammatory topics of contemporary debate. In Brooks' view, "the melodramatic mode, above all, expresses the desire to find true stakes of meaning, morality, and truth."[57] These texts may be seen as moral struggles and cultural tensions made visible, notably as they frequently represents marginalized or less frequently vocal populations.

Melodrama's use of excessive emotional response is not a reason to dismiss the mode, writes Williams, as here it serves as "a cultural form of problem solving."[58] Melodrama "expresses what are primarily ideological and social conflicts in emotional terms."[59] This deployment of emotion serves to incorporate large-scale, often uncomfortable or problematic, social issues into personal stories. Thereby, topics that may in journalistic media be difficult to approach can be made intriguing or attractive through the emotional appeal of familiar characters and "safe" domestic settings. Social issues become embodied, and that body in melodrama is frequently emotional to the point of weeping, breaking down, and sometimes motivating similar responses in the viewer.

[57] Joyrich, "All That," 235.
[58] Williams, "Film Bodies," 9.
[59] Joyrich, "All That," 229.

That emotional response is often made extra excessive in melodramatic tales of infertility, when female characters take hormonal medications in the course of infertility treatments. In actuality, hormonal medications do cause side effects that may include mood swings and emotional changes. When depicted by the already emotional mode of melodrama, however, the infertile woman becomes emotional to the point of being "padded room, hide the shoelaces crazy" as described by a (male) infertility doctor on *Private Practice*. When undergoing IVF, Montgomery is shown screaming at co-workers, threatening to hurt others, breaking down crying, and fainting due to overstimulation. She says, "I feel like my brain is being broken."[60] As demonstrated in the description that opens this chapter, Charlotte on *Sex and the City* is figured as neurotic to the point of shouting at strangers, so emotional that medical treatments will not help her. These depictions of infertile women as living the extreme of the female emotional spectrum may not do the work of melodrama that Williams proposed, in which emotional affect helps make an issue relatable to audiences. By going beyond "normal" emotional reaction to having the infertile women described as "crazy," such portrayals may only reinforce longstanding assumptions that infertile women are somehow disordered in both mind and body.

However, one benefit of melodrama for forming bonds with audience members, according to Williams and Modleski, is that the texts often include a multitude of female characters with varying viewpoints to express regarding a situation. This multi-dentification further embeds study of the mode within a British Cultural Theory and feminist approach, as texts may not supply a single answer to a

[60] *Private Practice*, "Step One," directed by Ann Kindberg (2011; Burbank, CA: ABC Studios) Netflix.

single question, but rather are constituted by various "situated knowledges."[61] Additionally, this takes analysis of melodrama beyond criticism that female viewers would identify with victims, as audience members may also see that victimization from different points of view.

In the woman's film, Williams explains, "the female viewer does not seem to be invited to identify wholly with the sacrificing good woman, but rather with a variety of different subject positions, including those which empathically look on her own suffering."[62] So while in *Grey's Anatomy* the protagonist may be complaining about difficulties conceiving and the career ambitions that delayed her domestic ambitions, the audience sees not only this perspective but also the sympathy of other women around the character, listening to her. Identification in melodrama is not fixed due to frequently large casts of characters, which handicaps feminist concerns that the mode views women primarily as victims.

Complicit or Resistant Texts?

Having multiple points of identification, however, does not necessarily mean a melodramatic text contributes a new, defiant argument against patriarchal ideology that formed the Cult of True Womanhood and its resultant derogatory views of infertile women. Elsaesser writes that melodrama has a "radical ambiguity" about it, allowing texts to be subversive or escapist. In *Motherhood and Representation: The Mother in Popular Culture and Melodrama*, E. Ann Kaplan

[61] Donna Haraway, "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective," in *Just Methods: An Interdisciplinary Feminist Reader*, ed. Alison Jaggar (Boulder, CO: Paradigm Publishers, 2008): 348.
[62] "Film Bodies," 8.

considers whether melodramatic texts are "complicit" or "resistant." Potential exists for both, but Kaplan determines the former to be found most frequently.

"Complicit" texts "are normally narrated from an implicit male perspective, even when the narrational voice places itself within a female figure."[63] Melodramatic film and television texts produced by big-budget entertainment industry companies (such as those analyzed here) are more likely to be complicit in maintaining the status quo of maternal sacrifice and propagating the Cult of True Womanhood, generating more texts that adhere to patriarchal points of view. The sub-set of maternal melodrama comes in for an especially skeptical view, for while it "speaks from the mother position and about its pleasures and oppressions," it still "represents the mother as a paternal function."[64]

Kaplan locates the prime potential for a text to "resist" that patriarchal ideology in whether it allows "realistic elements" to predominate in the course of telling a woman's story, and if it shifts from an emotional to a cognitive approach.[65] That realism, in her view, "permits address to the oppressive social institutions that confine women" and proposes alternative structures of being.[66] Williams believes such resistance and speaking back can also be achieved in more sensational examples and emotional of melodrama, as these texts allow for the display of female fantasies and unrestrained expression.

A text that resists, Kaplan elaborates, addresses moral or political issues via narrative, either in inter-character discourse or other commentary, and resolves

[63] Kaplan, *Motherhood*, 124.
[64] Kaplan, *Motherhood*, 69.
[65] Kaplan, *Motherhood*, 128.
[66] Kaplan, *Motherhood*, 74.

those issues in a way that does not align with patriarchal complicity in the figure of the mother. While many melodramatic texts meet the former criteria, few accomplish the latter requirement.

However, the multi-dimensional nature of melodrama mentioned earlier allows for both complicit and resistant narratives to co-exist in the same text. In *Grey's Anatomy*, the plot of Grey blaming her infertility for the same drive that made her a successful surgeon stood alongside that of her friend, Dr. Christina Yang, twice opting for an abortion in the interest of her career, despite her partners' wishes for children. Charlotte's infertility trials on *Sex and the City* were always juxtaposed with her friends' aspirations, which sometimes adamantly rejected the inclusion of children, and were often ambivalent on the matter. One of the women, who is portrayed as incredibly ambitious professionally, even becomes pregnant and has a child accidentally. The resisting woman's film, Kaplan explains, "may serve women better in terms of opening up a space for critical appraisal of how women are constructed or positioned in a particular scenario."[67] Melodrama's multiple points of identification assist in that opening, as the quality allows for different, and sometimes opposing, female voices.

Regarding the maternal melodramas that deal with infertility analyzed here, these texts do not ultimately deliver in Kaplan's proposal for the resistant melodramatic text. Routine mentions are made by infertile characters of their prior sexual lasciviousness and abortions as cause for current infertility, without rebuttal. Similarly frequent and unargued links are made between career ambition and later

[67] Kaplan, *Motherhood*, 125.

infertility. Both of those qualities are at home with historical shaming of women for leaving the Cult of True Womanhood and the domestic sphere, threatening those who do with bringing childlessness upon themselves.

A resistant melodramatic text about infertility might embrace a feminist view of mothering, in which a mother "insist[s] on gender equality in the home and a life and identity outside motherhood."[68] Instead, these women led lives outside motherhood, but lament them once they prove deleterious to the ideologically presumed "purpose" of all women—to bear and raise children. Similarly, a resistant melodramatic text might include proposals of structural solutions along with criticisms of the career versus motherhood choice, such as paid parental leave or subsidized daycare more readily enabling women who aspire to be surgeons to have children when they choose.

Popular culture genres thrive, Williams writes, because the social problems they address thrive, whether that is the American concern with expansion elaborated upon in the Western or desires to explore good versus evil that drive the war and gangster genres. "But genres thrive also in their ability to recast the nature of these problems."[69] *Grey's Anatomy*, *Private Practice*, and *Sex and the City* took new steps in using the melodramatic focus upon women's issues to consider at length the problem of infertility, but did not incorporate many messages about the problem that proved resistant to patriarchal ideology.

[68] Andrea O'Reilly, *Feminist Mothering* (Albany, NY: SUNY Press, 2008) 9.
[69] Williams, "Film Bodies," 12.

The texts' characters who experienced infertility largely conformed to the Cult of True Womanhood in repeatedly condemning past behavior that removed themselves from the ideological ideal of how women ought to act to be socially responsible, as well as to be personally fulfilled (through motherhood and domesticity). Additionally, problems raised in the course of discussing infertility, such as ramifications of sexual liberation or working outside the home, are posed here as individual rather than cultural crises. This is a routine weakness of melodrama, which does address cultural quandaries but also routinely "resolutely refuse[s] to understand social change in other than private contexts and emotional terms."[70]

Melodrama may raise issues of systemic disorder, but by keeping them localized at the level of individual character, prevents audiences from seeing larger ways in which such issues affect their own lives beyond a cathartic cry, or ways in which that shared emotional response can be acted upon for change. Regarding infertility, such separation between personal and political keeps these texts from ably refuting anti-feminist beliefs linking infertility and behavioral or mental disorder.

[70] Elsaesser, "Tales," 47.

Chapter 5

Infertility in Horror and Science Fiction

"Let us be careful not to idealize the community. It does not always deal kindly with its members."
— Mary Douglas[1]

Infertility is a condition feared by women not just for the personal pain and hardship it brings, but also for the shame and stigma that society imposes on them insofar as women who are unable to conceive children fail to embody the socially presumed "purpose" of the female sex, which is to be mothers. While a demonization of clinical conditions appears callous and out-of-touch with today's seemingly medically sympathetic culture, consideration of infertility's representation in horror films reveals this prejudice against "barren" women to be frighteningly present underneath our society's veneer of compassion for childlessness. Depictions of infertile women as driven to desperate lengths in the pursuit of children—and children borne by those manic mothers figured as abnormal offspring—hamper advances in understanding infertility. This chapter analyses such representations in light of theories of social surveillance, abjection, and fears of technology to better understand monstrous infertile women and their children in contemporary horror film.

Infertility's representation in horror may be viewed as a "monstrous condition"—described by Henry Benshoff in *Monsters in the Closet* as internal, invisible, and lurking within seemingly "normal" individuals. While Benshoff focuses

[1] Mary Douglas, "The Self as Risk Taker," *Sociological Review*, 38(3): 1990, 447.

on cinematic depictions of homosexuality, he notes that "[s]ome people have always considered anything that opposes or lies outside the ideological status quo intrinsically monstrous and unnatural."[2] That fear of difference threatens the domestic sphere in Robin Wood's work on the horror film, where he argues that "normality" and "the family" are threatened by the monster. Monsters are "the projection on to the Other of what is repressed within the Self in order that it can be discredited, disowned, and if possible annihilated."[3] But that dread does not reside only on the societal level. It is of note that individuals who suffer from infertility largely want to fit into the norm of parenthood, but face a challenge from within themselves, an invisible monster—infertility—wreaking havoc inside by keeping them from having children. Infertility, unseen but interior, destroys dreams with every reproductive cycle. So for the infertile, monster annihilation requires self-annihilation.

Employing aforementioned paradigms of the monstrous, this paper frames the monstrosity of infertility as concealed, shameful, and stigmatized because the condition opposes hegemonic social constructions of gender norms and pronatalism. Twofold in its terror, infertility is monstrous to the individual sufferer in its personally destructive nature, refusing often long-held goals of having a child. In a larger, cultural sense, the social expectations often influencing the gravity of the perceived personal failing of being infertile thereby position infertility as threatening to self and society, requiring obliteration, or at least removal from

[2] Harry Benshoff, *Monsters in the Closet: Homosexuality and the Horror Film* (Manchester: Manchester University Press, 1997), 1-2.
[3] Robin Wood, *Hollywood from Vietnam to Reagan…and Beyond* (New York: Columbia University Press, 2013), 66.

acceptable discourse. These women who aspire to bear children, but fall short of that "normal" ability, are made monstrous in an effort to obscure and obliterate a perceived threat to social and physical norms and expectations. When they defy stigmatization to build a family via science or adoption, that monstrosity is passed down to the resulting monstrous children.

Themes of traumatic birth and fear of the reproductive female body in cinematic horror have been well documented and analyzed.[4] Far fewer studies, however, have investigated the cinematic interpretation of a woman's struggle to achieve motherhood. This dearth of attention can be seen as a reflection of society at large, which has tended to sweep the topic of infertility under the conversational rug. Even women who bear the weight of infertility are often loath to admit it. Infertile women are seen as "others" in society, stigmatized as abnormalities in the human reproductive system and thereby positioned to be both pitied for their unfortunate burden and feared for the threat they potentially cause to the circle of life. Their ailment, however, is increasingly subject to medical treatment and media coverage, and subsequently to open discussion. This greater cultural prominence aids those suffering from infertility, but also makes them emotionally ripe for the horror genre's picking, as filmmakers have a legacy of drawing inspiration from both fears of physical failure as well as new (and often misunderstood) scientific developments regarding the body.

Portrayals of the female body—especially as monstrous in the horror film—are loaded with cultural meanings and messages. Infertility, as a condition with

[4] See Creed; Carol Clover, *Men, Women, and Chainsaws: Gender in the Modern Horror Film* (New York: Columbia University Press), 1982.

significant personal ramifications yet also weighed down by social stigma, is particularly ripe for depicting in an effort to convey values regarding its causes and handling, particularly in relation to the female sex and its reproductive (in)abilities. In *Managing the Monstrous Feminine*, Jane Ussher writes:

> There is no 'natural' reproductive body that prefigures discourse. Indeed, it is discourse, and the enacting of femininity within a highly regulated framework, which produces notions of the 'natural' reproductive body having particular effects, reifying the woman who is in control of the unruly reproductive body as a creature of substance; an ideal to which we, as women, should aspire. . . .The external gaze which pervades cultural discourse and institutional practices, and is taken up by significant others in our lives, can thus act to position us as mad, bad or dangerous . . . the fictions framed as facts that circulate around the fecund body are central to the definition and maintenance of social order.[5]

Infertility's depiction in cultural texts, then, is not merely something we observe in the cinema or on our television screens. Those representations invade personal lives and relationships, and how we see others and ourselves. As detailed by Ussher in the above consideration of "facts" about the female body, discursive frames in cultural works impose limits upon ways of speaking and thinking about a stigmatized condition such as infertility, and those parameters become naturalized as cultural truths. Cultural texts that worth within such discursive frames, then, serve to further reinforce stigma and stereotypes.

Analyzing works of recent decades' cinematic canon with an eye on infertility, ensuing medical meddling, and the terrifying children that result, from campy creep-outs like *It's Alive* (1974) and *Grace* (2009) to the more high-end

[5] Jane Ussher, *Managing the Monstrous Feminine: Regulating the Reproductive Body* (London: Routledge, 2006), 4-5.

horror of *The Ring* (2002), and the *Alien* series, brings the burgeoning incorporation of infertility in horror to the fore. Infertility stigmatized as monstrous and producing monstrous offspring emerges through a consideration of Foucauldian bio-power, Julia Kristeva's notion of the horrific abject, and, combining both, fears of altering the human body with science and technology.

Stigma on Film

The earlier detailed history of infertility—notably its medicalization—informs stigmas and stereotypes that persist today: the infertile female as not a real woman, infertility caused by a woman's selfish pursuits or unstable emotions, and infertility as a dangerous opportunity for toying with nature. That these tropes still surface in contemporary popular culture is telling of present-day attitudes toward the condition and women who suffer from it, informing how members of our society—including those who are infertile—think about infertility.

Infertility stigmas form the basis of the depiction of childless women in horror films, feeding into their demonized treatment in horror films in particular and popular media at large. In a pronatalist society where female roles and identities are centered on reproduction, women who fail to reproduce successfully are not just worthless, but dangerous. The stigma of infertility delineates those who suffer with the condition as distinctly outside social acceptance. In the sociological theory of Erving Goffman, stigma "makes an individual or cultural form

problematic."[6] Stigma tarnishes the image of an individual or group, therefore making such people somehow less desirable and of a lower quality than those Goffman refers to as "normals." Additionally, as Goffman posits that they are devised to distance the "normals" from the stigmatized, stereotypes are intertwined with creating and reinforcing stigma broadly through a culture. Portrayals of stereotypes and negative tropes in cultural texts, then, widely disseminate messages of normality and deviance.

Jeffrey Jerome Cohen, in his work on the figured monstrosity of teratology, writes of the cultural construction of what we fear and shun and furthers stigma's relation to infertility. If something deviating from the social norm is detected—"[t]he monster is difference made flesh, come to dwell among us," he writes—those cultural constructions are called upon to set the monster apart. Cohen notes that monstrous difference originates from within us, because we as a community create the boundaries that define normality, as well as the stereotypes and stigmas that reinforce those cultural battle lines.[7] This dovetails with the aforementioned definition used here of "monstrosity" as internal, lurking, and requiring annihilation to maintain "normalcy."

