THE ART OF INFERTILITY:
A COMMUNITY PROJECT RHETORICALLY CONCEIVING FAILED FERTILITY

By

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ABSTRACT

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This dissertation applies a cultural rhetorics methodological approach to the topic of infertility, investigating how individuals narrate and memorialize their infertility journey through visual art. While prior scholarship has examined rhetorical constructions of infertility as discourse, this dissertation offers an alternative framework to examining the rhetorical choices infertile individuals are confronted with when diagnosed with the disease. This project emerged out of my collaboration with The ART of Infertility, which is a community art, oral history and portraiture traveling exhibit using art as a visual method to spur infertility advocacy. In this dissertation, I argue for a “research as care” methodology where bodies of health and medicine become participants actively constructing their narratives—both in academic research and in community health advocacy projects. I enact this methodology by interviewing three self-identified infertile artists who previously donated pieces of their art to The ART of Infertility. My research participants demonstrate that art, as a form of multimodal composition, serves as an effective tool for processing infertility as an invisible and stigmatized identity. Additionally, participants note how composing their infertility stories through artwork allowed them to share and more effectively communicate their struggles to conceive with others. All three participants speak to the potential that art serves in reorienting others, who may never face difficulty conceiving, to the experience of infertility. This work contributes to rhetoric and composition, speaking to the potential of community

engaged rhetorical scholarship in topics of health and medicine as well as the application of multimodal composition in marginalized health communities and technical communication. Further, this work interdisciplinary contribution to fields such as art therapy, medical education, women's and gender studies and art education.

To the millions of women and men who are infertile, know this.
You are not alone.
This is for you.

ACKNOWLEDGEMENTS

First, a thank you to the Department of Writing, Rhetoric & American Cultures and the Rhetoric & Writing graduate program. You all took a gamble on me when I fist applied to the MA program years ago. Little did you know back then that admittance into this program was not only a ticket for a graduate degree, it was a ticket that saved me. It allowed me to feel productive when each month I felt continually reminded of how my body was failing me, not allowing me to become a mother. Thank you. Words cannot express how different my life would have been if I did not have this chance.

Second, a more specific thank you to my committee. All of your mentorship and support has been invaluable. When there have been times that I have questioned working on such a personal project, all of you have reminded me and encouraged me that because I felt unease, because I felt vulnerable, I needed to be brave and continue this work. Thank you for always sharing your stories with me and reminding me that I should share mine with others as well. I frequently am reminded of the influence of each of you on my life.

Third, to all of my fellow academic friends who are now colleagues. Katie, Les, Daisy, Andrea, Marilee and Beth. As my time at MSU comes to an end, I look forward to our friendships branching out to new places and new projects.

Fourth, to my infertility community. To Liz, my big sis. We found each other at a time when we needed each other the most. We made our misconceptions into a shared conception with The ART of Infertility. I am so thankful that we have each other in our lives. To all those who participated in the dissertation – thank you. You all trusted me enough to share and write your stories. I thank you for your bravery. And to all those who continue to grapple with infertility, remember #artheals.

Fifth, to my family. Especially to Paul whose last words to me were “So are you a doctor, yet?” Today, I finally am. I wish that you could be here in person to witness this.

Finally, to Kev. We did this together, along with the pups. Thank you for always being open about our story. It has made it easier for me to do this work. Thank you for allowing us to take time to figure out what we wanted. Thank you for choosing to stay with me through it all. I love you and, with this chapter closed, I am so excited to see where life may take us now.

TABLE OF CONTENTS

LIST OF FIGURES

PROLOGUE

The House

I sit right now in the room that was to be the baby's. We bought a cozy, two-bedroom, two-story house with the intention for the blue bedroom to be ours. The mauve colored room we would repaint and would be for the baby. The blue bedroom was slightly larger than the mauve. We intentionally selected this room with the rationale that a bassinet could comfortably be set up next to our bed. The mauve colored room was smaller but had a walk-in closet able to host the baby's port-a-bed, bouncer and a long lasting diaper supply.

Today, though, we conceal our hopes for the mauve colored room. A guest bed is setup for our friends and parents to visit. This room has often served as an oasis for each of us at different points in our marriage when the pain of conceiving has pushed us apart – pushed us to two separate beds. We don't like admitting this but that is part of our truth, part of our story.

Next to the bed in the mauve colored room is a desk where I sit and write and work. Books are stacked on the desk. Not in any order. Just placed on the desk. Where the desk and bed have been placed is where we planned to put the crib. Now, we fill that area with what we think may be our new life. A life filled with professional promise and a life where a guest bedroom will always be needed. We will be the future aunt and uncle that can provide a retreat for a niece, nephew, or even sister or brother. Our house will serve as an escape for others, not ever fully becoming a home.

Walking into this house I sometimes remember the thoughts I had when we purchased it. The room downstairs that now has bookshelves and dog toys scattered about was to be the baby's playroom. It attached to the kitchen and would have let me prep dinner and play with the baby as we waited for you to come home from work. I imagined hearing you pull into the drive away. I would give the stew in the crockpot a quick stir and then pick up baby Henry or baby Sophia from the play mat in the other room, anchoring the baby to my hip and having my free hand raise the baby's hand as to wave to you from the backdoor.

Now, that image appears more like an illusion than a premonition. The house symbolizes something different now than what it represented when we first purchased it. The very terms of making and sharing a home together have changed. We first purchased it as a symbol of family extension and growth. Today, we sit in the rooms of our house trying to make sense of the symbol it now represents.

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I wrote this piece in November 2013. I was 27. At that time, I was finishing my MA degree in Critical Studies in Literacy and Pedagogy. Secretly though, I was desperately trying to get pregnant — month after month, year after year, came period after period. I wrote about these moments to create a memory. Today, these memories seem like a shadow of my past. Reading "The House" once again and writing this epilogue tears roll down my cheeks.

Today, spring 2017, I am still not pregnant and my desperate desire to conceive has subsided. I read "The House" and I see how different my life today could be. I donated this piece of creative writing to The ART of Infertility. When it is exhibited, I discretely watch people read it – attempting to read their face, body positioning for any signs of affect. “The House”, just like this dissertation, is an offering to the millions of other infertile women and men who have felt this whole-consuming, invisible pain.