In addition, this menace merits stigmatization to guard against a perceived ultimate threat to society's very future existence. Monstrosity, Benshoff states, involves "fears about sex and death."[8] Infertility is sex without procreation—

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[6] Goffman quoted in Paul Lopes, "Culture and Stigma: Popular Culture and the Case of Comic Books," *Sociological Forum*, 21(3): 387-414.
[7] Jeffrey Cohen, "Monster Culture," in *Speaking of Monsters: A Teratological Anthology*, eds. Caroline Picart and John Browning (New York: Palgrave Macmillan, 2012), 17.
[8] Benshoff, *Closet*, 3.

without life—and for many sufferers the end of their biological legacy and end of aspirations for a "normal" family. Lee Edelman extends the motherhood mandate to a reproductive one in his denunciation of "reproductive futurism," by which political discourses impose heteronormative imperatives through a focus on children, thereby positioning effective queer resistance outside the political domain and untenable. The concept "authenticate[s] social order" by framing political struggles for future children, and, Edelman asks, how can one argue against the future?[9] Social and political concerns, from healthcare and education to the environment and anti-drug campaigns, are shaped by discourses about coming generations, and our contemporary obligation to their survival. Figured in the context of queer theory, reproductive futurism negates any aspect of culture that does not support and work toward life in a future tense. Sex must therefore be framed as serving that future life, and must be heterosexual and procreative. Sex without such reproductive potential is figured as meaningless in our society. Infertile individuals, then, are outside effective culture and essentially meaningless, made queer in the same way homosexuality is figured by Edelman as disruptive and unwelcome in a reproductive futurist ideological environment. Their presence in the social order threatens "normal" reproduction, reinforcing their monstrosity and need for obliteration.

Damaging stereotypes of infertility that appear routinely in popular culture in general and horror films in particular include the working woman who has waited too long, the infertile woman desperate to conceive, and the "barren" woman

[9] Lee Edelman, *No Future: Queer Theory and the Death Drive* (Durham, NC: Duke University Press, 2004), 2-3.

driven to infertility-induced mania. The infertile woman in media can be driven to desperation, as the evening news relates sensational tales of baby snatchers and even in-utero kidnappings.[10] On cinema screens, *The Hand that Rocks the Cradle* (1992) depicted infertility-driven evil that led an infertile woman to insinuate herself in the lives of a happy family in order to care for, breastfeed, and ultimately take over another woman's baby. Cultural suspicion of fertility drugs resulted in the demon spawn of 1974's *It's Alive* and discomfort with "test-tube babies" informed techno-baby threats in *Alien: Resurrection* (1997) and *Splice* (2009) (and is manifested in recent media fascination with freaks of multiple births such as *Jon & Kate Plus 8* and "Octomom"). When fertility drugs fail, the inability to bear children leads to the trope of monstrous adopted children in horror films—*The Ring* (2002) and *Orphan* (2009), among others—the unnatural expansion of a family being the direct result of the female's failure to grow a "proper" family with her own biological offspring. As monstrous children on film are detailed throughout this volume as reflections of cultural fears, likewise these infertile women who exist outside social normality of their sex and the motherhood mandate are demonized in an effort to do away with a perceived social threat. Ignoring that stigmatization by turning to adoption or science to achieve motherhood leads to monstrosity inherited by the younger generation.

Monsters, created by culture, "are essential to enable all of us to grapple with very basic human limitations and fears," explains Cynthia Freeland in *The Naked and the Undead*. They elicit emotional reactions and, as a result, provoke consideration

[10] Denise LaVoie, "Woman held on $500K bail in womb-cut kidnap case," *Salon.com*, September 16, 2009.

of what we fear.[11] Horror films considered in this chapter play on anxieties about women's reproductive abilities and medical treatments necessitate thoughtful study of what is said about the society in which infertile individuals operate and these films are made. The remainder of this chapter will address interpretations of those anxieties, as infertile women are depicted as obsessive, abject, and unnatural.

Self-Obsession and Infertility

Women whose self-interest—in the form of career or body obsession—causes infertility and ensuing lunacy exist as one mode of monster in horror films. Overly concerned with work outside the home or with extreme regulation of their biological clocks, they are marked as manic threats to themselves and the surrounding society's idealization of docile, maternal women. The cultural motherhood mandate that expects women to desire childbearing and rearing "can—and has—stigmatized those whose unions are involuntarily childless as well as those who choose not to have children. Historically, it has been invoked to valorize women's fertility and to castigate those with expectations for achievement beyond the confines of home and family."[12] Aberrations from that mandate, whether in the form of the working woman or the woman not relaxed and confident in her childbearing abilities, have traditionally been punished accordingly, not least by condemnation in cultural representations.

[11] Cynthia Freeland, *The Naked and the Undead: Evil and the Appeal of Horror* (Boulder, CO: Westview Press, 2002), 2-3.
[12] Marsh and Romer, *Empty Cradle*, 5.

Women permeating the workforce in greater numbers in the later decades of the twentieth century, combined with the reproductive choices allowed by the Pill and legalized abortion, reinvigorated concerns of the non-maternal woman in social consciousness and rallied worries over women not fulfilling the purpose of their sex. If these women refused motherhood, or could not biologically become mothers, could they be classified as female? This "monstrous gender-bending"—recalling monstrosity's insidious anti-hegemonic qualities threatening pronatalism and patriarchy—informed fears of female sexuality. As explained by Noël Carroll in *The Philosophy of Horror*, cinematic monsters "can raise categorical misgivings by virtue of being incomplete representations of their class . . . categorically contradictory, incomplete, or formless."[13] This also enhanced anxiety around a perceived weakening of the traditional family structure, illustrated in a number of popular horror films in the 1970s and 80s that fixated on women's bodies and family homes turned horrific.[14]

If women blurring gender boundaries with career aspirations frightened many, removing the primary element of their womanhood—fertility—took them further into the realm of terrifying incompleteness. Elaine Berland and Marilyn Wechter studied cultural representations of female characters on film from 1930-1975, and found that early cinema often marked female professionals as masculine and business oriented rather than maternal. They explain that 1987's *Fatal Attraction* encapsulates the late-twentieth century consternation surrounding gender roles and the conflicting messages sent to women, benefiting from playing

[13] Noël Carroll, *The Philosophy of Horror: Or, Paradoxes of the Heart* (New York: Routledge, 1990), 32.
[14] Poole, *in America*, 172.

on the uneasiness of baby boom generation women trying to have it all: successful in the stereotypically male sphere of the workplace as well as in their traditional realm of the home.[15] Jobs competed with biological clocks for equal, and simultaneous, attention. In this successful thriller, professional woman Alex becomes unhinged after a weekend affair with married Dan. Alex obsesses over her lover and a domestic life, and is monstrous in her seemingly unflagging drive to unseat his wife as mother and partner. Berland and Wechter posit that Alex suffers from a fatal attraction not to the protagonist, but to the longing to "have it all"—"career, sexuality, the man and the baby—the fetal attraction…Her wish to integrate the various yearnings is seen as sufficiently dangerous to require that she be eliminated [at the hands of a woman who is both wife and mother] so that the traditional oppositions may be restored."[16] Alex becomes—or at least says she becomes—pregnant by him despite having been pronounced infertile due to a previous "bad" miscarriage. Driven to desperate lengths to win Dan, Alex murders his family pet, kidnaps his daughter, and attacks his wife, who ultimately shoots Alex to death. The infertile career woman threatens the home and is subsequently eradicated by the fertile stay-at-home mom, thereby restoring balance, normality, and the safety of the domestic sphere.

Cultural notions of "real womanhood" are dominant narratives reinforced by discourse, including popular culture texts such as *Fatal Attraction* and other films analyzed here. These notions instill in us parameters of how we "should" be, what

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[15] *Fatal Attraction* was directed by Adrian Lyne. Its domestic box office totaled $156,645, 693. (All box office totals unless otherwise noted are from boxofficemojo.com.)
[16] Elaine Berland and Marilyn Wechter, "Fatal/Fetal Attraction: Psychological Aspects of Imagining Female Identity in Contemporary Film," *Journal of Popular Culture*, 26 (3): 1992, 42.

the norm is. Monstrosity refuses to respect those definitional boundaries. Monsters form the basis of horror because they are interstitial and impure, writes Carroll, "cross[ing] the boundaries of the deep categories of a culture's conceptual scheme…."[17] The sullied, suspicious quality of infertility reinforces needs for regulation by society at large in order to police that state of being outside the desired norm.

Once women on film turn their minds from career to conception, their obsession with control finds a new outlet in attempting to govern the body. Tracking temperatures, monitoring diets, and timing intercourse are all traditional tactics for optimizing fertility, but are positioned on film as obsessive and manipulative. Over-investment in keeping one's body in top working order in the name of fertility, from medication to strict regulation such presumed pleasures as sex and food, adheres to Michel Foucault's notion of power existing at the most intimate level, regulating social and individual behavior and thoughts. Capillary power "touches people's lives more fundamentally through their social practices than through their beliefs," and is "anchored in the multiplicity of . . . 'micropractices', the social practices which compromise everyday life in modern society."[18] Such minute expressions of larger power structures on an everyday, routine level serve to naturalize and further entangle individuals in Foucault's concept of an all-encompassing power/knowledge environment

[17] Carroll, 31.
[18] Nancy Fraser, "Foucault on Modern Power: Empirical Insights and Normative Confusions," *Praxis International*, 1:Oct. (1981), 272.

As a textual example of women manifesting such micropractices in the name of fertility, *Grace* (2009) introduces monstrous mother Madeline with an opening shot of her and her husband having workmanlike sex to conceive.[19] Later, pregnant after three years of fertility medication and miscarriages, Madeline is chastised by her mother-in-law for maintaining a vegan diet and selecting a midwife over an obstetrician, for in general being too regimented with her pregnancy. Many comedic films make light of such efforts by infertile women to exert control over their bodies, depicting them as neurotic nutcases who require being taught (often by a man) to just relax and be more natural.[20] The extreme monitoring and futile power plays they engage in, these films demonstrate, make them manic and in need of regulation back into acceptable, average society. In *Grace*, Madeline refuses that turn to normality. After her husband and still-in-utero baby are killed in an accident, Madeline insists on continuing her gestational regulatory practices and carrying the fetus to term, with monstrous ramifications resulting from this decision. In these films and others, painting such strict self-regulation in a negative light chastises infertile women for calling too much attention to the Foucauldian institutional power/knowledge web that society prefers remain unseen and unquestioned.

Predominantly, Foucauldian power works its way to the individual level is via surveillance—both in the form of physical visibility and, importantly for infertility studies, through scientific, medical means of cataloguing, confession, and examination. Power is productive for Foucault, and indeed the thorough medical

[19] Grace was directed and written by Paul Solet. Its domestic box office totaled $8,297.
[20] See *Baby Mama* (2008), *The Back-Up Plan* (2010), and the television series *Sex and the City* (1998-2004).

study of the female reproductive system has produced positive results, yielding new fertility treatments—and, hence, other means of power over the individual body in particular and social body at large concerned with population and fertility. The close analysis of bodies in infertility's medicalization, inviting scrutiny from doctor's office to bedroom, impacts social and personal habits. A socially accepted "normality" of proper bodily function develops, continuing a historic subjection of women's bodies "to scrutiny, regular surveillance, and dissection at the physical and biochemical level, positioning the female body as a potential site of madness, badness or weakness."[21] In *Grace*, this leads to a dependence on medication, physical monitoring, and emotional reliance upon a midwife to birth the (monstrous) baby. However, Madeline is positioned as particularly deviant and dangerous because she attempts to control such surveillance herself, outside the socially accepted realm of an institutional, male medical practice.

Foucault unites examination and confession in power's control of the individual, just as both physicians and therapists treat infertility. In this dual treatment format, women have physical operations and defects catalogued along with being prompted to "relax" and stop stress from hindering conception, perhaps to take themselves out of high-pressure (read, masculine) work environments. Elaine Tyler May's "Nonmothers as Bad Mothers: Infertility and the 'Maternal Instinct'" addresses the historical psychoanalytic side of treating infertility, and its persistence in contemporary, often-stigmatized views of the condition. She begins with a 1950 quote by Abraham Stone, then medical director of the Margaret Sanger

[21] Ussher, *Managing*, 14.

Research Foundation: "Being a woman means acceptance of her primary role, that of conceiving and bearing a child."[22] The mid-twentieth century turn to psychoanalysis led to many cases of blaming infertile women for subconsciously denying their innate purpose as a mother. This informed arguments against working women, and the refocus on the family in the 1980s often saw popular culture taking aim at professional and highly educated women, threatening them with horror stories of infertility due to putting childbearing off too long.[23] Applying a Foucauldian focus on physical and psychiatric examinations in regard to fertility illuminates how women become hypervigilant of the reproductive deviances in others and themselves, hyperaware of abnormalities that would take them into monstrously unwomanly territory.

Abjection and Infertility

A key to monstrosity as employed here is its insidious ability to exist unseen, a silent and hidden threat. Infertility, usually unknown until one attempts to conceive, terrifies in part because it may be lurking within and threatening a woman's identity as such. This quality of infertility as being interior and as upsetting self-definition moves it into Julia Kristeva's notion of the abject, which for many thinkers constitutes the root of horror and monsters. Building on the stigma of infertile women as obsessed with control, infertility's tendency to overturn life plans and

[22] Elaine Tyler May, "Nonmothers as Bad Mothers: Infertility and the 'Maternal Instinct,'" in *'Bad' Mothers: The Politics of Blame in Twentieth-Century America*, ed. Molly Ladd-Taylor and Lauri Umansky (New York: NYU Press, 2008), 521.
[23] May, "Nonmothers."

come as an unforeseen transgression of feminine norms serves to enhance its monstrousness.

Abjection does not "respect borders, positions, rules." It "disturbs identity, system, order."[24] Like Carroll's categorization of monsters as defying classification, the abject terrifies because it is in-between delineated groupings, not fully formed in fulfilling any definition. Infertile women fall into abjection because their inability to reproduce keeps them from being female according to the social motherhood mandate. Infertility "disturbs identity," unsettling the placement of infertile women in the social order and undermining assumptions about the relationship between gender identity and reproduction. These uncertainties make the infertile abject, meaning it must be rejected by society.[25] One means of exclusion is "ritual," in which "societies both renew their initial contact with the abject element and then exclude that element."[26]

That horror films are an essential ritual of modern culture grounds Barbara Creed's study of women as abject in her landmark work *The Monstrous Feminine*. While society shuns the abject through ritual demonization, she writes, "abjection is not something of which the subject can ever feel free."[27] Indeed, an infertile woman is never fertile, even if she has children with medical intervention or adoption. She still cannot conceive "naturally." This abjection of infertile women makes them monstrous and unfit to be mothers. Any children they might have, then, are improper and aberrant, carrying monstrosity as an inherited trait.

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[24] Julia Kristeva, *The Power of Horror* (New York: Columbia University Press, 1982), 4.
[25] Kristeva, *Power of Horror*, 2.
[26] Creed, *Monstrous Feminine*, 8.
[27] Creed, *Monstrous Feminine*, 10.

One means of creating an "unnatural" family for the infertile woman is adoption, and in the horror film this leads to the nurturing of a homicidal, even demonic, child. As women unable to conceive and carry biological children, the adoptive mothers in such films as *The Omen* (1972, 2006), *The Ring* (2002), and *Orphan* (2009) are seemingly punished for ignoring their bodies and turning to artificial means of building a family, raising other people's children as their own. The origins of the otherworldly, murderous child of *The Ring* trace back to her adoption by an infertile couple.[28] "They tried hard for years, but sometimes it's just not meant to be," a therapist who treated the infertile woman explained, recalling the unnatural stigma of infertility. The mother of *Orphan*, Kate, suffers from secondary infertility, the inability to bear children following prior pregnancies.[29] Following a stillbirth, she and her husband adopt a young girl despite suggestions that Kate would prefer a biological child and still mourns her lost baby. Demonstrating the above qualities of abjection detailed by Kristeva and Creed, Kate is treated as suspect and untrustworthy due to that loss, even by her husband. Her adopted daughter quickly disrupts the natural order of the family, from interrupting the parents' sex life and terrorizing the pre-existing children, to finally having Kate committed and murdering her husband.

In both films, the traditional family structure and surrounding community are threatened thanks to a biologically unfit mother. Similar injury comes from the infertile woman in horror who chases motherhood via medical treatment rather

[28] *The Ring* was directed by Gore Verbinski and released in 2002. Its domestic box office totaled $129,128,133.
[29] *Orphan* was directed by Jaume Collet-Serra and released in 2009. Its domestic box office totaled $41,596,251.

than adoption. Here, she transgresses nature's will further, playing God with scientific intervention to counter infertility.

Mad Science and Infertility

First obsessed with self, then grappling with an abject identity, the monstrous infertile woman becomes an extreme, nearly supernatural threat to humanity itself when she avails herself of experimental science and reproductive technology. "Perhaps because reproduction is the beginning of human life and essential to the continuation of the species, it triggers deep-seated anxieties about power, control, humanity, and the species," writes Kelly Oliver in *Knock Me Up, Knock Me Down*.[30] This fear of tinkering with natural reproduction informs the history of mad scientists in horror and looms larger in the age of ART and genetic research. Creed points out that a woman can be positioned as a mad scientist by her very nature—with her own incubator within, able to grow another being. This can be framed as miraculous and nurturing or, especially in the case of gestation via medical intervention and in-vitro fertilization, ART can be positioned as threateningly all-powerful, correlating infertile women birthing monsters with growing debate over cloning and reproductive technology.[31]

It's Alive unleashed a mutant, murderous baby upon cinemas in 1974.[32] The film faulted a number of potential causes for the creature that ripped the throats of

[30] Kelly Oliver, *Knock Me Up, Knock Me Down: Images of Pregnancy in Hollywood Films* (New York: Columbia University Press, 2012), 125.
[31] Creed, *Monstrous Feminine*, 56.
[32] *It's Alive* was directed, produced, and written by Larry Cohen. Its total domestic box office was $8,132,000 (as of 1977, according to

its doctors upon delivery and escaped to terrorize suburban Los Angeles, from pesticides on lawns to parental genetic defects. In the opening, older couple John and Lenore Davis prepare for their second child. Upon delivery, however, the newborn mauls every labor and delivery nurse and doctor in the room. While later being questioned by the police, Lenore wails, "I wanted him too much!" and suggests it was "the pills" she took that created her mutant, killer baby. The infant slays others before finally being shot in the sewers of Los Angeles. To close, the police chief receives a call that another killer baby has been born, this time in Seattle—an epidemic of drug-induced monsters is plaguing the nation. While some film scholars have focused on the *It's Alive* baby as the result of legalized abortion or an emotionally distant father, the novelization of the film makes fertility drug usage, and its direct causality for a mutant, killer baby, explicit.[33] The mother popped birth control pills for years, then fertility pills after she could not conceive when she wanted—a "quick fix" to cheat nature. But, the novelization posits, "Maybe God was trying to tell us something. About germs and microorganisms and cells. About human cells. You are what you eat."[34]

The *It's Alive* series (*It Lives Again* [1978] and *It's Alive III: Island of the Alive* [1987]) coexisted with and played on a number of growing cultural fears regarding the ramifications of women delaying pregnancy and then necessitating medical assistance in having children. Deformed, even dangerous offspring, the films and

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http://originalvidjunkie.blogspot.com/2014/10/newsploitation-mutant-baby-turns-40.html?zx=5254d57b2c7f555).

[33] W. Scott Poole, *Monsters in America: Our Historical Obsession with the Hideous and the Haunting* (Waco, TX: Baylor University Press, 2011); Barbara Creed, *The Monstrous Feminine: Film, Feminism, Psychoanalysis* (London: Routledge, 1997).

[34] Richard Woodley, *It's Alive* (New York: Ballantine Books, 1977), 78.

book appear to threaten, could strike in real life as the use of ovulation-stimulating drugs like Clomid entered more mainstream obstetrical use in the 1970s and '80s and experiments with in vitro fertilization evolved into routine reproductive treatment. At the same time, suggestions proposed in Shulamith Firestone's landmark 1970 book *The Dialectic of Sex* complicated women's "natural" relationship to childbearing and the alternately liberating and exploitative potential in contraceptive and reproductive medicine, drawing on contemporary polls revealing public wariness of scientific intervention in fertility.

The *It's Alive* canon provides not only an exploration of popular skepticism toward science's role in modern mothering, but also a critique of both the choice to delay pregnancy via chemical contraception and the need of some women to turn to drugs when unable to carry children naturally. In *It's Alive*, the mother fearing what she has brought into the world receives more screen time than her horrific spawn. Lenore wrestles with guilt over her role in what caused her baby's mental and physical deformities and horrific actions, while her husband removes himself from the child, repeatedly saying the baby is not his own, that "it" must be obliterated. "It came from Lenore, for chrissake, and maybe his sperm didn't even have anything to do with it," he thinks.[35]

[35] Woodley, *It's Alive*, 77.

It's Alive (1974)

Returning to Foucault, in his conception of the "socialization of procreative behavior….the conjugal couple was given both medical and social responsibilities." If not followed, potential results could be "the production of sexual perverts or genetic mutants."[36] So beyond the persistent social stigma of "barrenness," women undergoing fertility treatments must also combat the fear of "mutants" that may result from their unnatural generation. In *It's Alive,* as in so many popular culture texts, these abnormalities are the fault of the mother—infertility is positioned as a woman's problem, with her body having to be "fixed." In horror, too much tampering threatens not just her own body, but also those bodies around her when monstrous, mutant offspring result.

Even more socially taboo than pharmaceutical interference with nature is ART. One figuration of monstrosity, writes Benshoff, comes from "attempt[s] to create life without the aid of procreative sexual union."[37] Recalling the root of monstrosity here as harboring potential to overturn traditional family-based (and patriarchy-based) society as we know it, reproductive technology practices of creating "test-tube babies" and embryos in labs for insertion in human wombs unite

[36] Hubert Dreyfus and Paul Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics* (Chicago: University of Chicago Press, 1983), 172.
[37] Benshoff, *Closet*, 18.

horror with science fiction, prompting potential fear for humanity's future. Included in those perceived threats are notably suspicion of technology, the questioned "humanness" of the practices, and worries over absence of men in the process.

Oliver notes that films that include ART as a plot device call attention to the divide between a "real" pregnancy/baby versus a techno-pregnancy/baby. The latter is shown to be suspect and undesirable, inherently unnatural.[38] With conception taking place in a laboratory, wombs are seemingly separated from the body and therefore horrific, capable of unstoppable generation and incubating unnatural fetuses. The threat of multiples is more likely with ART, and these broods would result from infertile women who, if nature had its way, would not reproduce at all. These offspring are half human/half science, fulfilling the monstrosity definition of defying categorization and embodying "inhuman possibilities that threaten to overrun humanity with something terrible."[39]

The potential for a brood leads to the positioning of ART as animalistic, echoed in media coverage of in vitro patients. Photographs of mothers of extreme multiples—most famously, octuplets in the form of "Octomom" Nadya Suleman—circulate in popular media as people gawk at bellies seemingly swollen to the point of bursting. These women are referenced as having "litters" and positioned as freaks of nature, "conjuring anxieties about the inhuman lurking in new reproductive technologies that move us away from sexual reproduction to embryo or zygote implantation."[40] This reinforces fears of techno-babies as inhuman and a threat to

[38] Oliver, *Knock*,153.
[39] Oliver, *Knock*, 186.
[40] Oliver, *Knock*, 138.

species, and positions women who would undergo ART as even further removed from natural womanhood and as even more monstrous.

Finally, the separation of reproduction from sex animates fears of questioned paternity and the importance of male involvement. With ART both sperm and eggs are handled in laboratories, but the resultant embryo is still implanted in a woman's womb and physically carried to term. The father's job is seemingly done at sperm donation. Vivian Sobchack stresses the "paternal figure in decline" as inspiration for many late-twentieth century horror films in "Bringing It All Back Home."[41] With ART, the paternal figure has gone from declining to invisible, at least at the point of conception. Creed points out that in horror, "without man, woman can only give birth to a race of mutant murderous offspring . . . [as] the child is transformed into a visible image of its mother's desire."[42] If that desire is excessive, the offspring is monstrous. Infertile women are monsters, deviant from the norm and excessive by nature of pursuing ART, so their unnatural children are thereby monsters because of her but never because of him.

The 2009 film *Splice* combines these fears of technology, inhumanity, and absent father into one terrifying child: Dren.[43] The result of two scientists (whose names, Clive and Elsa, serve as references to the classic Frankenstein films) tampering with genetics, Dren is part human, but also part fish, bird, and reptile. Elsa supplied her own egg, but no mention is made of Clive's contribution. Elsa is not infertile, but rather chose to grow a custom child in the laboratory (drawing on

[41] Oliver, *Knock*, 160.
[42] Creed, *Monstrous Feminine*, 45-46.
[43] *Splice* was directed and written by Vincenzo Natali. Its domestic box office totaled $17,010,170.

contemporary cultural fears of ART and genetic testing taken to the extremes of creating "designer babies"). Clive accuses Elsa that she did not want a "normal child" because she was "afraid of losing control." Perhaps channeling Firestone, Elsa also cites not wanting to "bend [her] life to suit some third party who doesn't even exist yet," and she suggests Clive have a biological child once they "crack male pregnancy." As with most attempts at controlling nature in horror films, this one goes horribly wrong as Dren kills those who threaten her, seduces then slays Clive, and, having morphed into a male, rapes and impregnates Elsa. At the film's end, a heavily pregnant Elsa commits the baby to a pharmaceutical company that hopes to benefit from its chemical compounds, thereby continuing the dangerous cycle of tampering with reproduction and human nature.

Horror films depicting future ramifications of fertility treatments and genetic experiments portray a dire, dangerous world losing touch with humanity.[44] Of particular note is the *Alien* series. The films have already been analyzed at great length regarding commentary on motherhood; the fourth film, *Alien Resurrection*, and the tangential *Prometheus* (2012) are of most interest with infertility and ART in mind.[45] In the former, Ripley is figured as both a test-tube baby (created in a "fucking lab" shown to be full of cloning attempts gone wrong) and also, like many infertile women in horror films, artificially impregnated with something threateningly inhuman. *Prometheus* (described by director Ridley Scott as existing within the same "universe" as *Alien* and its sequels) features an infertile heroine impregnated after her partner ingests an alien substance in the name of science. The experiment cures her infertility, but creates a monstrous fetus that grows to resemble the alien of the first film. Reproduction by infertile women of the future, it seems, is the seed of all humanity's eventual extinction. The series as a whole and these installments in particular draw from and propagate cultural suspicion and fears of science and human interactions, especially in the name of extending "natural" life, as overreaching acts by scientists into generation effect extraterrestrial monstrosities.

Creed describes the Alien queen of *Aliens*, laying row upon row of eggs, as "an unstoppable generatrix; she is totally dedicated to reproduction; and her dedication to reproduction is so fierce that she operates outside of morality and the law, not to

[44] See *Children of Men* and *The Matrix* for examples of dystopian worlds marked by infertility and artificial reproduction.
[45] *Alien: Resurrection* was directed by Jean-Pierre Jeunet. Its domestic box office totaled $47,795,658. *Prometheus* was directed by Ridley Scott. Its domestic box office totaled $126,477,084.

mention the realm of the human."[46] These qualities of the Alien queen, a queen of monstrous mothers, echo qualities of the stereotyped infertile woman as presented in this study: obsessed, baby crazy, with disregard for the health of her body or of the social body at large. Infertility, as depicted on screen, turns a woman into a monster. Medical treatments and ART do not redeem her status as a natural woman, but rather makes her veer further into abjection and an even greater risk for humanity by aligning the barren body-made-fertile with such feared, seemingly unstoppable scientific advances as cloning.

By spinning out of control, the infertile female endangers that idealized respite of pronatalism—the domestic sphere. Sobchack explains: "The horror film deals with moral chaos, the disruption of natural order (assumed to be God's order), and the threat to the harmony of hearth and home."[47] So too does the monster causes discord with traditional, hegemonic figurations of presumably God-given gender roles and patriarchal structures. A hidden threat, as figured in this analysis, the monster poses as a presumed fit within ideological norms but in reality erodes that (heterosexual, reproductive) domestic ideal from within if left unchecked. The monster necessitates stigmatization in the service of driving out the contamination and maintaining a suitable, moral world for our (natural) families.

Sobchack does not address the concept of infertility in her essay on horror, science fiction, and melodrama, but within her definition of the horror film and villain, women suffering from infertility are undoubtedly a disruption and threat to

[46] Oliver, *Knock*, 138.
[47] Vivian Sobchack, "Bringing It All Back Home," in *Dread of Difference*, ed. Barry Keith Grant, (Austin: University of Texas Press, 1996), 144.

the nuclear family. They have been made abject on film and, as stereotypes and stigmas carry over from screen to lived reality, in society at large. Additionally, that stigma is passed down to the children of such unnatural conception and family creation, whether in the form of demonic infants or evil adoptees. Fertility medication and reproductive technology tinker with nature's design for mankind as the infertile woman's desperation fused with science is positioned as monstrous—to be feared and shunned for its rejection of nature and for what havoc it might wreak in the creation of aberrant offspring. Especially when infertility-driven measures threaten man's role in reproduction, the traditional home and the stability (and safety) of the family is radically altered. In other words, immoral, self-obsessed cravings for a baby by women who are by nature not meant to be mothers put children at risk of in turn becoming monstrous, and imperil society itself.

The longstanding tropes analyzed here, of infertile women as selfish and manipulative, as not wholly female, and as irresponsibly indulgent in altering the natural order, all evidence themselves in contemporary horror films despite increased infertility advocacy and research. Even when films depict those scientific investments, the theories of Foucauldian discourse analysis, abjection, and technological skepticism applied here demonstrate that these works do so with scare tactics that only serve to reinforce the cultural discursive frame of infertile women and their children as unnatural and unwelcome. Stigma persists, and betray the wariness of infertility still present in cultural values and ideals of true womanhood as it serves a pronatalist society and its members—even those grappling with their own infertility demons within.

Chapter 6

Infertility in Reality Television

"This is real life. This isn't what we planned."
— Giuliana & Bill[1]

"Right now I'm freaking myself out 'cause, like, who doesn't produce eggs?!"
— Keeping Up with the Kardashians[2]

Sometimes referred to as intensive mothering[3] or the mommy myth,[4] the ideology surrounding contemporary "good mothering" is specific, strict, and uncompromising. "Good mothers" can cook dinner as well as help with the homework. They accept and soothe toddler tantrums. Their pregnancies might include morning sickness, but are peaceful and pleasant. In becoming mothers, they fulfill a natural, biological capability.

Proper potential mothers do not worry over whether they can bear children, feel sad when others become pregnant, suffer painful or irregular menstrual cycles, or require medical intervention to conceive because these are not hallmarks of the "good mother." These are markers of the infertile, women often told by their peers and even doctors to "just relax." Being relaxed and "natural" in their childbearing is a key element of what is considered good mothering, in the ideology of the intensive

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[1] "Meet the Duke," *Giuliana & Bill* (2012, Los Angeles: Wilshire Studios), iTunes.
[2] "Baby, Baby, Baby," *Keeping Up with the Kardashians*, directed by Chris Ray (2010, Van Nuys, CA: Bunim/Murray Productions), iTunes.
[3] Sharon Hays, *The Cultural Contradictions of Motherhood* (New Haven: Yale University Press 1996).
[4] Susan Douglas and Meredith Michaels, *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined All Women* (New York: Free Press 2004); Rebecca Feasey, *From Happy Homemaker to Desperate Housewives: Motherhood and Television* (London: Anthem Press, 2012).

mother that shapes our conception of what a mother ought to be.[5] Infertility fractures the ideology of the intensive mother at its biological base—naturally ready for childbearing due to their sex. That biologically rooted expectation, that "real" women have babies, has a long history in the stigmatization of infertility.

This chapter considers representations of infertile women that take up that idea of the "real" and complicate the sanctity of intensive mothering as a cultural practice, that are more nuanced than merely providing opposition to the "good mother" or serving as a boogey (wo)man to women considering delaying motherhood or facing conception complications. This chapter proposes a consideration of the infertile mother, particularly the infertile celebrity of reality TV programming, as a form of transgression that adds to the media landscape of famous yet still "real" mothers and blurs the strict boundaries of good vs. bad mothering that too often marks media representations of women with or desiring children.

As figured by childrearing experts and advice book authors, politicians and cultural creators, mothers continually run the risk of turning horrific (see chapter 5). If they love their children too much or not enough, leave the home to earn money or stay behind and do not provide enough material goods, bear children at too young an age or wait until they are too old, they run the risk of not fulfilling the "naturally" perfect mother image they are purported to be preordained to fulfill. Motherhood, Lucy Fischer determined after surveying the history of film, is

[5] Hays, *Cultural Contradictions*; Douglas and Michaels, *Mommy Myth*.

continually figured as a site of danger and threat of crisis.[6] Infertility is one of those many forms of motherhood monstrosity: Unnatural, menacing to the biological order of things, demonstrating unsuitability to raise children, and a danger to the patriarchal social system from their position outside the traditional family structure.

As detailed earlier, investigations of infertility's representations in popular culture routinely turn up depictions of the condition as being the fault of the aspiring mother. These conventions that blame the victim—infertile women as aberrations and therefore not meant to be mothers, infertile women as selfish due to having waited too long to conceive—serve as counterpoints to themes repeated in popular culture regarding the ideology of the good mother as intensive mother, major characteristics of which are being fully feminine, in control, and readily taking to parenting.[7] The infertility tropes mirror more general themes of bad motherhood (not suited to the task, self-obsessed), thereby positioning infertile women as unfit mothers before they even begin. Natural vs. unnatural women, sacrificial vs. selfish women—both binaries mark popular culture representations of fertile and infertile women and good and bad mothers.