I share with you “The House” as a moment to mark the beginning of this journey to my exploring infertility as rhetoric. I first shared this piece of writing in my Queer Rhetorics course. Here, I learned that my story matters. In this doctoral program, I found courage to share my story with others. Now, with the tools and rationale for why the stories of infertility matter, I invite you to read on and learn more.

CHAPTER 1

LIVED EXPERIENCE OF INFERTILITY AS RHETORICAL INQUIRY

> I would say infertility is without a doubt a roller coaster.
>
> — *Sara, The ART of Infertility participant*

> Every month, you're like, "What?" Even if you have the diagnosis, there's still part of you that is shocked. It's always shock. I haven't met anyone who's not shocked. Even with the worst diagnosis, somehow we have this insane primal hope that we can overcome it.
>
> — *Meg, The ART of Infertility participant*

I begin this chapter with a piece of art that I created as I finished this dissertation.

Figure 1. "Beating the Clock"

The image above is titled “Beating the Clock” and is a piece of blackout poetry inspired by “My Consent,” created by a participant in this dissertation and appears in Chapter 4. “Beating the Clock” was created at a blackout poetry workshop hosted by The ART of Infertility in conjunction with National Infertility Awareness Week. For those unfamiliar with blackout poetry, it is an artistic process that requires relatively little technical skill. Individuals begin by selecting a page of text, circling a variety of words and phrases that appear to be personally significant on the page. A stencil is selected and traced over the variety of words and phrases circled. The stenciled image is cut out and all the remaining uncircled words and phrases that appear on the page are blacked out. All that remains is a stenciled image and the pre-selected words. These words serve as the piece of poetry.

In “Beating the Clock” I cut out the stenciled image and after blacking out the words, Mod Podged™ the image to a painted canvas. The piece of poetry reads:

> Beating the Clock
> unpredictable and inflexible
> Ph.D.
> female
> time
> is physically grueling.

I share this piece now, in this first chapter, as it serves a retrospection on the six years I have devoted towards my doctorate rather than working on the building of a family. I share this piece not out of regret, but instead, to document how infertility forces one to make a series of choices frequently not visible nor well understood by others.

Specifically, “Beating the Clock” memorializes my infertility journey. It acts as a material artifact documenting my choice to pursue a Ph.D. rather than face the numerous decisions I must still confront if I want to have a child of my own. To be frank, it documents the years I have spent not dealing or wanting to make fertility-related decisions. Now, with this dissertation written and graduation upon me, I am a bit overwhelmed by new beginnings. This project has allowed me to not only develop a research agenda that is personally fulfilling, but this project has allowed me to come to terms and acceptance with my own infertility. I share this personal story as it makes visible how research evolves – not just the actual written publication – but as one researches, the researcher frequently evolves.

This chapter serves a moment to document the evolution of this project. As a dissertation project that I have personal stakes with, as a project that works with other infertile individuals to represent and tell their stories, as well as a project that theorizes the building of a community arts and infertility organization, this dissertation has had to grapple with moments of doing real advocacy work – in the discipline and in the real world. Trying to figure out what that looks like and moments in which I could have done better. It is a public, living project. In coming to terms with the variety of stakeholders involved in this project, I have been forced to contemplate moments of methodological messiness that appeared because of the various bodies that this project represents as well as speaks to.

As you read on I invite you to note that when it may seem that I am not talking to rhetoric and composition, it is because I am not. Some of this is for the discipline and some of this is for the infertility community. The goal of this project is to begin building models in which rhetorical research can be valued in both spaces. This dissertation then, is not a "how to" but rather a larger research story documenting how I have attempted to build a community project out of my rhetorical training to better support a community in need, a community that wants to share their story, a community that wants to invite others into the realities of living with infertility. With that, I invite you to read on so as to learn more about infertility and the rhetorical realities infertile individuals face because of this disease.

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Infertility, defined as a disease of the reproductive system, affects 7.5 million people in the United States. This figure represents 12% of women of childbearing age, or 1 in 8 couples.[1] For a couple attempting to conceive, infertility is commonly diagnosed after one year of unprotected, well-timed intercourse without achieving and maintaining a pregnancy, or if the woman has suffered multiple miscarriages. If the woman is under 35 years of age, time to diagnosis is reduced to 6 months of unprotected, well-timed intercourse without achieving and maintaining a pregnancy. [2]

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[1] This is a 2016 statistic reported by the Center for Disease Control (CDC). For more information, please visit: https://www.cdc.gov/nchs/fastats/infertility.htm

[2] This definition of infertility is supported by the Center for Disease Control (CDC), RESOLVE: The National Infertility Association and the American Society for Reproductive Medicine (ASRM). For more information, please see: https://www.cdc.gov/reproductivehealth/infertility/; http://www.resolve.org/about-infertility/what-is-infertility/; https://www.asrm.org/Booklet_Infertility_An_Overview/

A variety of factors and conditions are frequently cited as reasons for infertility. Men and women may experience factors or conditions impairing their fertility. Upon diagnosis, a series of treatments may be suggested. These range from the use of hormone-induced therapy (like Clomid), to intrauterine insemination (IUI), to the most common associated fertility treatment, in vitro fertilization (IVF). These treatments, however, are frequently not covered by individual insurance plans, resulting in high out-of-pocket costs for fertility treatment. Notably, other family-building options exist such as adoption, foster care, surrogacy or the decision to live childfree. Nonetheless, the reality remains building a family when infertile is challenging. High out-of-pocket costs attached to fertility treatment, state regulatory laws limiting surrogacy, imperfect financing for adoption, in addition to a range of challenges and stigmas attached to, what is frequently described as “alternative” options such a foster care or choosing to live childfree make navigating experiences of infertility arduous.

I begin this chapter, and dissertation, then with this overview on infertility so as to capture “the many faces of infertility” (Sandelowski & de Lacey, 2002, p. 43). Infertility does not discriminate. It impacts men and women, the young and the old, of all nationalities and ethnicities. In fact, I am one of the 7.5 million affected by infertility. I am infertile.