This chapter frames the maternal transgression of infertility as potentially not a breach of good motherhood, but a realistic addition. Particularly as maternal age at first birth continues to rise (Berryman, 1991), depictions of women struggling to conceive in ways that are not aligned with old tropes of selfish, neurotic, or unfeminine women are necessary to add to contemporary media. In my analysis,

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[6] Lucy Fischer, *Cinematernity: Film, Motherhood, and Genre* (Princeton, NJ: Princeton University Press 1996).
[7] Douglas and Michaels, *Mommy Myth*; Feasey, *Happy Homemaker*.

some of the most nuanced, non-stereotypical portrayals have come via reality TV. In the celebrity reality TV genre, the number of representations of infertility and the infertility experience (including assisted reproductive technology [ART] treatments) has grown in recent years.[8] This increase in media portrayals is expanding and complicating notions of motherhood, notably cultural considerations of who can be a mother and what a good mother looks like. Despite its reputation for stereotypes,[9] reality TV provides some of the most elaborate, true-to-lived-experience portrayals of the lived infertility experience in our contemporary media landscape, including ones which surpass aforementioned tropes so often relied upon in fictional media to depict this condition, opening the door for more nuanced and constructive discussions of infertility.

This benefit came as a side effect of the reality TV format though, as it allowed for what I name "backdoor reality"—the unintentional filming and subsequent airing of the lived experiences of members of stigmatized subcultures when cameras are left to roll on daily life.[10] Analyzing celebrity-driven reality programs—notably *Giuliana & Bill, Keeping Up with the Kardashians*, and *Tia & Tamera*—this chapter presents how reality TV provides opportunities for informing audiences about infertility and its relationship to the ideological good mother. Detailed presentations of medical exams and treatments, explanations of such non-traditional forms of conception and gestation as in vitro fertilization and surrogacy,

[8] A count of celebrity reality TV shows from recent years that include an infertility plot line is at least ten. All are from the past six years (the earliest, *Giuliana & Bill*, launching in 2009).
[9] Angela Cooke-Jackson and Elizabeth Hansen, "Appalachian Culture and Reality TV: The Ethical Dilemma of Stereotyping Others," *Journal of Mass Media Ethics*, 23 2008.
[10] Brooke Edge, "Infertility on E!: Assisted Reproductive Technologies and Reality Television," *Feminist Media Studies* 14:5 2014.

and extended "confessional" time with celebrities recounting the emotional impacts of infertility all serve to inform and illuminate audiences regarding this experience and its relation to motherhood. Theoretically, this work employs the philosophy of Emmanuel Levinas to consider the ethics of countering stigma and stereotype via reality television. Additionally, I address a Foucauldian analysis of texts depicting infertility and reproductive technology in grappling with how this increase in representations serves the social power/knowledge dynamic—particularly in regard to surveillance and categorization of motherhood—but also advances cultural consideration of who can mother well.

Reality Television

What defines reality television has been hard to pin down. Does one include talk shows? Sporting events? Award shows? Largely, these three televised subjects, while objectively portraying "real life" have not fallen under the genre of reality television. Nabi, Biely, Morgan, and Stitt offer the following elements that qualify a show as "reality-based television programming": featured people "play" themselves, the program is filmed in those featured individuals' living or working surroundings, actions and dialogue are not dictated by a script (though this may be incorporated to some degree, as in re-enacting a scene that occurred off-camera), events featured on the program are ordered according to a narrative structure, and the program is intended for the main purpose of entertaining viewers.[11] The focus on narrative context precludes the inclusion of quiz or game shows and talk shows in the reality

[11] Robin L. Nabi, Erica N. Biely, Sara J. Morgan, Carmen R. Stitt, "Reality-Based Television Programming and the Psychology of Its Appeal," *Media Psychology*, 5 2003, 304.

genre, while the entertainment intention removes news programming from the field.

The reality format defined by these parameters can be dated to 1971, when PBS aired *An American Family*—a documentary-style, 12-episode program that followed the life of a "regular" family. MTV's *The Real World* provided a popular, serial version beginning in 1992. Reality television became mainstream in 2000 with the debut of *Survivor* on CBS, and today represents a great bulk of broadcast network and cable programming. The genre fits squarely within John Fiske's parameters of what makes something popular, as it is subject to a "combination of widespread consumption with widespread critical disapproval."[12]

The format's adoption of the *verité* style of filmmaking lends the programming a sheen of truth (despite some presence of scripting), with its "handheld 'on the wing' shooting style, actuality of images and sounds, direct address to the camera, and 'loose' editing [to replicate] the reduced subjectivity in documentation."[13] Reality television adopted this style from roots in art cinema to bring a seemingly serious investigation of personal lives and issues to lighter fare in entertainment programming. While reality television and documentary film share some techniques, aesthetics, and, in some more ethnographic television programs, intentions, reality television is certainly more blatantly shaped and pre-planned, with events and storylines purposefully directed. The genre is outright commercial

[12] John Fiske, *Understanding Popular Culture* (New York: Routledge 1989) 106.
[13] Trisha Dunleavy, "Hybridity in TV Sitcom: The Case of Cinema Verité," *FlowTV* 2009, accessed December 6, 2009.

in nature, but still makes a "self-conscious claim to the discourse of the real."[14] The genre's label as "reality," while not often taken as equaling "truth" by viewers, does raise expectations about the verity of what is depicted on screen. Reality programming "can be a potent agent of social learning, teaching us about the world around us, notably about people outside the mainstream or living a life different from that of the average viewer.[15]

Of course, much reality television programming is seen more as a modern day "freak show" than as a resource for learning about the surrounding world. Elizabeth Birmingham, in discussing the freak show nature of talk shows but in an argument I believe is also applicable to a good deal of reality shows, survive on an innate human drive "to behold the misfortunes of others" and feel more accepting of their own life trajectory.[16] Additionally, because these programs (and most celebrity domestic reality shows, to be discussed next) are pitched at a female viewing audience, they "specifically articulate narrow limits for women's behavior and appearance."[17] These serve the preservation of hegemonic status quo for women and society at large, which bodies are acceptable and functionally female, and which are not.

Mark Andrejevic aligns this uniformity of the appropriate image with Foucauldian social surveillance, writing that reality television as a genre promotes

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[14] Laurie Ouellette and Susan Murray, *Reality TV: Remaking Television Culture* (New York: New York University Press 2009) 2.
[15] Kristie Bunton, "Stereotypes: Reality TV as Both Creator and Confronter," in *The Ethics of Reality TV: A Philosophical Examination*, eds. Wendy Wyatt and Kristie Bunton (New York: Continuum International Publishing Group 2012), 35.
[16] Elizabeth Birmingham, "Fearing the Freak: How Talk TV Articulates Women and Class," *Journal of Popular Film and Television* 28(3): Fall 2000, 134.
[17] Ibid.

"surveillance as a means of self-expression," instructing us to watch ourselves and to expect being watched by others.[18] By making such surveillance and sharing of the self "reality," and framing it as "everyday," the genre of reality TV has the power to "assess and guide the ethics, behaviors, aspirations, and routines of ordinary people."[19]

Such surveillance of the self on reality TV is afforded in part by the genre's use of direct address to the camera and home viewer. Accessing the personal is a major component of many reality programs, as participants frequently address the camera—and, seemingly, the viewer at home—to reveal personal thoughts. Mimi White compares the confessional in documentary film to the relationship between therapist and patient, with the viewer inhabiting the more powerful role of the person being turned to for solace or advice.[20] What often results is the appearance of an intimate relationship between the person addressing the camera and the person receiving the address—in reality, the camera operator or interviewer, but in the living room, the viewer at home. When this technique is employed by reality television, the emotional involvement of the audience is heightened. The format, then, drawing from conventions of documentary, assumes the pretense of truth.

Domestic Celebrity Reality

[18] quoted in Louise Woodstock, "Tattoo Therapy: Storying the Self on Reality TV in Neoliberal Times," *The Journal of Popular Culture* 47(4): 2001, 784-5.
[19] Ibid.
[20] Mimi White, *Tele-Advising: Therapeutic Discourse in American Television* (Chapel Hill: University of North Carolina Press, 1992).

The programs on which this article focuses were not intended as ethnographic documentary-style programs that set out to reveal a sideshow-style subculture of motherhood and the domestic (such as *Sister Wives* or *19 Kids & Counting*), but in their infertility plots that arose did end up portraying a stigmatized segment of the population. Programs analyzed in this chapter are members of one sub-set of reality TV—the domestic celebrity reality show.

Such programs purport to show the "daily lives" of featured celebrities, often along with their partners and children. Early popular members of this sub-genre include MTV programs *The Osbournes* (2002-2005) and *Newlyweds: Nick & Jessica* (2003-2005). With cameras filming the families' lives for weeks at a time, the shows assembled from that footage humanized and granted access to famous (in these cases) musicians. The 30-minute programs largely followed a traditional sitcom format, with Jessica Simpson playing the ditzy wife to her patient husband, and Ozzy Osbourne seen as bumbling dad to rebellious teenagers rather than a god of heavy metal. Many shows followed and adapted the same family sitcom format, spreading to other (most often) cable networks who hired lower-tier celebrities to broadcast their home lives. I do not include in this category the numerous programs that play on the domestic and whose cast members often go on to some level of celebrity (such as *The Bachelor/ette* and the *Real Housewives* franchise), but rather only those that pitch the program explicitly as allowing inside access to existing stars.

One of the most prolific and successful domestic celebrity reality endeavors has been the television program empire built by the Kardashian-Jenner family. Helmed by matriarch and "momager" of six celebrity children Kris Jenner, this

includes the original program *Keeping Up with the Kardashians* (2007-present) as well as spin-offs *Kourtney and Khloé Take Miami* (2009-present), *Khloé & Lamar* (2011-2012), *Kourtney and Kim Take New York* (2011-present), K*ourtney and Khloé Take the Hamptons* (2014-present), and *Kourtney and Kim Take Miami* (2013-present).[21] Each program airs (or aired) on the E! network and is focused on the personal and professional lives of members of the Kardashian family, often revolving around inter-family squabbles.

Khloé Kardashian married professional basketball player Lamar Odom in 2009 and their relationship was integrated into all of the Kardashian programs, culminating in their own short-lived show *Khloé & Lamar*. Their newlywed life and their attempts to start a family served as a main plot focus for Khloé across the entire platform of programs until the couple's separation in 2013.

Another domestic celebrity reality program to be analyzed in this chapter is *Tia & Tamera* (2011-2013).[22] Following the lives of former child stars Tia and Tamera Mowry as they negotiate adult careers in entertainment as well as helming families, this program aired on the Style network and E!. Over the course of the show, Tia mentions her history of having endometriosis (a disease that affects the

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[21] *Keeping Up with the Kardashians* was created by Ryan Seacrest and has run 10 seasons and 141 episodes. From its first season it was popular, ranking number one in the 18-34 demographic on Sunday nights in its first season, and it has built on that popularity in ensuing seasons with nearly three million viewers tuning in for the season nine premiere. (Cristina Kinon, "E! renews 'Keeping Up With the Kardashians'," *Daily News*, November 13, 2007, Retrieved December 13, 2012; Sara Bibel , "Sunday Cable Ratings: 'Real Housewives of Atlanta' Wins Night, 'Keeping Up With the Kardashians', 'Shameless', 'True Detective', 'Girls' & More," *TV by the Numbers*, January 22, 2014.)

[22] *Tia & Tamera* was created by Tia Mowry-Hardict and Tamera Mowry-Housley and ran three seasons and 40 episodes. Its ratings ranged between a high of 920,000 viewers and the third season premiere of 491,000. (Robert Seidman, "Monday Cable: 'Pawn Stars,' Jets-Texans, 'WWE RAW' Lead + 'Closer,' 'Rizzoli,' 'Warehouse 13' & Much More," *TV by the Numbers*. August 16, 2011; Robert Seidman, "Style's 'Giuliana & Bill" Delivers Most-Watched Premiere in Series History," *TV by the Numbers*, July 17, 2013, retrieved July 31, 2013.)

uterus and other pelvic organs, and can cause pain and infertility) and the condition hampering her attempts to bear children.

Finally, the program *Giuliana & Bill* (2009-present) is the domestic celebrity reality program most associated with infertility.[23] Launched in 2009 on the Style network (and has subsequently moved to E!), this show featured cameras moving in with the then newly married television personalities Giuliana and Bill Rancic. (She was a correspondent and host for *E! Entertainment News* and he had won the first season of reality show *The Apprentice.*) In most episodes, the couple plays up personality differences between a responsible businessman husband and a goofy entertainment reporter to follow a traditional domestic sitcom formula of relationship hijinks. However, from the first season the couple openly discussed on camera a desire to start a family, and then decided to maintain that open discussion once they encountered reproductive problems in the second season.

The Rancics went through numerous rounds of IVF, suffered one miscarriage, battled Giuliana's breast cancer (discovered during fertility testing), had a son via gestational surrogate, and lost another early pregnancy when their surrogate miscarried. All of these procedures and experiences were experienced before or recounted later for their shows' cameras. Additionally, other celebrity-focused media platforms picked up their story, from frequent interviews on *The Today Show* to "exclusive" interviews with tabloids such as *US Weekly* and *Life & Style*. The

[23] *Giuliana & Bill* was created by Giuliana and Bill Rancic and has run seven seasons and 71 episodes. It had the Style Network's most watched telecast to date in 2013 with 632,000 total viewers. ("Style Media's "Giuliana & Bill" and "Hot Listings Miami" Continue to Deliver as Both Series Hit Season Highs," *The Futon Critic*, August 28, 2013.)

Rancics became the spokescouple for national infertility awareness group RESOLVE in 2009, making their program particularly well-suited for analysis in this project.

Stereotypes and Ethics

As detailed earlier, media depictions of childless women are often based on infertility stigmas delineating them as abnormal. In a pronatalist culture valuing procreation—particularly women's role in that effort—women who cannot reproduce are devalued and even represented as risks to the natural order of things. That stigma places those who suffer with infertility as unquestionably beyond acceptable boundaries of "proper" womanhood, and "problematic" to society at large according to the stigma theory of Erving Goffman. Goffman explains that stereotypes are formed along with stigma to distance the normal from the stigmatized, and to spread that idea of difference widely through a population. Stereotypes and demeaning tropes in mediated texts, then, assist in that dissemination of parameters by which to judge normality and deviance.

Two primary stereotypes of infertile women that appear repeatedly in popular media (and, as detailed in the overview of infertility's recent history, have been reinforced in the course of some medical treatment too) include portraying them as selfish, concerned with their career over children or their infertility treatments over the needs of those around them; and as not truly female, again more career-oriented than home-oriented, or as just not woman enough to be able to produce children. Both stereotypes spring from a stigma against infertile women as out of control or out of the natural order of things, with control and the natural

order being a patriarchal, pronatalist culture that promotes the intensive mother as good mother (see chapter four).

In stereotyping, Richard Dyer explains, dominant groups evaluate subordinate groups with their own norms in a hegemonic evaluation process. The subordinate group is then found wanting, thereby of lesser quality and rightly deserving of domination.[24] Considering infertility, the dominant population is the pronatalist majority that makes up contemporary culture's prevailing ideology. Infertile individuals fail to live up to pronatalist standards by being unable to procreate. "Stereotypes are used for those whom the rules are designed to exclude."[25] Dyer links stereotypes in cultural texts with their presumed status as correct in the general population, including within the stereotyped population. A key element in removing power from those stereotypes, he writes, is in that subordinate population developing their own alternative representations and challenging definitions placed upon them from outside.

That call is echoed more broadly by Emmanuel Levinas. In terms of ethics, Levinas argues the Other (person) is central and foundational to ethics and existence itself. Ethical consideration of and interactions with the Other ground knowledge and being, and shape our worlds. We are, above all else, responsible for the Other. When faced with the Other, "we encounter a primal plea that precedes all language…to be taken care of. All ethical obligation flows from this plea and our

[24] Richard Dyer, "Stereotyping," in Media and Cultural Studies, eds. Meenakshi Gigi Durham & Douglas M. Kellner (Malden, MA: Blackwell Publishing, 2006), 353-365.
[25] Dyer, "Stereotyping," 355.

response to it."[26] For Levinas, we ought to "do unto others as they would have us do unto them."[27] This is an interesting ethical viewpoint when considering struggles that are quite personal in nature, not overtly visible or spoken of freely (such as infertility), because to fulfill our responsibility to the Other and what he or she requires to be respected, we must strive to learn from the Other how best to meet those needs.

These "relational ethics" put the other person first. Following Levinas, we cannot fully define another person when we describe or portray them (in media or otherwise), because that places limits on the Other, invariably losing part of what they consider to be his or her self. This poses an ethical problem for media, as representation of an Other invariably involves limits. This is especially problematic when depicting members of often stigmatized and stereotyped subcultures. These populations begin from a liminal point in relation to mainstream culture at large, as they are positioned by those stereotypes as less acceptable to others. To be portrayed (and, to Levinas, incompletely defined) by someone from outside their subculture without a voice from within that social segment may only further incorrect representations, hindering more complete understanding.

Stereotyping based on stigma is nothing if not defining Others without their input or consent, thereby inherently unethical from a Levinasian point of view and hindering any hegemonic progression according to Dyer. As will be elaborated upon

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[26] Romayne S. Fullerton and Margaret J. Patterson, "'Killing' the True Story of First Nations: The Ethics of Constructing a Culture Apart," *Journal of Mass Media Ethics*, 23: 2008, 204.
[27] cited in Jeffrey W. Murray, "The Other Ethics of Emmanuel Levinas," in *Moral Engagement in Public Life: Theorists for Contemporary Ethics,* Bracci, S.L. & Christians, Clifford G., eds. (New York: Peter Lang 2002) 176.

later, however, some elements of the reality TV genre allow for potential ethical consideration and depiction of the Other.

Infertility, Intensive Mothering, and Celebrity

The aforementioned stereotypes of infertile women—as selfish, neurotic, and unfit to raise children—align with cultural conceptions of what makes a woman a bad mother. This is particularly true when considering the "bad mother's" opposite: the ideal of the "intensive mother," the contemporary ideology of good mothering.[28]

This mother is the primary caregiver for her children, from their emotional happiness to their intellectual aptitude; she dedicates her energy and time to them rather than herself; and exudes unconditional adoration and sense of confidence while engaging in all of the above activities.[29] Intensive mothering is described by Susan Douglas and Meredith Michaels as "the ultimate female Olympics," which necessitates "every single bit of…emotional, mental, and psychic energy" being spent on one's children.[30] This high bar to clear excludes working mothers and other women who deviate from normative, traditional gender roles centered on the heterosexual domestic.[31] Additionally, the key element of intensive mothers as naturally comfortable with and suited for motherhood draws a strict boundary between good mothers and infertile women who wish to become mothers.

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[28] Douglas and Michaels, *Mommy Myth;* Feasey, *Happy Homemaker.*
[29] Douglas and Michaels, *Mommy Myth*.
[30] Douglas and Michaels, *Mommy Myth*, 6.
[31] Feasey, *Happy Homemakers*; Linda Seidel, *Mediated Motherhood: Contemproary American Portrayals of Bad Mothers in Literature and Popular Culture* (Lanham, MD: Lexington Books 2013)

Rebecca Feasey notes that the social construct of intensive mothering as ideal mothering coincided with the rise of women in the workplace as a backlash to ensure that work and motherhood could never co-exist without conflict.[32] Linda Seidel also makes this connection, writing that intensive mothering, "has become the supposed norm, one we are loath to relinquish despite its impracticality for working women."[33] It encourages women out of the workforce and back to the home, to roles for which they are "naturally" cut out: Raising good citizens and the next generation of workers.

The intensive mother has roots in the Victorian-era "cult of true womanhood," which represented women as marked by "piety, purity, domesticity, and submissiveness," along with prioritization of the child over the mother and an assumption that childbearing is a woman's ultimate, biological purpose.[34] The concept of what makes a "true" woman has proven to have intense staying power due to its ties with religious and democratic ideologies, and "still influence[s] struggles on the discursive level today."[35]

Cultural changes in the ability to choose when and if to become a mother, with expanded career opportunities for women, readily-available contraception, and advances in reproductive technology, posed a challenge to the cult of true womanhood and the preordination that women will bear children. This raised social anxiety regarding women who choose to delay motherhood and fed the stereotype

[32] Feasey, *Happy Homemakers.*
[33] Seidel, *Mediated Motherhood*, 36.
[34] E. Ann Kaplan, *Motherhood and Representation: The Mother in Popular Culture and Melodrama* (London: Routledge 1992), 20.
[35] ibid.

of career women and women who attempt to become pregnant at an older age as selfish and punished with infertility (detailed further in other chapters analyzing such works of horror as *Fatal Attraction* [1987] and melodramas like *Grey's Anatomy* [2005-present] and *Private Practice* [2007-2013]).

The age bias against pregnant women or women who aim to become pregnant extends beyond media portrayals to pregnancy guidebooks and the medical establishment. Despite age at first birth having steadily climbed since 1970 and births in the 35 and over age groups increasing markedly since that time, "the medical perspective on later motherhood tends to be problem-centered,"[36] and "the general consensus in both academic and popular books…is that there is a 'right time' to have a baby," and that time is prior to age 30.[37] As demonstrated earlier, although some complications do rise with advanced maternal age, a share of that bias against later birth is based on potentially misleading data and influenced by a longstanding pronatalist and politically conservative drive to encourage motherhood rather than (or at least in conjunction with) careers in younger women.

Career ambition also informs the stigma of infertile women as unnatural, deviant from the characterization of motherhood as a taken for granted desire for members of the female sex. Cultural definitions of what is "normal" for a mother and a woman—via medical, religious, and media texts—sets up those who do not fit within those parameters as "abnormal…a 'faulty machine'."[38] As a result of this

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[36] Julia C. Berryman, "Perspectives of Later Motherhood," in *Motherhood: Meanings, Practices, and Ideologies*, eds. Ann Phoenix, Anne Woollett, and Eve Lloyd (London: Sage 1991) 103.
[37] Berryman, "Perspectives," 106
[38] Harriette Marshall, "The Social Construction of Motherhood: An Analysis of Childcare and Parenting Manuals," in *Motherhood: Meanings, Practices, and Ideologies*, eds. Ann Phoenix, Anne Woollett, and Eve Lloyd (London: Sage 1991) p. 71.

stigmatization, infertile women suffer stereotyping as being inhuman and not meant to procreate, being not fully female. This feeds into media texts shaped around the "freak show" discourse of infertility treatments, such as media coverage of "Octomom" Nadya Suleman and the stars of *Raising Sextuplets* (2009-2010) and *Jon & Kate Plus 8* (and subsequent spin-off shows and specials) (2007-2011).

In these and other high-profile media cases, the multiple births as a result of ART are referred to in inhuman terms, such as the children being born in "litters" or "broods" and Suleman's media nickname calling up a multi-tentacled sea creature.[39] Each instance also was marked by heavy media circulation of photographs of the mothers pre-birth, allowing for audiences to gawk at bellies seemingly swollen to the point of bursting. On *Jon and Kate*'s first television special (2006) and in later media coverage of their family, hospital footage of her showing off a tremendously distended pregnant form screened repeatedly. Tabloid images of Suleman leading up to her children's birth depicted her mug shot-style, photographed from the front and side, dressed in a sports bra to allow full audience access to her octuplet-carrying torso. These and other representations of women who employ ART position infertile women as distanced from "true womanhood" and warily suspect in their turning to science to reproduce.

Celebrities often provide an embodiment of the intensive mother extraordinaire, even when they are of advanced maternal age.[40] As opposed to the

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[39] Kelly Oliver, *Knock Me Up, Knock Me Down: Images of Pregnancy in Hollywood Films* (New York: Columbia University Press 2012).

[40] Rachel McRady, "Halle Betty Talks Breastfeeding Son Maceo, Daughter Nahla's a 'Very Serious' Big Sister Role" (2014) http://www.usmagazine.com/celebrity-moms/news/halle-berry-breastfeeding-son-maceo-daughter-nahla-big-sister-201414, accessed February 3, 2015; Peter Castro, "The Most Magical Time" (2008) http://www.people.com/people/article/0,,20185747,00.html, accessed February 3, 2015.

aforementioned stigmas of infertile women as lacking femininity, these women are consistently framed as nurturing yet still sexy, the perfect operation of the female "machine." Covered extensively by the tabloid industry inundated with "baby bump watches," new baby photos, and "Just Like Us!" snapshots of famous mothers parenting, celebrity moms receive a great deal of popular media attention; these women depicted as naturally embodying the intensive mother serve to reinforce the myth of the (biologically) good mother.

Most celebrity moms profiled in mainstream media illustrate intensive mothering in their displays of fit bodies (still feminine and attractive after birth),[41] blissful smiles (happy as mothers), and healthy, adorable children (their motherwork resulting in ideal offspring). The narratives of such coverage reinforce the good mother image, explain Douglas and Michaels, as celebrity portrayals "always insist that celebs all love being 'moms' much, much more than they do their work…and that they'd spend every second with their kids if they didn't have that pesky blockbuster to finish."[42] These authors write that the celebrity mom profile is the key media form for selling intensive mothering to contemporary women, glamorizing motherhood, finding a way to make working mothers palatable by having them maintain perfect home lives, and reinforcing culturally accepted notions that "real women" have children.

In the coverage of celebrity mothers, rare mention is made of any fertility complications encountered en route to motherhood, even for women past the age of

[41] Lynn O. Hallstein, "She Gives Birth, She's Wearing a Bikini: Mobilizing the Postpregnant Celebrity Mom Body to Manage the Post-Second Wave Crisis in Femininity," *Women's Studies in Communication* 34:2: 2011.
[42] Douglas and Michaels, *Mommy Myth*, 8.

naturally reduced fertility. Feasey describes this omission of assistance—ART or literal assistants on the road to motherhood in the form of surrogates—as propagating "unachievable, unattainable, and thus irresponsible depictions of the maternal role."[43] The failure to reveal an entire story behind motherhood for celebrities of advanced maternal age may mislead media audiences with misrepresentations of female age and fertility, and "misrepresent the emotional and physical consequences of older pregnancies," with no mention of pregnancy as anything other than fulfilling and "meant to be."[44] Fertility problems do not align with the "good" mother, the intensive mother, because she is supposed to be a natural one, in control of her body and her children. It may be such reasoning that leads Halle Berry's publicist to stress her pregnancy at age 46 is a natural "miracle."[45]

Bassin, Honey, and Kaplan explain that second-wave feminist theory, "directed considerable attention to dismantling the ideology of motherhood by understanding its patriarchal roots and by underscoring that it did not represent the experiences of mothers themselves. As a result, the mother's subjectivity, *her ability to reflect on and speak of her experience*, has become an important ingredient in altering media and changing social reality. "[46] The high profile platform from which celebrity moms get to speak about their mothering experiences, and how closely so

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[43] Feasey, *Happy Homemakers,* 125.
[44] Feasey, *Happy Homemakers,* 131.
[45] Nicole Eggenberger, "Halle Berry Calls Pregnancy a 'Miracle,' Wears Baby Bump-Hugging Dress on Mother's Day." http://www.usmagazine.com/celebrity-moms/news/halle-berry-calls-pregnancy-a-miracle-wears-baby-bump-hugging-dress-on-mothers-day-2013135 (2013), accessed February 3, 2015.
[46] Donna Bassin, Margaret Honey, and Meryle M. Kaplan, *Representations of Motherhood* (New Haven: Yale University Press 1996) 3, emphasis mine.

many of those narratives hew to the intensive mothering model that roots a woman's raison d'être in "natural" childbearing and rearing and does not question any patriarchal ideology, then, makes that celebrity mother coverage of notable concern. Subsequently, celebrity motherhood stories that break from the intensive mold are valuable for their contribution to an alternative narrative.

Stigma in media can lead to real suffering on the part of those stigmatized, as does the propagation of the impossible intensive mother ideal. "In the collision of reality with mythology, it is the mythology that tends to prevail."[47] They continue, the "ideology of mothering can be so powerful that the failure of lived experience to validate often produces either intensified efforts to achieve it or a destructive cycle of self- and/or mother-blame."[48] The celebrity mom profiles become the modern myths, "carefully packaged fantasies, but…ask[ing] readers to approach them as if they were real."[49] Ideology around intensive mothering and the ensuing stigmatization of infertile mothers, then, has a real power to get under women's skin and affect self-perception. Celebrity mothers and those attempting to be mothers on domestic reality TV shows assume a greater importance in this light, as they deviate from the intensive mothering myth that pervades most celebrity coverage and provide an alternative example of the famous woman to which we can aspire.

Representation of Celebrity Infertility on Reality TV

[47] Debra Pope, Naomi Quinn, and Mary Wyer, "The ideology of mothering: Disruption and reproduction of patriarchy," *Signs: Journal of Women in Culture and Society* 15:3 (1990), 445.
[48] quoted in Bassin, Honey, and Kaplan, *Representations*, 3.
[49] Douglas and Michaels, 123.

Early appearances of infertility on reality TV fit into the aforementioned stereotype of the woman driven to desperation. Difficulty conceiving was the set-up to "freak shows" of couples coping with extreme multiple births as a result of infertility treatments gone wrong (for example, *Raising Sextuplets* and *Jon & Kate Plus 8*). These essentially served as warnings against fertility drugs and ART, as viewers tuned in to see the havoc wreaked by these "unnatural" families—screaming children running amok, relationships between the parents breaking apart, and other manifestations of generally chaotic, unhappy domestic lives.

However, as domestic reality TV documents the purported everyday life of subjects, there is an opportunity for unanticipated life turns to dictate the content of the programming. If the lives of subjects on a particular program shift into stigmatized subculture territory, that television show may end up providing a genuine depiction of that subculture's lived experiences, including discussions, emotions, and treatments usually left behind closed doors. Infertility brings a helplessness to determine outcome, and certainly to determine the course of a narrative if it is included in "reality" programming. This phenomenon of unintentionally genuine representation can be thought of as "backdoor reality," as it's precisely thanks to key elements of reality TV—presenting real life, emulating the documentary, and the technical need to film a great deal of footage—that makes this opportunity possible and effective for getting a different, non-mainstream image to viewers.

Backdoor reality has existed as long as the medium of reality TV itself. In the trailblazing *An American Family* (1971), the titular Loud family's divorce during

filming as well as the openly gay behavior of eldest son Lance veered from typical popular media subject matter at the time. Neither of these situations had been intended as subjects of the documentary but both broke with cultural stereotypes of divorce and homosexuality, putting "real" faces to both issues, and became primary foci of the program.

Other reality shows since have ended up focusing on stigmatized issues and cultures after beginning with a different premise, from the first winner of *Survivor* adding a non-stereotypical gay man to the mainstream media landscape to *The Real World* covering alcoholism and a cast member's death due to complications of AIDS. Lundy, Ruth, and Park note that reality television shares with the television talk show an ability to transgress cultural norms and offer "managed shocks" to its audience, thereby having the potential to gradually change notions of what is permissible and where social norms and taboos exist.[50]

"One of reality television's roots was in the access imperative that began in the 1970s," bringing "marginal groups in society" to the fore to spark discussion of moral issues.[51] Meyers writes that reality TV can open the door to learning on the part of the audience, making it of potential ethical value. In this vein, many programs that concern infertility include people visiting doctors.[52]

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[50] Lisa Lundy, Amanda Ruth, and Travis Park, "Simply Irresistible: Reality TV Consumption Patterns," *Communication Quarterly* 56:2 (2008), 209.
[51] Gareth Palmer, "Community: Reality TV Reaching Out," in *The Ethics of Reality TV: A Philosophical Examination*, eds. Wendy Wyatt and Kristie Bunton (New York: Continuum International Publishing Group 2012) p. 89.
[52] Christopher Meyers, "Flourishing: Reality TV and a Life of Ethical Excellence," in *The Ethics of Reality TV: A Philosophical Examination*, eds. Wendy Wyatt and Kristie Bunton (New York: Continuum International Publishing Group 2012).

In the celebrity domestic reality TV programs considered here, viewers watch these women and couples listen to medical explanations of fertility-complicating conditions, and as featured individuals describe and experience fertility treatments. Numerous episodes of *Giuliana & Bill* feature doctors walking the couple through explanations of her ultrasounds and in vitro treatments. On *Khloé & Lamar*, Khloé Kardashian tells her mother statistics about the condition endometriosis, as well as her surprise at how many women suffer from the debilitating disease. Tia of Tia & Tamera explains to her husband on camera how her endometriosis may negatively affect their chance to have a second child. Janie Harden Fritz writes, "Reality shows can enlarge the scope of the social imaginary by showing us elements of human life and sides of human existence that we may know little about—for example, the lives of the marginalized and suffering."[53] Information like that laid out for viewers on these programs may be unknown by those who have never experienced or investigated infertility, but exposure to that information may serve to inform.

A primary impetus behind the domestic celebrity reality programs listed here was to focus on newlywed life, which according to cultural norms entails beginning a family. What program producers cannot script and did not plan was the couple encountering long-term fertility problems. It is notable that these three programs are produced in part by the individuals featured on screen coping with infertility, so these men and women are involved in decision processes behind

[53] Janie Harden Fritz, "Inspiration and Motivation: If Reality TV Stars Can Do It, So Can I," in *The Ethics of Reality TV: A Philosophical Examination*, eds. Wendy Wyatt and Kristie Bunton (New York: Continuum International Publishing Group 2012) 94.