I claim my infertility in this dissertation for two purposes. One, as a feminist cultural rhetorician, I embrace what Rich (1989) calls “a politics of location” that “reconnect[s] our thinking and speaking with the body” (p. 31). My infertile body orients me to my research, my participants and my claims. To remove my body from this dissertation is to remove the personal exigency for this work. I argue that personal exigency for our scholarship should not be dismissed, despite patriarchal values omitting subjectivity and embracing objective scholarship. Haraway (1988) explains how objectivity occurs through the disembodied "conquering gaze from nowhere" serving to achieve an illusion, "a god trick", removing personal subjectivities from our scholarship (p. 581). My claim to infertility aims to disrupt this scholarly preference for a presumptive objective researcher.

Second, I claim my infertility to call attention to the overarching silencing of infertility, which exists not only in the world[3] but also very much in higher education, including rhetoric and composition. As a discipline, rhetoric and composition has a tradition of countering hegemonic language practices, marginalizing students and instructors from their home languages and practices. Explicit commitments to language diversity[4] and the promotion of access to enhance conditions for learning and teaching[5] have called the discipline to be more attentive and responsive. These disciplinary position statements to diversify and call attention to practices that normalize at the expense of marginalizing others has resulted in more culturally responsive pedagogies and scholarship. Yet, I argue more must be done in regards to the gendered institutional structure of higher education. Further, it is because of rhetoric and composition's commitment to intervening in social injustices within the academy that this is a discipline

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[3] Allison (2011) addresses a global cultural silence around infertility, explaining "sustains the myth of fertility as a universal experience, suppressing contrary experiences in an ideology of motherhood and symbolic ideal of family" (p. 17).

[4] See the following statements made by Conference on College Composition and Communication: http://www.ncte.org/cccc/language-power-action; http://www.ncte.org/cccc/resources/positions/srtolsummary

[5] See the following statement made by Conference on College Composition and Communication: http://www.ncte.org/cccc/resources/positions/disabilitypolicy

that could begin to initiate wider support to revise policies of institutional labor that fail to support those who are infertile in the academy.

I claim my infertility in this dissertation to recognize the many other women – and men – in the discipline who have had to silently contend with their infertility.[6] While explicit support systems exist in the rhetoric and composition field for those raising children, such as maternal/paternal leave policies and the newly formed SIG "Academic Mothering in Rhetoric and Composition," little recognition and rhetorical grappling with how experiences of infertility shape graduate student and faculty life has happened. I claim my infertility then to call attention to what Konrad (2016) calls "access fatigue." Konrad's term aims to make visible frequently unrecognized issues related to accessibility, such as making conference proceedings accessible to those who are visually impaired. I draw on Konrad to elaborate on how disciplinary and cultural silencing related to infertility additionally fatigues the infertile body.

I am fatigued by how my infertility discursively becomes positioned as a perceived privilege in the discipline. I am tired of being told how my infertility allows me to be more flexible, to write more articles, to be more ambitious in my scholarship, to mentor students as if this aids my maternal desire. I am tired of a discipline that has adopted and circulates maternal metaphors such as rhetorical and institutional laboring, metaphorical use of "mother" and the over-presumed assumption of the inherent value of a "nurturing" pedagogy particularly in our first-year classrooms. These maternal metaphors continue to link rhetoric and composition's practices as a potential alternative

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[6] I honor the numerous men and women whom I have met after presenting on this work. Many have come up and thanked me for discussing this topic and making it visible. This dissertation then is just as much for them as it is for me and the millions of others who have felt silenced by infertility.

space for those who cannot have their own children. Further, the continued use of such metaphors perpetuates the silencing of infertility and its prevalence across academia. Therefore, while the discipline has done much to push against the social injustices of disability and language, I ask the discipline to ponder how well its practices recognize and address the larger institutional silencing of infertility.

With the exigency established for claiming my infertility in this dissertation, I turn to the focus of this chapter to locate lived experiences[7] of infertility as a topic of study in rhetoric and composition. Specifically, I point to scholarship that has previously attended to infertility from a rhetorical lens. My intention in doing so is to call attention to rhetoric as a framework to analyze and unpack the discursive construction of infertility, what I call a "rhetorics of infertility" frame. Such a framework, I argue, is important to underlining the fluidity of infertility. Meaning, whom infertility impacts as well as what is implicated by its discursive construction shifts with how infertility is defined. However, I draw upon my own personal experiences with infertility as well my collaboration with an infertility arts organization to suggest a new rhetorical understanding of infertility, what I call "infertility as rhetoric". Specifically, I address how my attention to the lived experience of infertility serves to unearth the various and continual rhetorical decisions infertile individuals must confront as a result of its fluid construction. This emphasis on

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[7] I root my definition of "lived experience" in Max Van Manen's work *Researching Lived Experience*. He claims "lived experience is the starting point and end point of phenomenological research" (p. 36). "The starting point of phenomenological research is largely a matter of identity what it is that deeply interest you or me and of identifying this interest as a true phenomenon, i.e. as some experience that human beings live through" (Van Manen, 1990, p. 40). My lived experience with infertility serves as the starting point thus for understanding how others have lived through experiences of infertility.

lived experience, which focuses my examination of *infertility as rhetoric* rather than *rhetorics of infertility*, guides the remainder of this dissertation.

Rhetorics of Infertility: A Discursive Framework

Rhetorics of infertility is an interdisciplinary framework, used by feminist theorists (Sandelowski, 1990; Thompson, 2002), sociologists (Greil, McQuillan & Slauson-Blevins, 2011; Mamo, 2013), medical anthropologists (Allison, 2011; Inhorn & Van Balen, 2002), and rhetoricians (Britt, 2000, 2001; Jensen, 2015, 2016) to identity the various and multiple hegemonic structures of power that construct what is known as "infertility." In this section, I examine rhetorics of infertility from three areas of focus. First, the rhetorical construction of infertility, analyzing how infertility is defined within larger ideological value structures and how such a definition creates an infertile subject. Second, I reference Jensen's (2015, 2016) historical rhetorical analysis of the evolution of infertility. I suggest a historical analysis can reveal the discursive fluidity of infertility and draw on Marsh and Ronner's (1996) work to further solidify this claim. Third, I point to Britt's contemporary work on infertility insurance mandates. Legislative rhetoric aiming to normalize the infertile body through mandated fertility insurance speaks once more, I argue, to the ever fluid and in-flux nature of infertility. These three areas of focus in a "rhetorics of infertility" framework underscore infertility as continually redefined through discursive initiatives. I elaborate briefly on this, in regards to the World Health Organization's revised definition of infertility to include those who are single, yet, desire a child. Rhetorics of infertility serves as a framework to understand how cultural discourses construct and define infertility, as well as implicate infertile subjects.

Rhetorical Construction of Infertility

Perhaps the most ubiquitous analysis of the rhetorical construction of infertility is Sandelowski and de Lacey's (2002) chapter "The Uses of a 'Disease': Infertility as a Rhetorical Vehicle." In this work, the authors explain how infertility is a discursive invention as a result of the first successful birth of an IVF baby. They explain:

> Arguably, infertility was 'invented' with the in vitro conception and birth in 1978 of Baby Louise. That is, in the spirit and language of the Foucauldian-inspired 'genealogical method' (Armstrong, 1990), infertility was discovered — or more precisely, discursively created (Armstrong, 1986; Arney & Bergen, 1984) — when *in*-fertility became possible. (Sandelowski & de Lacey, 2002, p. 34)

Claiming that infertility became invented as a result or byproduct of technological and biomedical advances fuels the perpetuation of infertility as a diseased subjectivity – an invented diagnosis that because of reproductive technologies can be 'cured'. To 'beat' or 'conquer' infertility often correlates to the notion of successfully building one's family, often through the achievement of a pregnancy. Further, Sandelowski (1990) notes how the construction of infertility as a disease has led to a particular gendering of infertility. She explains, "infertility has been variously described as…a failure to conform to cultural prescriptions to reproduce, and a failure to fulfill the personal desire to beget a child" (p. 477). Greil (2002) argues that infertile women are forced to address the correlation between failure and infertility more explicitly than their male partners. He explains:

> Regardless of which partner in an infertile couple is ultimately discovered to have the biological ‘problem,’ it is the woman who is the locus of most infertility treatment. Even if a woman’s partner has low sperm count, it is her body that is the locus of artificial insemination or in vitro fertilization (IVF). It is her basal body temperature and her blood levels that must be monitored. It is the woman’s body, then, that is most often subjected to the medical gaze. (Greil, 2002, p. 101)

Greil’s work suggests that the medical gaze becomes reproduced through fertility treatment, and that because the female body is the treated body, infertility is almost always constructed from the lens of the female patient. Such a claim is important for understanding how medicalized discourses, particularly reproductive discourses, construct subjectivities. Examining rhetorics of infertility allows for a tracing of the construction of subjects. As explained by Sandelowski and De Lacey to be infertile is to live as an embodied construct. The framework “rhetoric of infertility” serves as a methodological inquiry into how ideological discourses produce infertile subjects.

Historical Constructions of Infertility

Jensen’s (2015, 2016) work serves as a historical and discursive tracing of the definitional evolution of infertility. Noting the discursive turn from describing the involuntary childless woman as ‘barren’ beginning in the mid seventeenth century, to ‘sterile’ appearing in the early nineteenth century, to the contemporary term ‘infertile,’ her rhetorical analysis reveals how infertility evolved as a mixed-metaphor and argues that these discursive shifts “corresponded with new rhetorical appeals and promoted new perceptions of married women's childlessness" (p. 28). Jensen's attention to the evolution of infertility, entangled by mixed-metaphors, underscores the fluidity of infertility. How it is defined, as well as how those definitions connote different cultural meanings matters to how infertility is culturally situated and experienced.

Marsh and Ronner (1996) elaborate on the discursive differences of experiencing childlessness from a barren versus sterile identity. They explain that early American experiences of childlessness in colonial times were frequently understood and discursively shaped by biblical accounts, invoking frequently the struggles, patience and faith of biblical figures like Abraham and Sarah. Marsh and Ronner's sociohistorical research elaborates on how childlessness, defined in in early America as bareness, was experienced. Childlessness in early America was frequently not discussed. If the topic did appear it normally emerged alongside religious discourses, frequently by referencing The Old Testament emphasizing how Sarah's faith supported her as she struggled to conceive with Abraham. Religion became a place to make sense of the struggle to live without children during this time. Discussions of childlessness thus rarely, if at all, circulated around medical or biological discourses. As a result, childless couples in early America were thus encouraged not to seek medical treatment but to discuss the issue with close friends or family and seek "comfort and aid from her religious faith" (Marsh & Ronner, 1996, p.10).

This shifted, however, when childlessness began to be defined in terms of sterility, a much more medicalized definition. Specifically, while bareness was viewed as a "personal misfortune in colonial America," sterility addressed larger societal pressures simultaneously encouraging and creating exigency for medical evaluation and treatment pertaining to childlessness. For example, during the late nineteenth and early twentieth century public sentiment towards female sterility suggested that their childlessness was a result of their desired independence and request to vote. Many in fact, linked declining birth rates to increased female agency (Sandelowski, 1990). Medical address of sterility, linked to desire and female volition, now required attention not only to physical but psychological disorders. At this time, treatment of childlessness began to be addressed from a Freudian psychological theory.

Sterility was now a complex medical condition, involving reproductive endocrinology, obstetrics and gynecology, and mental health. The linking of childlessness to such highly specialized medical fields, aimed to remove the personal blame and stigmatization childless women felt. Sandelowski (1990) explains:

> By 1958, the idea that the infertile, particularly women, were in some measure to blame for their childless state was pervasive enough to cause more enlightened medical experts to state that the infertile were no more responsible for their infertility than individuals afflicted with other diseases. These physicians underscored that there were childless women who really had done nothing to cause their childless state. (p. 495)

Thus, while physicians worked to contradict the intense levels of guilt and shame associated with childlessness, the rapid medical developments to treat childlessness simultaneously led to the development of an ever-increasing protanalist[8] society. As a result, emotional and psychological stress to become pregnant in order to conform to

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[8] Parry (2005) explains pronatalism as an ideological belief that a person’s social value is linked to procreation.

societal values increased. Experiences of childlessness now had to address both physical limitations as well as mental and psychological distress.

Treating childlessness solely as a female condition also began to shift due to the work of Samuel Meaker, a Boston gynecologist practicing in the 1930s and 40s. Meaker's book *Human Sterility* argued the need to begin examining reproductive endocrinology in relation to treating infertility; acknowledged the work of Gerald Moench's research on sperm motility and morphology; and perhaps most significantly drew conclusions that infertility could not be understood as being caused by solely one factor – that multiple, predisposing factors could contribute (Marsh & Ronner, 1996). His work suggested that childlessness be understood instead as infertility, which could be best treated by a multitude of specialists including urologists, gynecologists, endocrinologists and pathologists. The experience of childlessness was now a more medicalized condition requiring specialized treatment for both the male and female partner who desired a child.