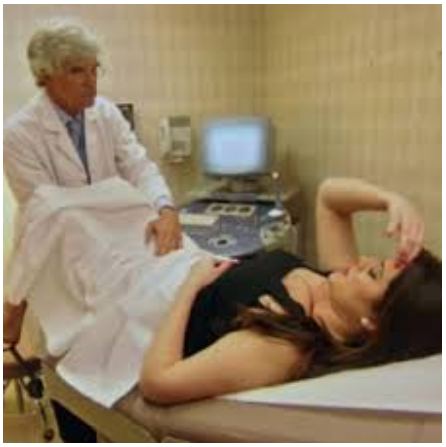
choosing to include the condition in the show. This lends more credibility to analyzing these programs as portrayals of the infertility experience from the inside, so to speak, as the infertile women and men themselves have a hand in shaping the final televised product.

Fertility treatments are long, intensive processes that consume a great deal of mental and physical energy, as well as time. When a couple undergoing treatment has cameras rolling, infertility then can take up a good amount of that footage. Giuliana and Bill Rancic's infertility problems arose in the show's second season and quickly dominated much of the show, to the point that it became part of the marketing platform. On *Keeping Up with the Kardashians*, *Khloé & Lamar*, and other Kardashian-centered programs, the stress of Khloé and Lamar not conceiving dominated many episodes until the end of that marriage.

Promotional poster for Giuliana & Bill season two.

In part due to its stigmatized status, infertility does lend itself to the reality show format. It involves heightened emotions and personal drama, both qualities

that draw in viewers of this genre.[54] These are markers of the melodramatic mode, discussed in a prior chapter as a longstanding storytelling means of attracting and maintaining audiences, notably female audiences. Couples featured on the aforementioned programs have not shied away from bringing television crews along for the good and the bad of the infertility experience, including into doctors' offices for testing and receiving results, personal discussions about next steps to take, emotional effects of infertility, and even moments of loss. On numerous Kardashian family shows, Khloé invites cameras along with her on visits to numerous doctors, including the filming of a pelvic exam and a transvaginal ultrasound. Tia on *Tia & Tamera* includes conversations with her obstetrician about details of testing for endometriosis. *Giuliana & Bill* aired multiple procedures involved in Giuliana's in vitro fertilization, from hormone injections administered at home by her husband (as is standard procedure) to her egg harvesting and embryo transplant.



Khloé Kardashian receiving a pelvic exam, on Khloé and Lamar.

[54] Bev Skeggs, Nancy Thumin, and Helen Wood, "'Oh Goodness, I Am Watching Reality TV': How Methods Make Class in Audience Research," *European Journal of Cultural Studies* 11:5 (2008).

Giuliana and Bill Rancic at gestational surrogate's obstetric appointment.

This matters because it brings different stages of the infertility experience to viewers' attention, granting access to intimate procedures and treatments. If popular culture has a role to serve in enhancing understanding between disparate populations, being able to witness such events may build a bridge toward more understanding of infertile women and men. Additionally, these programs devote more than one-off "very special episodes" to the infertility experience. That seriality paired with their documentary style that reveals often-unseen fertility treatments potentially make these programs "a form of culture that is uniquely suited to broadening the public discussion about the issue of infertility and increasing use of ARTs to combat it."[55]

The seriality mirrors the real-life time consumption that infertility treatments cause, carrying over from episode to episode and from season to season. In real life and on these programs, treatments are attempted and fail, to be repeated over and over again. Due of this, multiple stages of the infertility experience, treatment processes, and end results are portrayed on a seeming loop of emotional

[55] Heather Osborne-Thompson (2014) "Seriality and Assisted Reproductive Technologies in Celebrity Reality Television," *Feminist Media Studies*, 14(5): 878.

and medical endeavors: in the Rancic's case a baby but then another miscarriage, in Khloé Kardashian's case added stress from family to pursue treatment, and in Tia's case a conversation between a couple deciding not to engage in medical therapy.

Opportunities and Complications

Abigail Fuller writes that, "taking account of differences is necessary to make social change efforts more effective."[56] While these depictions of lives coping with infertility have been unintentional in terms of their original occurrence, their presence on television and within popular culture can help to broaden the media landscape of life experiences represented. Considering a Levinasian approach to this topic, an ethical application of reality TV would be to allow subjects to have a voice in their story's portrayal. While certainly none of the producers of—and the couples featured on—these reality programs planned on or wished for reproductive challenges to be part of their television programs, their willingness to be public as part of a stigmatized subculture is given voice thanks to reality TV. That unintentional nature brings both more reality and more credit to a Levinasian "truth-centered" element of the programs: They were not founded to address infertility, so were not cast with infertility stereotypes in producers' minds (and, being in many cases producers themselves, presumably did not adhere to cultural biases against infertile individuals).

Furthering Levinas's stress on allowing subjects to speak for themselves is the reality genre's use of the "confessional"—having main players on the programs

[56] Abigail Fuller, "What Difference Does Difference Make? Women, Race-Ethnicity, Social Class, and Social Change," *Race, Gender, & Class*, 11:4 (2004) 17.

speak directly to the camera about their thoughts. In shows investigated here, this provides opportunities for women and couples coping with infertility to explain what they felt during previously recorded situations, seemingly speaking—or confessing—to the audience at home. When utilized to discuss infertility, there is potential for the confessional to inform a public and weaken boundaries of social norms between the stigmatized and the accepted by getting the men and women featured virtually speaking to audience members at home.

In Levinas' ethical opinion, "[r]ather than saying to their subjects, 'this is how you are,' media content producers should explore how their subjects see themselves and present themselves to the world."[57] In numerous confessional sessions with Khloé across the Kardashian shows, she cries and speaks about anxiety and fear. The camera holds on her face as she looks into the camera, speaks about her thoughts, and begins to cry. Episodes of *Giuliana & Bill* feature confessional time with one or both of them explaining what steps they are taking in addressing their infertility as well as their thoughts on the events.

> Giuliana: I'm excited because the egg retrieval is the most important step of it all. And if this all goes well, then, you know, we're looking good. Right now I just hope that we get…something to work with. I hope we get some good embryos.[58]
> Giuliana: I have to say, going in for the retrieval today is kind of surreal. This is probably the last chance I will ever have to try to have more children. And, you know, most likely I'll never get pregnant myself. It's a tough pill to swallow because it's something I would love to experience.[59]

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[57] as cited in Angela Cooke-Jackson Elizabeth Hansen, "Appalachian Culture and Reality TV: The Ethical Dilemma of Stereotyping Others," *Journal of Mass Media Ethics*, 23 (2008) 196.
[58] "A New Addition to the Family," *Giuliana & Bill* (2011, Los Angeles: Wilshire Studios, iTunes).
[59] "Boy or Girl," *Giuliana & Bill* (2012, Los Angeles: Wilshire Studios, iTunes).

Such presentations of the self to audiences helps foster emotional ties between the speaker and listener, and to Levinas creates at least some greater degree of shared understanding. That shared understanding, then, has potential to give viewers some knowledge of infertility beyond stereotypes.

Khloé Kardashian speaking in confessional mode on television show

This speaking for oneself, particularly keeping in mind the role these celebrities play in their depictions as program producers, is allowed for in the confessional format. By being allowed to represent themselves, these women go beyond stereotypical portrayals of infertility that mark so many fictional depictions, such as neuroses, selfishness, and questioned female-ness as they explain their thoughts and motivations.

On *Giuliana & Bill* and *Tia & Tamera*, conversations between couples about infertility treatment plans demonstrate that infertile women do not destroy marriages with all-consuming concern over their bodies. Both include filmed conversations between couples discussing treatment options and making decisions about what path to choose.

> Tia: So, the fertility doctor called and gave me the results of my blood work. And he thinks my endometriosis is coming back. So he brought up the option of freezing eggs.
> Cory [her husband]: What? Doesn't seem right. Our great-grandparents didn't do that type of stuff.[60]

> Bill: You see honey, I am here for you no matter what. I am your rock to lean on.
> Giuliana: I know, but remember last time? You know, with the hyperstimulation and being rushed to the hospital? And I love that you're here for me, I just can't help being nervous about all of this.[61]

Beyond the infertile individuals themselves speaking, the programs examined here include multiple visits with doctors who explain the population figures and statistics around infertility, notably its relationship with age, countering fears expressed by the women (and often not refuted in popular culture, as described in chapter four) that infertility is somehow a "punishment" for past behaviors. One clip of Giuliana crying, "Why? What have we done? Why are we being punished, in a way?" is followed by a scene of her and Bill meeting with a doctor who explains more medical options.[62] With that juxtaposition of emotional (and stigma-based) reaction with a reassuring professional reviewing science-based reasoning for infertility and approaches to treatment, the program serves to speak back against stereotypes of infertility as a punishment for past behavior with scientific data.

Finally, these individuals' status as celebrities with resources to maintain well-cultivated appearances allow the above instances to refute biases that infertile women are somehow unfeminine in action or appearance. Every episode of *Giuliana*

[60] "Mo' Baby Mo' Problems," *Tia & Tamera* (2013, Los Angeles: Good Clean Fun, iTunes).
[61] "A New Addition to the Family."
[62] "Boy or Girl?"

& Bill and *Tia & Tamera* features the women kissing and being otherwise intimate with their partners, and highlights Giuliana and Tia's decidedly feminine ways of dressing (high heels, coiffed hair, figure-flattering clothing) and "performing," both in their personal lives and professional lives as entertainers. Khloé Kardashian is also sexualized as feminine, both in interactions with her husband (which include footage of them being sexually intimate) and in frequent scenes of her modeling for magazine photo shoots.

A Foucauldian consideration of infertility being incorporated into analysis of celebrity television programs brings to light potential drawbacks, particularly regarding the confessional that opens the door for potential understanding. Encouragement to speak openly and honestly about one's personal failings, to reveal oneself to others, is a key element in Foucault's explanation of how power becomes capillary. Foucault removes the subject as the center and creator of truth in favor of socially-created institutions, and implicates the subject's search for truth and speaking that truth about him or herself in the power/knowledge dynamic. The more individuals inform others about themselves, the stronger the power/knowledge network and the institutions that employ it become.

In the prevailing Enlightenment belief in rational individuals, however, the confession has an "attraction…linked to a belief in its liberating effect."[63] That belief is a "ruse" for Foucault, though, and promoted by "institutional incitement to speak"

[63] Bonnie Dow, "Ellen, Television, and the Politics of Gay and Lesbian Visibility," *Critical Studies in Media Communication* 18 (2001) 125.

in the service of the greater good.[64] The confessor is continually seeking acceptance within surrounding social (power) structures. Those structures in turn propagate feelings that confession will help in that acceptance effort.

Such complications have been picked up on by queer theorists considering "coming out," connecting that with risks of the confessional. In her work regarding the public coming out process of Ellen DeGeneres, both as an individual and as a character on her television series, Bonnie Dow challenges the common framing of confessionals and coming out as a means of effecting social change.[65] Through Foucauldian analysis of DeGeneres' numerous interviews and the show's scripted coming out, Dow emphasizes how the individualized nature of coming out further writes queerness into social discourse rather than providing the "liberation" it is culturally figured to promise. The idea of being in charge of ourselves and our sexualilties, and being able to shake off domination by speaking, Dow writes, is illusory. "These identities are not expressions of secret essences. They are self-creations on grounds not freely chosen but laid out by history."[66]

Coming out is positioned as progress and a political act of asserting individual and collective power.[67] But the "poster child" situation of celebrities coming out (as queer or representing any other stigmatized subculture) is problematic—it brings visibility to the issue in question but retains a conception of that issue as individual in nature, thwarting change on social and political levels. Foucault lays out his condemnation of confession, by calling our attention to the

[64] Michel Foucault, *The History of Sexuality, Volume 1* (New York: Random House 1984) 18.
[65] Dow, "Ellen."
[66] Dow, "Ellen," 135.
[67] Dow, "Ellen."

"irony" that we "believe our 'liberation' is in the balance" when we speak out about sexuality or other personal matters considered put upon us by power.[68] In fact, the confession's prompting us to speak further inscribes our domination. This complicates the idea of celebrity infertility stories as progressive or stigma-shedding, suggesting that such entries into the popular culture canon serve mainly to categorize further ways in which women with bodies aberrant from the ideological norm can be discursively framed and held at a distance.

Additionally, the Levinasian outlook that finds ethical potential in reality TV providing a voice for infertile Others is far from seeing this media form as uncomplicated. Viewers largely are not so naïve as to buy into reality TV as a literal reflection of "everyday life."[69] Programs in this genre are storyboarded at a minimum, if not scripted, from daily events in order to portray purposefully crafted versions of the celebrities at their centers. Most notably, the fact that there are directors and editors molding and cutting the "real" footage to fit time and plot parameters of any program complicates how real viewers' experiences are with any featured person. Editing reality shows from copious footage to 60-minute or less segments involves producers defining their subjects. In Levinas's view then, any attempt at "fixing" a person in a representation invalidates that person. A simplistic or surface-level attempt to know or explain the Other "is not a relation with the Other as such but the reduction of the Other to the same."[70] Media producers must allow a greater—and unfiltered—presence on the part of those portrayed. This ideal

[68] Foucault, *History of Sexuality*, 159.
[69] Skeggs, Thumin, and Wood, "Oh Goodness."
[70] Emmanuel Levinas, *Totality and Infinity: An Essay on Exteriority* (Pittsburgh: Duquesne University Press 1969) 46.

situation is unlikely to ever be achievable in the genre of reality television, as mediated representations are inherently filtered before being accessed by viewers.

Finally, infertile celebrity mothers on reality TV nuance the predominant celebrity female image, but still have traits that fit within the overarching model of intensive motherhood. One complication is the aforementioned framing of Giuliana, Tia, and Khloé as fitting the standard celebrity female mold of attractiveness and sexuality. Additionally, while the individuals within these couples in question represent a variety of ethnicities (Caucasian, Black, and Armenian), there is no socioeconomic diversity. Every program mentioned here figures its protagonists as upper-class via their material goods (homes, cars, fashion, etc.), but never note that this invariably removes them from the "ordinary people" claim with which they sell the shows. The economic ramifications of medical intervention are never raised, nor is the fact that such treatments are rarely covered by health insurance, making repeated ART attempts appear financially uncomplicated. These omissions fit in with the longstanding tradition of celebrity mother profiles slipping easily into intensive mother ideology via neglecting to discuss employment of assistance in childrearing or, in this case, conception.

However, infertility's inclusion within those carefully created celebrity images is a step of progress in more nuanced portrayals and more informed public discussions of the condition. Time spent hearing celebrities speak in confessionals and watching couples work together to address treatments and emotional ramifications of infertility allow for the possibility of greater understanding on the part of the audience. While the programs examined here are certainly edited and

directed, and far from unfiltered, they feature men and women grappling with a problem that is inherently not surface-level. Infertility is known only by paying attention to one's inner physical workings, and shared with others only by talking about it. Featured subjects of these programs take advantage of the reality TV format to talk to the viewer about these conditions and experiences, both by incorporating time for doctors to speak at length about infertility statistics and treatment, and in the confessional time relaying emotions and responses to such information.

In support of speaking openly and finding power in coming out, Jeffrey Escoffier writes that it is vital to the gay and lesbian rights movement transitioning from "interest-group identity politics" to a larger social rights campaign.[71] Coming out changes the individual's relationship to others and "to society's power structures" in a way that imbues the individual with more power, Escoffier proposes, in opposition to Foucault's belief that revealing one's sexuality, particularly when that sexuality is stigmatized, only further entwines oneself within those power structures. If some larger social advancement may be sparked by coming out, then similar gains may be possible via celebrities with large television audiences at their disposal speaking about their lived experiences with infertility.

Crucially, though not comprehensively or clearly, Foucault *does* acknowledge change in discourse and the potential for resistance in discourse. He rejects revolutionary theories like feminism that believe in some ultimate progress towards which to work or an overarching, exterior enemy to struggle against, but Jana

[71] Jeffrey Escoffier, "Reaching for a Politics of Ourselves," *The Gay & Lesbian Review* 2:35 (1995) 35.

Sawicki notes that Foucault can lead us to theory that informs social transformation. Foucault writes: "as soon as there's a relation of power there's a possibility of resistance. We're never trapped by power: it's always possible to modify its hold, in determined conditions and following a precise strategy."[72] So if "relations of power" hold possibilities for resistance, women's bodies, as prime targets of power become potential sites of resistance. Sawicki points out that infertility treatments and medicalization create new categories of subjects—"fit mothers, unfit mothers, infertile women, and so forth."[73] Those new subjects are shaped by power/knowledge, but then also become new possibilities for resistance.

These increases in cultural representation, while far from all positive or progressive, allow more potential for discussion and informed exchanges. Infertile women in these reality TV programs are framed in the shows and in tabloid media coverage as good mothers or women attempting to become mothers, often within celebrity profiles that deviate from typical intensive mother profiles only in inclusion of their health problems en route to motherhood. But that one addition is vital, striking at the very biological base of intensive motherhood—that women are biologically, naturally ready to bear children. By naturalizing another path to motherhood, via ART, these women provide a new celebrity model of what can literally make a woman a "good" mother.