These historical, discursive shifts linked to medical advancements reinforce the fact that experiences of infertility are fluid. They shift and change and are defined in contention with larger cultural value systems. In what follows, I share more contemporary rhetorical work on infertility, which examines how legislative issues and biomedicine are shaping how infertility is being defined as a right to have a child as well as current definitional debates about who should be considered infertile.

Contemporary Rhetoric to Normalize & Stabilize Infertility

Britt's work addresses larger cultural forces aiming to normalize and stabilize the fluidity of infertility. Specifically, her work examines a 1987 Massachusetts law mandating insurance coverage for fertility treatment.[9] Britt (2001) argues that state insurance mandates operate as an extension of normalization, which:

> Is not so much about reforming the abnormal (which would eliminate the need for normalizing power) as it is about distinguishing between the normal and the abnormal (which would sustain the need for continual improvement.) To achieve this work, a technology of normalization (such as the mandate) creates a tension between the categories to be differentiated. In the case of infertility, the tension occurs not only for the women who seek medical treatment but also for a culture that has come to understand this treatment as reasonable and necessary. (p. 144)

The mandating of insurance treatment, works as an extension of normalizing and stabilizing infertility. Specifically, fertility treatment becomes the path of resolution to move from infertile to fertile. It acknowledges infertility as a medical condition and reinforces individual rights to having a biological child. Insurance mandates make more stable the shifting discursive constructions of infertility by establishing laws that create a larger cultural norm, as well as a cultural recognition of infertility.

Yet, there remains no federal mandate for fertility-related insurance coverage. Thus, while Britt's work demonstrates how state mandates work to normalize experiences of infertility, infertility continues to be discursively contested and remains in-

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[9] Only 15 states in the United States have laws mandating forms of insurance treatment. No federal mandate currently exists.

flux. This fluid nature of infertility can be pointed to in a recent initiative by the World Health Organization (WHO) to revise its current definition of infertility to now include single individuals.[10] Such a definition would expand who is considered an infertile subject, reaching beyond traditional heterosexual boundaries to now include single men, single woman, gay men and gay women.[11] WHO's decision to revise the current definition of infertility, so as to include more individuals, underscores how discourses of infertility matter. How we define infertility impacts who becomes a subject of infertility. The historical and cultural evolution of infertility as a definition reinforces the fact that infertility exists in a fluid state. Infertility is a continually reinvented identity.

Finally, I turn to methodological concerns over scholarship examining discursive constructions of infertility. Reflecting on the implications of examining discourses of infertility, Sandelowski and de Lacey acknowledge that understanding infertility as an ever-evolving constructed cultural identity, influenced by technoscientific advances, has served to expand whom infertility impacts. Yet, they warn that such scholarship simultaneously removes consideration and attention to the phenomenological, lived experiences of being infertile. They explain:

> An effect of the invention of infertility has been the many faces of infertility. This is not surprising given the new status of infertility as a liminal phenomenon and the multiple identities and selves said to be engendered, in part, by new reproductive (and other media or medical) technologies

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[10] The revised definition has not yet been published. However, news channels have reported and confirmed that the revised definition will seek to expand infertility as a reproductive condition impacting persons beyond the traditional heterosexual relationship. See: http://www.nationalreview.com/corner/441392/infertility-definition-changed-world-health-organization-calls-right-reproduce

> (Cussins, 1996; Sharpe, 1995; Timmermans, 1996). Yet the paradox in these multiple guises of infertility is the virtual disappearance of infertility as a phenomenological event (Riessman, 1989, p. 749), or an event that individuals experience uniquely. The ‘deflective power’ (Woliver, 1989) of reproductive technology has shifted attention not only from how to prevent infertility and from pursuing nontechnological options for it but also from infertility and the infertile themselves. (Sandelowski & de Lacey, 2002, p. 43-44)

As an infertile woman, who in the reading of rhetorical scholarship on infertility has felt frequently erased in the literature, I am emotionally drawn to Sandelowski and de Lacey’s note of the “virtual disappearance of infertility as a phenomenological event” as it reminds scholars of infertility that while understanding discursive constructions of identity are important, it also moves our scholarship away from those who live as a result of those constructions. Rhetorics of infertility, often, thus allow for a methodological distancing in which bodies of those constructs are afterthoughts to our work. As such, I offer in the next section a return to considering the bodies of rhetorical constructions and offer “infertility as rhetoric” as a renewed location for rhetorical inquiry.

Infertility as Rhetoric: An Embodied Framework

In “Embodiment: Embodying Feminist Rhetorics,” my co-authors and I, put forth a “more expansive view of embodied rhetorics, one that supports our discipline’s movement beyond seeing the body in binary terms as either objectified or subjectified”

(Johnson, Levy, Manthey & Novotny, 2015, p. 39). Such a shift, we argue is necessary, given the tradition of rhetoric to limit its understanding of bodies to either "discourses about bodies" or " research emphasizing the material body itself" (Johnson et al, 2015, p. 39). We argue, as feminist cultural rhetoricians, a methodological need to recontexualize the rhetorical body beyond discourse and research about bodies – to examining the body as having "its own rhetorical agency" (p. 39). This re-framing of rhetorical bodies critiques disciplinary tendencies "either to presume one normative body (white, male, heterosexual, middle-class, abled)…or to recognize an 'other' body" (Johnson et al, 2015, p. 40). Such rhetorical traditions fail to both view as well as genuinely take up "the complex mechanisms through which some traditions become the norm and some are assigned to the margins" (Johnson et al, 2015). In the case of infertility, I raise such concern, as I worry how rhetorical discursive analysis continually reinforces the binary positioning of the fertile and normal body versus the infertile and abnormal body. How, instead, may rhetorical scholarship shift towards more complex understandings of the impact such rhetorical discourse has on the infertile, rhetorical body, itself? That is, how may we move to an "ethical reading of bodies and recognition of bodies as people – not objects"? (Johnson et al, 2015, p 40).

Infertility as rhetoric is a framework that addresses such concern and asks scholars to "rhetorically listen to the negotiations and practices of resistance that exist within our own bodies" (Johnson et al, 2015, p. 42). It shifts rhetorical inquiry from the site of discourse to the lived experience of being or embodying infertility. Further, as an embodied framework, infertility as rhetoric attends to the lived experiences and realities of embodying the perceived rhetorical construction of infertility. This framework allows me to examine and understand how infertility as an embodied identity requires a series of various rhetorical navigations related to diagnosis. Much of this can be noted in the vignettes above that describe infertility as a roller coaster, constantly shocking the system. To be infertile is to be bombarded by a series of micro and macro decisions. For example, as an embodied identity infertility must be claimed or the infertile individual must "come out." Few, if any, visible markers signify the body as an infertile body. Thus, when an infertile individual is asked "do you have kids?" the infertile person, in that moment, must quickly evaluate how to best respond to such a question. The response may vary depending upon the asker of the question, the scene/location of the asked question, as well as smaller factors such as the mood of the infertile individual or the even the fatigue of needing to answer such a question.

There appears then to be a kairotic component to embodying infertility as rhetoric. Evidence of this can be cited in Arola's (2011) video essay "Family Christmas Cards, Rhetoric, and Infertility: A Season of Silence." Broadly, her essay makes an argument to critically examine cultural definitions of "family" and how family-friendly positions, while seemingly positive, can marginalize and ostracize those who are infertile. On a smaller scale, however, Arola's piece raises points that support the karotic nature of infertility. She describes how she arrived at the decision to no longer send out Christmas cards. This is a result, she argues, of no longer fitting the genre expectations of the cards. No longer do the cards picture the faces of her family and friends. These are instead replaced with the images of their children. Looking at these new faces, Arola realized she does not have such images to share. Instead, she has years of fertility treatments. The rhetoric of family implies something that Arola is not.

The infertile couple is not thought of as a family. I point to Arola's critique of the family Christmas card as it demonstrates the kairos of infertility. While she used to participate in the practice of sending cards, her coming to terms with possibly never having a child and fitting into this genre, forced her ultimately to make a rhetorical decision to stop participating in the practice all together. She became in many ways reoriented to other cultural practices.[12] This I argue is a moment in which kairos connects to newly acquired identities. Coming to terms with a new identity, like infertility, reorients the body to new scenes of rhetorical meaning-making.

Additionally, Arola's example suggests a new scene of rhetorical inquiry, focused on the interconnectedness between lived experience and rhetorical navigation. In many ways, this dissertation is a project then that embraces Kirsch and Ritchie's (1995) claim:

> And although we believe women's experiences are an important starting point for research because they have been ignored and omitted in studies of many kinds, we also believe that what can be learned from women's experiences and from feminist theory has wider implications for composition research; it can become a location for reconsidering what counts as knowledge and for revitalizing research in composition. (p. 7-8)

This is a project then that addresses the cultural and disciplinary silencing of women's lived experiences, paying homage to the many rhetorical decisions infertile women encounter as a result of their diagnosis. Further, this is a project that openly claims value in my own experiences as informing this research. Such a move is

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[12] This idea of being reoriented because of infertility will be taken up again in Chapter 4 when I share moments in which my dissertation participants recall experiences of being reoriented to cultural practices because of their infertility.

important in order to reclaim how colonial knowledge-making practices continually reinforce patriarchal power positions devaluing lived experience as significant or valid sites of inquiry.[13]

Conclusion

Finally, focusing on lived experience of infertility is informed by my fatigue and felt pressure to study a topic that is so personal to me through a distant and strictly discursive lens, like rhetorics of infertility. My lived experience with infertility, as well as my conversations with many other infertile women, suggest multiple other landscapes in which rhetorical knowledge could be made by studying how one negotiates and makes sense of their infertility. This project thus takes on Kirsch and Ritchie's (1995) call to pursue "the difficulties inherent in a politics of location" as a process that will:

> Inevitably lead us to question our accommodation with the status quo in our discipline, to more seriously question the discipline's traditional ways of asking and answering research questions, to examine the internalized structures, the standard conventions for generating and communicating knowledge in the discipline, and to reshape our agendas for research and action in the field. (p. 26)

Claiming that the personal can lead to action frames the site of this dissertation, which focuses on my relationship with an infertility community-based, participatory arts project and exhibit, The ART of Infertility. In the chapters that follow then, I advocate for

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[13] Kirsch and Ritchie (1995) elaborate on this point, noting "We have been taught to devalue our own experiences as researchers and writers, our relationships with students and other teachers, and our own histories as sources for research and scholarship" (p. 8).

a “research as care” feminist rhetorics methodology for examining lived experiences of infertility. This chapter responds to the embodied tensions I have with methodologies that erase the bodies implicated by their scholarship. Drawing attention to such felt difficulty, I advocate in Chapter 2 for research as care to better address the invisibility of bodies in rhetorical scholarship, and in particular rhetorics of health and medicine. Research as care is carried through in Chapter 3 where I elaborate on the site and methods informing this dissertation. Here, I articulate my own relationality with the site and participants of this study and discuss how arts-based methods aid the capturing of lived experiences of infertility. As such, I created an art-i-facts method engaging my participants in more visual representations and discussions about their infertility. In Chapters 4 and 5, I share the findings of my research focusing on the intersections of art, infertility and reorientation. Chapters 4 and 5 demonstrate the various rhetorical navigations and reorientations with the lived experience of infertility, or, embodying infertility. In Chapter 6, I discuss takeaways from Chapters 4 and 5 and discuss how these takeaways influence implications for The ART of Infertility. I reflect on how rhetoric and composition may contribute to participatory and community-engaged projects as well as reflect on the particular challenges that come with collaborative and participatory engagements. The Afterward provides one narrative example of the challenges faced in doing this dissertation in relation to the larger work of The ART of Infertility.