[72] quoted in Jana Sawicki, *Disciplining Foucault* (New York: Routledge 1991) 25.
[73] Sawicki, *Disciplining Foucault*, 84.

Chapter 7

Conclusion

Infertility's representation in popular media is multifaceted and complex. This dissertation has explained that these depictions are telling of cultural attitudes toward the condition. Analyzing works of popular culture that include infertile characters and people reveals deep-seated social anxieties regarding the domesticity of women and the marriage of science and reproduction. This chapter first discusses how the theoretical approaches from prior chapters intertwine and inform each other. Second, it addresses some limitations of this study. Finally, this conclusion proposes additional areas of inquiry that would contribute to our understanding of the dynamic, often-frustrating ways in which infertility is culturally represented, and offers a concluding outlook on this subject.

In the interest of approaching infertility's representation in a comprehensive way, a blend of cultural theory, feminist theory, stigma theory, and Foucauldian theory was adopted in order to consider this complicated topic from a variety of viewpoints. These analytic frameworks inform and influence each other and thereby were not treated in isolation (for example, feminist theory was directly impacted by British Cultural Studies, and stigma theory is complemented by the work of Foucault, so all were considered in tandem during analysis). These outlooks were applied to analyzing works of melodrama, horror, science fiction, and reality television that represented the infertility experience. Such depictions, studied through the aforementioned lenses, revealed the prevalence and potential danger of

longstanding social fears of women working outside the home, technological intervention in human reproduction, and who is appropriate to perform the role of "mother."

In the final analytical chapter, themes of the melodramatic mode were united with technology from horror and science fiction in reality television programs. The re-framing of these themes and technologies in this genre, while still adhering to a number of complicated depictions of childless women (notably as wealthy and white), brought more nuance and real-life experience to the condition and treatment of infertility. Celebrity domestic reality television programs highlighted here employ the melodramatic mode in telling their infertility storylines—dramatic music, heightened emotional display, female audience address, and women suffering—and include scenes of treatment that would be at home in works of science fiction—showing the insemination of Giuliana's egg under a microscope, and 3-D ultrasound pictures of the Rancics' resulting son carried by a gestational surrogate.

The essential difference in this depiction of infertility, however, is that it removes the horror element. By maintaining the melodramatic mode, these reality programs employ a readily understood and emotionally manipulative means of communicating their stories. By including medicine, they have a chance to inform viewers of the science behind reproductive technology. By omitting the horror, the programs remove the fearful distance placed between audience and social content that has long marked depictions of infertility.

Complications

The contribution to media studies expressed here is significant, but this work does not presume to be all-encompassing. It is a limited study, constrained by the scope and parameters of the project design. Within those limitations, numerous points of view regarding this topic were not fully explored.

Race and Class

One such facet of the representation of infertility is how race and class are evidenced. The vast majority of films and television programs analyzed here feature Caucasian, upper-class characters as infertile (exceptions include Dr. Callie Torres on *Grey's Anatomy* and Tia on *Tia & Tamera*, who both make ample money as a surgeon and a television personality but are of Latin-American and African-American descent, respectively). This wealthy whiteness is telling of who culture believes not only has difficulty reproducing, but also who is or ought to be granted access to expensive reproductive technology. The absence from every text of any discussion of affording ART or whether it is covered by health insurance is a significant lack, as that aspect of the infertility experience is what keeps many American infertile couples from seeking and potentially benefiting from treatment (as detailed in chapter 2).

"The media, the public, and even many members of the medical profession misconceive or ignore the demographic analyses of the extent and causes of infertility in favor of an explanation that unduly emphasizes women of the upper middle classes who have postponed childbearing until their thirties," explain

Margaret Marsh and Wanda Romer.[1] This both propels the bias against women emphasizing career over the domestic, as that is framed as the main cause of infertility, and denies reproductive challenges for those who are working class or minorities—populations long framed as "breeding like rabbits" and a reproductive challenge to society at large.

This side of infertility can be demonstrated in media studies by analyzing the case of Nadya Suleman, a.k.a. "Octomom." Suleman became the focus of popular media attention in 2009, a time in which the same media made celebrities out of the parents of large birth families such as the Gosselins of *Jon & Kate + 8* and the Masches of *Raising Sextuplets* (both at least three-quarters Caucasian, middle-class couples [Jon Gosselin is half Korean]). Suleman made headlines by giving birth to eight babies following in vitro fertilization. As detailed by Natalie Fixmer-Oraiz in "(In)Conceivable: Risky Reproduction and the Rhetorical Labors of 'Octomom'" though, Suleman's newfound fame quickly turned to derision and critique when it was publicized that the mother also had six more children at home (also via ART), was a single mother partly of Middle Eastern descent, and received food stamps and disability payments.[2] Stories about the birth were frequently accompanied by

[1] Margaret Marsh and Wanda Romer, *The Empty Cradle: Infertility in America from Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 1996), 254.
[2] Natalie Fixmer-Oraiz, "(In)Conceivable: Risky Reproduction and the Rhetorical Labors of 'Octomom'," *Communication and Critical/Cultural Studies*, 11:3, 2014.

photos of Suleman at full term with a hugely pregnant belly, mug shot-style.

Similar pictures of Kate Gosselin were included in *Jon & Kate*, but were accompanied by light music and portrayed in a less threatening manner.

Despite the intense media attention and frequent rumors of production deals, Suleman never starred in a reality program about her life as a mother of 14 young children. She did not become a contestant on *Dancing with the Stars*, as Kate Gosselin did, or have *People* magazine feature her smiling children on their cover (again, as did the Gosselins). Suleman did not embody the typical cultural narrative of ART with her lower-class status and ethnic heritage, so did not reap the media benefits afforded other parents of multiples who captured American audience hearts. Rather, she inspired derision, criticism, and disgust.

In addition to her race and class, Suleman also manifested the "mad science" fears of reproductive technology detailed in chapter six. Heather Osborne Thompson explains: "[Suleman] represents 'the dark side' of ARTs—excessive, uncontrolled motherhood—which may explain why her attempts to generate an ongoing reality series ended in failure."[3] Suleman's continued popular media presence featured a one-time special on FOX, a short-lived reality program in the United Kingdom, numerous appearances on *The Oprah Winfrey Show* detailing her financial difficulties, and, in 2012, a pornographic film. Not every newsmaker receives a reality show, as illustrated by the relegation of a working-class, non-white mother of what some would consider "synthetic" children to pornography.[4]

Stereotypes

Critiquing stereotypes in culture is complicated for a number of reasons. Richard Dyer explains that individualization is necessary to counter stereotypes and bring more nuance to characters and people depicted in media, but that individual solution keeps the "cure" at the neoliberal level. Additionally, "What is wrong with these stereotypes is that they are not inaccurate."[5] Often real-life women

[3] Heather Osborne-Thompson, "Seriality and Assisted Reproductive Technologies in Celebrity Reality Television," *Feminist Media Studies* 14:5 (2014), 879.
[4] A controversy played out in popular media recently following fashion designer team Dolce and Gabbanna saying in an interview that they disagreed with in vitro fertilization, which in their words created "synthetic" children. Soraya Nadia McDonald, "Elton John is boycotting Dolce and Gabbanna for calling children conceived with IVF 'synthetic'," *The Washington Post*, http://www.washingtonpost.com/news/morning-mix/wp/2015/03/16/elton-john-is-boycotting-dolce-and-gabbana-for-calling-children-conceived-with-ivf-synthetic/.
[5] Richard Dyer, "Stereotyping," in *Media and Cultural Studies: Keyworks*, eds. Meenakshi Gigi Durham and Douglas M. Kellner, (Hoboken, NJ: Wiley Press, 2005), 357.

experiencing infertility *do* express feeling consumed by the condition, *do* worry about their femininity, and *do* experience extreme hormonal mood swings. The task, Dyer says, "is to develop our own alternative and challenging definitions of ourselves," speaking from the point of view of a member of the stereotyped population.[6] This may be afforded in part by the reality television programs analyzed in this dissertation, but ultimately requires more infertile voices in the creation of infertile characters.

Another complication of challenging infertility stereotypes comes from the sometimes uncomfortable marriage of feminist theory and representations of women aspiring to be mothers. Particularly as the motherhood role conforms in some ways to traditional views of women as inherently domestic and suited to the task of bearing and raising children above all others, there is concern with this being the dominant depiction of women in media. Gaye Tuchman, drawing on the psychological notion of "modeling," warned that the mass media risk communicating a singular message (such as the uplifting of motherhood above all else) to a large audience, "with authority and universality of reception, in a decidedly one-directional flow of information. But, if the stereotyped portrayal of sex roles is out-of-date, the media may be preparing youngsters—girls in particular—for a world that no longer exists."[7] This critique resonates when considering the massive audience (including a young demographic) for the Kardashian reality programs in particular, which includes numerous discussions of

[6] Ibid.
[7] Gaye Tuchman, "Introduction: The Symbolic Annihilation of Women by the Mass Media," in *Hearth and Home: Images of Women in the Mass Media*, eds. Gaye Tuchman, Arlene Kaplan Daniels and James Benét (New York: Oxford University Press, 1978), 6.

motherhood as the ultimate female reward but never shows these women in a job other than "celebrity."[8]

A persistent question for feminists has been how women can resist gender norms while still often feeling ambivalently attached to at least some of them, notably including motherhood. This conundrum is not solved here, but ought to be explored further in studies approaching infertility's representation with feminist theory.

Neoliberalism

As mentioned earlier, the "cures" for infertility cited by texts analyzed in this dissertation are neoliberal in nature. As this topic concerns the feminist anxieties above, it can be viewed as risky from both a neoliberal as well as a postfeminist—stressing individualism, choice, and empowerment in the consideration of women—view.[9] Both neoliberalism and postfeminism promote freedom while simultaneously demeaning certain outlooks and aspirations that do not readily align with dominant ideology. In an American hegemonic landscape, that would frequently put feminist concerns with gender justice, including issues that would benefit broader understanding of infertility such as healthcare coverage for reproductive technology or egg freezing, in a marginalized position.

[8] Amanda Kondolojy, "'The Walking Dead' Finale Leads Top 20 Xfinity On Demand TV Shows for the Week Ending March 29, 2015," *TV by the Numbers*, http://tvbythenumbers.zap2it.com/2015/04/07/the-walking-dead-finale-leads-top-20-xfinity-on-demand-tv-shows-for-the-week-ending-march-29-2015/386024/.
[9] Rachael Liberman, "The Politics of Mediating Female Sexual Subjectivity: Feminist Pornography and the Production of Cultural Variation" (PhD dissertation, University of Colorado, Boulder, 2013), 8.

Janice Peck defines neoliberalism as "an interlocking economic, political, and ideological project to establish a new set of rules for governing the functioning of capitalism…marked by self-interest and private property, and capitalism as an expression of human nature."[10] This dominates American thinking and culture not only in economic and political realms, but also social structures unquestioned in daily life such as what is considered a "normal" family living arrangement (the "American dream" of single-family home ownership) and taken-for-granted consumerism. Additionally, it has resulted in government priorities in favor of capitalism, and in opposition to social support.[11]

Neoliberalism, as detailed by Peck and other theorists, is motivated in part by a backlash against feminism. The 1980s dominance of this ideology blaming women working outside the home as one weak point leading to the crumbling of the American family, rather than uplifting the career woman as am example of capitalist inspiration, demonstrates neoliberalism's discomfort with and desire to undermine feminist advances of the 1970s. "Feminism in the 1980s was accused of encouraging women to betray their feminine nature…and, in the process, 'dismantling the traditional familial support system.'"[12] Neoliberalism and its postfeminist manifestation's persistence in recent decades and today as a primary model for personal success—individual achievement based on work and moral ethic, with great suspicion of group or social action—indicates continued reinforcement of social barriers erected against feminism's cultural success.

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[10] Janice Peck, *The Age of Oprah: Cultural Icon for the Neoliberal Era* (Boulder, CO: Paradigm Publishers, 2008), 7.
[11] Ibid.
[12] Susan Faludi, quoted in Peck, *Age of Oprah*, 55.

Peck's work focuses on Oprah Winfrey and her television talk show as an embodiment and promoter of neoliberal ideology, neither cause nor effect but rather, in Raymond Williams' words, "mutually constitutive."[13] Her analysis of Oprah, then, reveals fundamental connections between popular media and the ideological landscape of which it is a part, and considers the social effects of such media. Representations of infertility imbued with neoliberal causes (brought on by individual choices) and solutions (cured with enough individual effort and spending) are similarly revelatory upon evaluation.

Reality television is particularly linked with neoliberal ideology. Its aforementioned use of the melodramatic mode frames the suffering individual as just that—an individual who must solve her own problem rather than address a larger social disorder. Bev Skeggs, Nancy Thumin, and Helen Wood cite the "individualization thesis" as the locus of interest in most reality programs, whether a competition show or a documentary-style look at "real life." The individualization thesis relies upon people offering up self-performance, and "suggests that in a post-industrial society the individual is now compelled to make her/himself the centre of her/his own life plan and conduct."[14] It finds its ideal home in reality television, the authors write, as that form of media thrives on the entertainment factor afforded by watching "ordinary" others.

Louise Woodstock studies the neoliberal nature of reality television in general in her work "Tattoo Therapy: Storying the Self on Reality TV in Neoliberal

[13] Peck, *Age of Oprah*, 8.
[14] Bev Skeggs, Nancy Thumin, and Helen Wood, "'Oh Goodness, I Am Watching Reality TV': How Methods Make Class in Audience Research," *European Journal of Cultural Studies* 11:5 (2008), 628.

Times." Stories featured throughout this form of media, she writes, "fall into a predictable, narrow, and conventional realm that validates personal transformation and familial bonds."[15] This reliable focus on the self and the (heteronormative) family unit enables reality television to promote neoliberal stress upon a singular person rather than society-based networks with every tale of individual accomplishment.

Woodstock also cites Oprah in connecting neoliberalism with this culture's—and reality television's—reliance upon therapeutic narratives (a subject explored at length by Peck). That popular culture retelling of individuals coming to grips with personal struggle, working through their problems on their own, and being solely responsible for their triumph normalizes therapy and neoliberalism.

> The discourses of popular culture, including reality TV, bolster neoliberalism's goals by encouraging individuals to focus on self-resilience, on constructing and reconstructing a marketable self in both professional and personal realms. The narrative practices that individuals learn about through television consumption are central persuasive vehicles in the adoption of neoliberal discourses.[16]

In this framework, infertility fits in the reality television landscape of therapeutic neoliberal narrative as it is figured as a challenge to be overcome not by changing social structures regarding motherhood or healthcare and assistance in making ART more readily affordable, but instead by individual effort and dedication. Rather than change the surrounding social order, infertile women join the well-populated ranks

[15] Louise Woodstock, "Tattoo Therapy: Storying the Self on Reality TV in Neoliberal Times," *The Journal of Popular Culture* 47(4): 2014, 783.
[16] Woodstock, "Tattoo Therapy," 782-3.

of others featured on reality television who must display how they work to fit within it.

Potential for Change

These complications notably hinder what potential for change the popular texts analyzed here might hold for progressing cultural consideration of infertility. However, further evaluation of the topic reveals possible room for social change in favor of gender justice regarding outlooks on infertility.

Advocacy

There is potential for advocacy in popular media precisely because of its status as "popular." Popular culture studies focus on texts and their definitions as "centers of meaning rather than as social categories."[17] Popular culture meanings can work within and against, inform and illuminate, dominant ideologies. Such potential for ideological challenge within popular culture texts, "helps to maintain the sense of social differences and the conflict of interest within those differences that is essential if the heterogeneity of our society is to be productive and not static, progressive and not reactionary," providing a public service in its discursive working through of social change and anxieties.[18]

Cultural tensions regarding feminism have been among the many in recent decades discursively debated, represented, and at least somewhat hegemonically incorporated in part via popular media. Numerous tenets of feminist theory and

[17] John Fiske, *Understanding Popular Culture* (London: Routledge, 1995), 1.
[18] Fiske, *Understanding*, 18.

advocacy have been integrated by television programs, writes Robert H. Deming, as popular media are continually "absorbing and naturalizing" oppositional forces.[19] While inclusion of subordinate messaging does not inevitably lead to social acceptance of marginalized voices, as oppositional readings are limited in the scope afforded them by their ideological situation, such "semiotic guerilla warfare" (as termed by Umberto Eco) is worth noting.[20]

For John Fiske, communicated messages in popular culture can come from more sources than only the overpowering, seemingly prevalent option in dominant readings. Popular culture studies, to him, "Instead of concentrating on the omnipresent, insidious practices of the dominant ideology…attempts to understand the everyday resistances and evasions that make that ideology work so hard and insistently maintain itself and its values."[21] So even if hegemonic social constructions of the domestic and natural reproduction seem to monopolize representations of motherhood, pronatalism, fertility, and infertility, there is potential for alternative readings and constructions enabled by those texts.