CHAPTER 2

RESEARCH AS CARE: A FEMINIST REVISION TO STUDYING BODIES IN RHETORICS OF HEALTH AND MEDICINE

> Knowledge does not only emanate from academia; rather, ‘people’ also create and possess knowledge. This perspective shifts the concept of research from one in which the community is a laboratory for investigation to one in which community members not only participate in the inquiry process but also contribute their own knowledge.
>
> — *Karen Hacker, Community-Based Participatory Research, p. 5*

> Research is a caring act.
>
> — *Max Van Manen, Researching Lived Experience, p. 5*

In Chapter 1, I provided an overview of how infertility has traditionally been studied from a rhetorical lens. I made clear that while much scholarship exists on the discourses constructing infertility, rhetorics of infertility frequently operates as a framework that fails to consider the lived experiences of being infertile. Instead, rhetorics of infertility as a methodological framework examines the larger, ideological discursive structures shaping the construction of infertility. Infertility as rhetoric, however, offers a new space for rhetorical inquiry on the topic. Exploring the lived experiences of infertility, including the rhetorical decisions infertile individuals face, makes infertile bodies, including their voices and perspectives, more visible in rhetorical scholarship. This three-part chapter thus details a methodology to study infertility as rhetoric.

Part 1 begins as an origin story, detailing how I first became motivated to study infertility rhetorically. I share this story as it frames my cultural rhetorics orientation to how I approach studying bodies in rhetorics of health and medicine.[14] I argue that rhetorics of health and medicine tend to draw on more interpretive methods to understand and advocate for patient bodies, while cultural rhetorics methods depend upon more narrative methods, which incorporate the voices of these bodies. I raise unease with how bodies are incorporated and represented in rhetorical scholarship.

Noting this unease leads me to Part II, where I address my "felt difficulty" with how bodies in rhetorics of health and medicine are frequently represented as subjects of rhetorical analysis, rather than as human participants. I express concern how interpretive methods of analysis may place more value in making rhetorical theory than in advocating for the needs of the bodies their scholarship represents. This leads me to ask several questions. What if rhetorical scholarship on bodies revised their scholarly objectives? What if rhetorical scholarship embraced a more public turn? How may rhetorical scholarship act as an ally to support more patient-centered practices of care? What may we gain by tending to the lived experiences of patient bodies? To begin addressing these questions, I suggest how adopting a humanizing research stance (Paris, 2011; Paris & Winn, 2013) in rhetorical studies on bodies in health and medicine

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[14] My decision to begin by telling a story enacts a cultural rhetorics methodology. That is, as the Cultural Rhetorics Theory Lab claims "the practice of story is integral to doing cultural rhetorics" (Act 1, Scene 1). I use stories then now, and throughout this dissertation, to continue a cultural rhetorics methodological orientation to this project.

may move objectives of research towards more effective patient-responsive aims, particularly through relationship building alliances (Kahana & Kahana, 2001).

Thus, in Part III, I offer “research as care” as a feminist methodology that revises the aims of rhetorical scholarship on bodies in health and medicine. I outline how this methodology, informed from Tong’s (1998) feminist ethics of care, responds to such felt unease by tending to community-centered, participatory and relational approaches. Doing so supports feminist rhetoric calls “for designing research that can enrich the lives of those whom they study” (Royster & Kirsch, 2012, p. 34). I draw connections to research as care as an ethical framework that cares for bodies in health and medicine. Further, a research as care methodology tends to the affective response of “doing” research, allowing for the researcher to tend to areas they are personally oriented towards. Research as care, thus, returns rhetoric and composition to a more public turn and, I ague, because of its commitment to care, a more humanizing approach to studying bodies in rhetorics of health and medicine. I apply “research as care” to support my dissertation study on infertility as rhetoric later in chapter 3.

Part I: Origins of Research: Lived Experience, Infertility & Queer Rhetoric

I need to be honest here. When I first decided to “go back to school” and begin a MA program, most of my motivation was rooted in a need to make my body feel productive. I needed to feel alive. I was tired of waiting, hoping to get pregnant. So, when I received a letter of acceptance to enter an MA program in Critical Studies in Literacy and Pedagogy, I was relieved. Finally, I could do something to keep me distracted, to stop thinking about infertility. Graduate school would be my escape.

Ha! While I was fairly successful at keeping busy, developing new ideas, feeling productive, infertility still remained a present force. I received my official diagnosis—unexplained infertility— during my first semester of my MA program. Not knowing who to talk to or what to think, I continued to distract myself. I decided to not acknowledge my infertility. It was silenced, hidden from all aspects of my public life.

When I began the second year of my MA degree and needed to make the decision to either continue graduate school or figure out how to make sense of this anguish I was struggling to conceal, the decision to go on and receive a doctorate seemed like the easier task to bear. Thus, when I began to apply to PhD programs in rhetoric and composition, all of my application materials referenced how I desired to build off of my MA work and focus on the intersections between critical pedagogy and whiteness in the first-year writing classroom. None of my application materials discussed *anything* related to the topic of infertility. The notion that I would even do anything related to my personal experiences with infertility in my doctorate studies was never mentioned.[15]

Therefore, when I made the decision during my master's program to go on and receive my doctoral degree, I knew that I was making a decision that could buy me a few more years to escape "dealing" with infertility. To be clear, I had no intent to study infertility as a graduate student or even future academic. This intentional separation between my personal anguish with infertility and my graduate student identity slowly

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[15] I take the risk of making visible the need to maintain silence around my infertility so as to call attention to other areas of support in graduate education. While mentoring graduate students is considered good, ethical and feminist practice, I want to make clear that supportive mentoring of graduate students, as well as faculty members, frequently does not consider being infertile as an area of additional, needed support.

began to diminish, when I enrolled in a course titled Queer Rhetorics during the last year of my MA.

I still remember the day and place when my separation between my personal and professional life eroded. It was Sunday in late September and I sat at my dining room table skimming the upcoming weekly readings. This week the class was assigned selections from *The Routledge Queer Studies Reader* (2013). I scrolled through two of the assigned readings, Hennessy's "The Material of Sex" and Cohen's "Punks, Bulldaggers, and Welfare Queens." As I read these two pieces, I recall my body becoming physically provoked.

In the Hennessy (2013) piece, I underlined:

> 'Queer' is a mark of the instability of identity. It makes visible the ways that heterosexuality functions as a normative power regime and highlights the arbitrariness of the neat distinctions it enforces (between masculine and feminine, straight and gay, for example) in how sexuality and gender — for some queer theorists race, too — come to be known. (p. 135)

In the margins, I scribbled "infertility."