The discourse of social constructions of infertility and fertility in popular culture matters due to the above explanations of popular culture as dialogical. James Carey stresses the conversational nature of culture—negotiable, ongoing, and dynamic.[22] Looking at popular culture and its social constructions this way "sees popular culture as potentially, and often actually, progressive…and it is essentially

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[19] Robert H. Deming, "Kate and Allie: 'New Women' and the Audience's Television Archive," in *Private Screenings: Television and the Female Consumer*, eds. Lynn Spigel and Denise Mann (Minneapolis: University of Minnesota Press, 1992), 203.
[20] Fiske, *Understanding,* 18.
[21] Fiske, *Understanding,* 20-21
[22] James Carey, *Communication as Culture: Essays on Media and Society* (New York: Routledge, 2009).

optimistic."[23] Meanings in popular culture can work with and against, inform and oppose, dominant ideologies. For a stigmatized and socially sensitive subject such as infertility, this opportunity is rich with possibility for more positive social constructions of the condition in the future.

The methods and theories applied in this dissertation fit ably with a commitment to uncovering alternative messages and potential for change within popular culture. British Cultural Studies evaluates media as a component of society that can shape consciousness and effect changes in social norms (as well as in economics and politics), and has a long tradition of looking to the communication modes of laypeople. This theoretical landscape notably includes the media of women. Additionally, critical discourse analysis aims "to produce and convey critical knowledge that enables human beings to emancipate themselves from forms of domination through self-reflection…not only to describe and explain, but also to root out a particular kind of delusion."[24] Therefore, application of this method to analyzing popular culture and its situation within ideology is apt.

Advocacy and Foucault

As popular media often adhere to ideological neoliberalism and its focus on the individual, it also then is informed by social traditions of speaking up about personal issues in the name of individual change. The therapeutic impetus feeds not

[23] Fiske, *Understanding,* 21.
[24] Ruth Wodak and Michael Meyer, "Critical Discourse Analysis: History, Agenda, Theory, and Methodology," in *Methods for Critical Discourse Analysis*, eds. Ruth Wodak and Michael Meyer (London: Sage, 2009), 7.

only reality television and talk shows, but also the coming out movement and, prior to that, second-wave feminist consciousness-raising efforts.

Therapeutic reveals within popular media however, even those opposed to dominant messaging, are not equivalent to social change. Peck details how, while built in part on a foundation of belief that such efforts as consciousness-raising could empower not just individuals but groups of like-minded minorities (such as feminists), television talk shows stop at self-revelation, short of the collective action required to actually make the personal political.[25] "In the therapeutic enterprise…healing is based on ameliorating individual suffering rather than changing structural relations of domination and subordination."[26]

Beyond that, the speaking subjects can then be seen as becoming further wrapped up in surrounding ideology, subsumed within a larger power structure by which they have then admitted to being dominated. In a Foucauldian view, this therapy has produced a "normalized subject" to a social institution. Such public confession as found in popular media, "whereby personhood is opened out through the display of intimacy, [is] part of a moral project in which the self has to show itself to be proper and good, but also as a dynamic project requiring labor."[27] For women in a pronatalist culture, attempting to overcome infertility is that labor, and the infertility what keeps them from full social acceptance.

However, Chandra Wells points to a modern form of consciousness raising that perhaps goes beyond the hobbling view of therapy and confession as

[25] Peck, *Age of Oprah*, 67.
[26] Peck, *Age of Oprah*, 33.
[27] Michel Foucault, quoted in Skeggs et. al, "Oh Goodness," 632.

ideological transcription in her analysis of infertility blogs and their authors' use of the confessional mode. In "The Vagina Posse: Confessional Community in Online Fertility Journals," Wells details a number of infertility blogs and how their female writers employ the online journal medium to share their experiences with a virtual public. This use of the confessional mode, she writes, can allow for the formation of a "feminist 'counter-public sphere,' an oppositional discursive space within contemporary society," that facilitates the sharing of experiences and identities outside the mainstream. Here, women can "emphasize the immediacy of their own experiences while moving beyond them to a critique of the social and cultural forces shaping" them.[28]

"Personal disclosure has become a highly prized commodity in…our culture of 'mediated voyeurism,' in which the boundaries between the public and the private are increasingly collapsed," Wells writes. Blogs offer a seemingly infinite amount of confessions for public consumption online—infertility is just one stigmatized bodily condition that has sparked online journaling and sharing. Online support communities exist for nearly every malady. They are popular in part precisely because of the ability to serve as a public confession and consciousness-raising outlet, offering "an accessible and labile narrative mode for telling stories of personal crisis, stories that can translate into deeper cultural critique and decisive political action."[29]

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[28] Chandra Wells, "The Vagina Posse: Confessional Community in Online Infertility Journals," in *Compelling Confessions: The Politics of Personal Disclosure*, ed. Suzanne Diamond (Lanham, MD: Fairleigh Dickinson University Press) 212.
[29] Wells, "The Vagina Posse," 203.

In her analysis of infertility blogs, Wells finds a recurrent theme of frustration with an inability to speak openly, in-person with peers, about the physical and emotional experiences of infertility. Numerous bloggers wrote that they did not even have language adequate to explain their feelings to themselves. An informal study I conducted on infertility message boards found similar dialogue between infertile women frustrated by the lack of accurate discussion regarding the condition in media. As infertility has been traditionally stigmatized and swept under the conversational rug, women struggling with inability to conceive have been left with no ability to explain. Journaling and reading journals online, many wrote, helped to elucidate infertility to themselves and aim to inform others. Often that search to explain took the form of incredibly detailed accounts of physical processes of infertility, from the discomfort of transvaginal ultrasounds to blow-by-blow, graphic reports of miscarriages. They strove, Wells writes, "to make infertility not only visible, but also visceral…they expose taboo and silenced somatic dimensions of infertility."[30] While Foucault might say that this openness about infertility then brings it more fully into the public realm of the power/knowledge domain—and that may be true—these women found comfort in developing a language of their loss.

Following in the tradition of coming out and consciousness-raising, Wells argues that these blogs' usage of the confession can spark change in the minds and actions of the writers and their communities. Regarding coming out, Jeffrey Escoffier writes that it is vital to the gay and lesbian rights movement transitioning from

[30] Wells, "The Vagina Posse," 209.

"interest-group identity politics" to a larger social rights campaign.[31] Coming out changes the individual's relationship to others and "to society's power structures" in a way that imbues the individual with more power, Escoffier proposes, in opposition to Foucault's belief that revealing one's stigmatized condition only further entwines oneself within those power structures.

Coming out can have, and has had, effects on public discourse. It is not without any power to change. But what results from those changes? In a Foucauldian view, it is most often simply the production of new forms and conceptions of power. The theorist closes *The History of Sexuality, Volume I*, in which he lays out his condemnation of confession, by calling our attention to the "irony" that we "believe our 'liberation' is in the balance" when we speak out about sexuality or other personal matters considered put upon us by power.[32] In fact, the confession's prompt for us to speak further inscribes our domination.

However, that "disciplinary effect" of the confession or therapeutic reveals in popular media can be tempered by considering another opinion of Foucault's: that what we believe is "truth" is not definite but rather something that can be reshaped "little by little…[by] introducing modifications that are able if not to find solutions, at least to change the given terms of the problem."[33]

The stigma theory of Erving Goffman can again be seen as dovetailing well with Foucault in this respect, as the former believes that "group-formation" can afford "a collective reinterpretation of normals' stigma theories, and such

[31] Jeffrey Escoffier, "Reaching for a Politics of Ourselves," *The Gay & Lesbian Review* 2:(1995), 35.
[32] Foucault, *The History of Sexuality, Volume I*, 159.
[33] Foucault, quoted in Linda J. Graham, "The Product of Text and 'Other' Statements: Discourse analysis and the critical use of Foucault," *Educational Philosophy and Theory*, 43:6 (2011) 666.

reinterpretation can help individuals deal with the negative and discriminatory effects of stigma by validating an alternative theory of the significance of their shared attribute."[34] This enhanced self-understanding on the part of the stigmatized, Goffman continues, also can enable restructuring on the part of "normals" what constitutes the accepted barriers of their dominant group.

Crucially, though not comprehensively or clearly, Foucault does acknowledge change and the potential for resistance in discourse. He rejects revolutionary theories like feminism that believe in some ultimate progress towards which to work or an overarching, exterior enemy to struggle against, but Jana Sawicki notes that Foucault can lead us to theory that informs social transformation. Foucault writes: "…as soon as there's a relation of power there's a possibility of resistance. We're never trapped by power: it's always possible to modify its hold, in determined conditions and following a precise strategy."[35]

So if "relations of power" hold possibilities for resistance, women's bodies, as prime targets of power, become potential sites of resistance. Likewise, their representations in popular culture become possible loci for changes in social consideration of "the normal." Sawicki points out that infertility treatments and medicalization create new categories of subjects ("fit mothers, unfit mothers, infertile women, and so forth"[36]). Those new subjects are shaped by power/knowledge, but then also hold new possibilities for resistance. That possibility may be enhanced by non-stereotypical imaging in media. "Discourse,"

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[34] Paul Lopes, "Culture and Stigma: Popular Culture and the Case of Comic Books," *Sociological Forum* 21(3): 2006, 390.
[35] quoted in Jana Sawicki, *Disciplining Foucault* (New York: Routledge, 1991) 25.
[36] Sawicki, *Disciplining Foucault*, 84.

Foucault writes in *The History of Sexuality, Volume I*, is "both an instrument and an effect of power, but also a hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy."[37] "Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and make it possible to thwart it."[38]

"Using Foucault's model of power as a shifting and unstable set of relations, and his understanding of discourses as ambiguous and polyvalent, we are encouraged to look for such possibilities in the present and to mobilize them as a means of challenging hegemonic reproductive relations on a variety of political fronts," writes Sawicki.[39] She also demonstrates that more cultural discourse regarding infertility leads to its increasing appearance in media and the arts. Likewise, Wells' calling attention to infertility experiences blogged online. These increases in cultural representation, while far from universally positive or progressive, at least open up more potential for discussion and informed exchanges. Attempts at more positive understanding and release from stigma, however, are not easy with Foucault. His notion of "freedom" entailed "a constant attempt at self-disengagement and self-invention" in the face of power's slippery, ever-changing abilities.

To Foucault, we may not be able to extricate ourselves from the power/knowledge system, but a study of histories and genealogies that form the social structures in which we live helps us to resist "those ways in which we are

[37] Foucault, *The History of Sexuality,* 101.
[38] ibid.
[39] Sawicki, *Disciplining Foucault*, 88.

already defined, categorized, and classified."[40] For infertility, a Foucauldian genealogy of its medicalization and cultural representations could inform a present-day critique of its stigmatization. Calling attention to such genealogical information "means discovering new ways of understanding ourselves and each other, refusing to accept the dominant cultures' characterizations of our practices and desires, and redefining them from within resistant cultures."[41] "With the notion of practices of the self," Lois McNay writes, "Foucault proposes a way out of this inevitable cycle where resistance is transformed into domination, through a process which involves the adoption of an attitude of self critique and the exploration of new modes of subjectivity."[42] Foucault challenges man to "face the task of producing himself."[43]

Autonomy, as everything else in lived experience, is intrinsically bound up in and productive of power in Foucault's view. Potential for change is thereby not inconceivable. The self, stigmatized or not, in Foucault's worldview is made up by power relations yet still capable of autonomy and acting within and upon that power.[44] As described by Amy Allen in *The Politics of Our Selves*, although Foucault fell short of dictating means by which individuals could effect social change, his later works did discuss the idea that changing social situations among gay men may spark changes in consideration of not only that group but also of relationships in society at large. Allen continues this to propose that potential for change along these lines may

[40] Sawicki, *Disciplining Foucault*, 27.
[41] Sawicki, *Disciplining Foucault*, 43-44.
[42] Lois McNay, *Foucault & Feminism: Power, Gender and the Self* (Malden, MA: Polity Press, 1992) 87.
[43] quoted in McNay, *Foucault & Feminism*, 89.
[44] Amy Allen, *The Politics of Our Selves: Power, Autonomy, and Gender in Contemporary Critical Theory* (New York: Columbia University Press, 2007).

be possible due precisely to popular culture.[45] Works that include authors who have experience with infertility and portray an infertility experience—such as the reality TV programs studied here—are one step toward such a media landscape and cultural environment shift.

Further Study

There are many avenues of study in this area that are still valuable and may prove fruitful for future scholarship. For example, applying alternative methods to the study of infertility in popular culture would illuminate more sides of this story. Notably, audience research is a natural extension of the British Cultural Studies approach, and considering the responses of both infertile and fertile viewers to the texts analyzed here would be revealing. Quantitative research, such as content analysis of popular media texts, could provide valuable information about the scope and amount of representations of infertility in popular culture, especially regarding how it has or has not changed in recent years.

Additionally, this dissertation's limited focus on only television and film texts omits myriad other forms of popular media that address infertility, from advice columns and women's magazines to tabloid media. The latter's focus on celebrities is of particular interest, as media coverage of celebrities of advanced maternal age is common, but mention of ART behind those pregnancies is not. Studies of celebrity media from a number of perspectives—textual analysis such as that provided here, or content analysis and audience response interviews and focus groups—could

[45] ibid.

reveal interesting public opinions of infertility and femininity.

The study of infertility in popular media cannot merely be reduced to the study of a single, isolated condition. It represents social consideration of larger cultural issues in which infertility is always entangled, from large-scale, often unquestioned ideals such as gender biases in reproduction responsibility, to specific, hot-button issues such as investment of government funds in gene therapy. Understanding the ways in which infertility is depicted, and considering what cultural biases are behind those images, is invaluable in comprehending the cultural relevance of popular media texts.

Works of popular culture that do attempt to discuss and portray the infertility experience demonstrate cultural anxieties in which the condition is embedded, and which evidence themselves in how the topic is—or is not—worked into plots, discussed, and visually depicted. These depictions most often resolve in ways that obfuscate rather than enlighten issues of reproductive choice and social support for working mothers that would truly introduce views of infertility resistant to pronatalist and patriarchal ideology. This dissertation interprets recent popular media representations of infertility in order to evaluate the ways in which these images make available new possibilities for considering infertility and infertility treatments, and also how these images bolster longstanding stereotypes and biases against women.

It is evident that there are numerous paths for future research on infertility and its popular representation. Particularly in how it intersects with issues of

gender, health care, and technology, this area of inquiry is far from finished. Linda Williams has argued that texts in the melodramatic mode—which I believe can be extended to the majority of popular media regarding infertility—combine "the individual and the institutional" in such a way as to "allow us to picture the political and the social totality" of America at large and what our society could be.[46] This dissertation has endeavored to follow that inspiration for investigating cultural texts, and subsequently issues a call for action in completing more work in this direction.

[46] Linda Williams, *On the Wire* (Durham, NC: Duke University Press, 2014), 5.

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Appendix A

Interview Request Sample

September 16, 2014

Dear Ms. Kohl ,

I am a Doctoral Candidate in Media Studies at the University of Colorado at Boulder and I am researching the representation of infertility in popular culture. Your client Giuliana Rancic's series, *Giuliana & Bill*, is an important text in my analysis. I am contacting you because I would appreciate the opportunity to talk with Ms. Rancic (along with Mr. Rancic, if possible) and learn more about her efforts in the program's production in regard to the inclusion of infertility and infertility treatment. I am hoping that you could put me in touch with Ms. Rancic regarding this request for an interview. It would last approximately one hour and can take place in her office or another location of her choice. Please keep in mind that her participation is strictly voluntary.

Please feel free to contact me with any questions. I look forward to hearing from you.

Many thanks,

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Appendix B

Selected Videography with Links

(available via YouTube as of March 19, 2015)

Melodrama
Private Practice clip, "Private Practice—Amelia, Addison, and Jake," https://www.youtube.com/watch?v=WNqEXC0pMow

Sex and the City clip, "Sex and the City—Charlotte's Conceiving Problems (Season 4 Clip)," https://www.youtube.com/watch?v=LdAU8ckjvXE

Horror/Science-Fiction
It's Alive (1974), "*It's Alive* (1974) Official Trailer—Larry Cohen Horror Cult Classic," https://www.youtube.com/watch?v=2pW99eaMons

Grace (2009), "*Grace*: The Official Movie Trailer," https://www.youtube.com/watch?v=UXSaViAZsq8

The Hand that Rocks the Cradle (1992), https://www.youtube.com/watch?v=4nd9eV9OkN0

Splice (2009), "Splice Official Trailer #1," https://www.youtube.com/watch?v=8pIeSYhipUs

Splice (2009), "Splice #1 Movie Clip—Not Due for Months," https://www.youtube.com/watch?v=KdMZwqYiRH8

Alien: Resurrection (1997), https://www.youtube.com/watch?v=YF7_atJOzlA

Celebrity Domestic Reality
"Giuliana and Bill on Tackling Infertility on their Show," https://www.youtube.com/watch?v=ZRzO8FBA-hk