Reading "Punks, Bulldaggers, and Welfare Queens," I was drawn to the Michael Warner quote that Cohen (2013) cited:

> Every person who comes to a queer self-understanding knows in one way or another that her stigmatization is connected with gender, the family, notions of individual freedom, the state…reproductive politics…intimate

> life and social display…and deep cultural norms about the bearing of the body. (qtd. p. 80)

On this page, I circled the word “family” and wrote once more in the margin “infertility.”

The next few hours I frantically wrote a rather jumbled reading reflection in which I “came out” to Trixie Smith, the instructor for the course, as infertile and how these two quotes in particular described not just queer life but infertility. I shared how heterosexual norms failed to recognize or make visible infertility, referencing Hennessy’s quote. I then described the deep stigma, silencing and even shame that comes with an infertility diagnosis. I discussed the ways my body no longer felt like a female body and how stigmas of infertility reflect “gender, the family, notions of individual freedom, the state,” connecting it back to the Warner quote. While I did not have third-party documentation of infertility as stigmatized or invisible, I cited myself. I claimed my infertility and drew on my lived experiences to begin threading together infertility and rhetoric, anchored by queer rhetoric.

I share this origin story of how I came to study infertility as it roots my lived experience as a methodological orientation and also foregrounds how I view infertility as rhetoric from a feminist rhetorics orientation.[16] Only later on in my doctoral program was it suggested that I tease out connections between infertility and rhetorics of health and medicine (RHM), “an emerging interdisciplinary subfield” which “seeks to uncover how symbolic patterns shape thought and action in health and medical texts, discourses,

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[16] Cultural rhetorics signifies an orientation to culture as a plural entity. Meaning, cultural rhetorics includes indigenous rhetoric, feminist rhetoric, African American rhetoric, as well as queer rhetoric. This list is not meant to be taken as inclusive, but, serves as a place to clarify that how a cultural rhetorics orientation includes feminist rhetoric and queer rhetoric, discussed in this chapter.

settings, and materials” (Malkowski, Scott & Keränen, 2016, p. 1). RHM is an appealing framework for scholars interested in intervening in the stigmatization of infertility. In fact, in the special issue charting RHM as a subfield, Meloncon and Frost (2015) claim that a defining feature of RHM is “the potential and possibility of affecting change” (p. 9), indicating a phronetic aim embedded in RHM scholarship. Malkowski et al (2016) elaborate stating “while some rhetorical scholarship about health and medicine remains largely descriptive, analytic, and evaluative, other scholarship explicitly seeks to make conditions better” (p. 5). To improve health care and medical conditions, many RHM scholars:

> Adopt a discourse-focused, social constructivist ontology in which language and temporally situated cultural mores are seen as shaping understandings of particular health conditions, embodied ways of being, health identities, and medical practices…concerned with the power dynamics of health care and medical communication. (Malkowski et al, 2016, p. 11-12)

Rhetorics of infertility, I argue, applies a similar discourse-focused analysis, which examines discursive constructions of infertility and how such reinforces larger cultural values and systems of power. I express caution, though, in some discourse-focused studies in RHM as it can make space for research that removes bodies implicated in health and medicine. Take for example, De Hertogh’s (2015) analysis of artifacts of discursive stories of a natural birth community online; Moeller’s (2015) analysis of technical medical communication published on breast cancer awareness or medical advocacy websites; and Owens’ (2015) analysis of online birth plans and birth stories, as well as medical texts and popular advice books, to consider women's feminist rhetorical agency in childbirth. Respectively, these studies articulate concepts of narrative, advocacy, and agency but they do so through interpretation of pre-existing artifacts found through online publication. Yet, they are analyses of texts that are removed from the bodies of those who produced them. As researchers, they are physically removed from the communities in which those bodies reside. While studies such as these may involve virtual communities or affinity spaces, the researcher enters those spaces to mine pre-existing online data rather than engage directly with its participants.

Many other studies in RHM enact a hermeneutic approach from an even more distanced viewpoint, rhetorically analyzing texts removed from their makers. These texts range from health and medical documentation (Rundbald, 2007; Hurwitz, 2006) to pharmaceutical advertisements (Branson, 2012; Landau, 2011) to media coverage of public health-related events and other medical phenomena (Dubrwiny, 2009; Koerber, 2008), to health and medical objects (Jordan, 2009). These artifacts may be patient narratives, of particular emphasis in medical humanities, but also in RHM (Berkenkotter, 2008; Segal, 2007). This is not to suggest that the work rhetoricians do as interpreters of discourse is not valuable. But I caution against how methodologies that remove bodies from their created objects reinforces a Foucauldian-like gaze over the body.

In *The Birth of the Clinic*, Foucault describes how medical practice and discourse create a "medical gaze" separating the patient as body from the patient as a person. The clinician separating the body, creating the duality of the patient through discourse, allows for the establishment of contemporary medicine as a disciplinary practice. The gaze establishes medical knowledge in the hands of the clinician rather than the patient as a person. Foucault (1973, 1994) explains, “if one wishes to know from which he is suffering, one must subtract the individual, with his particular qualities” (p.15). In this way, the patient becomes divided into two beings- allowing for the clinician to diagnosis and treat the patient as a body. Such a practice situates discursive exigency and power in the hands and language of the clinician.

I argue that when bodies of health and medicine are removed from rhetorical inquiry and positioned as objects and producers of texts, rather, than engaged with in scholarly production, scholars risk reinforcing a similar gaze, which places power into the hands of the researcher to asses, evaluate and make theory abstracted from the bodies that produced this.

Seymour (2007) echoes such a position, describing how the body of the researcher and clinician become disguised so as to influence particular communication practices. In her retrospective article, she reflects on her ethnographic research on bodies in health and medicine, sharing:

> I worked hard to ‘hide’ my disability from the conversations that developed. It is not hard to discern remnants of professional behavior in this strategy. In conventional clinical practice, a doctor might display visible evidence of smoking, overimbibing, or underexercising, yet he or she might solemnly advise a patient on the dangers of the behavior that are clearly manifest in his or her own body. In effect, the doctor hides his or her body so that it will not visually conflict with the health information that he or she seeks to promote. Was I not, however, engaging in similar

> behavior?...I minimized my body to focus on the inquiry on their bodies. By absenting my body, I was unwittingly drawing on earlier professional experiences that distanced me from the people I sought to understand. (p.1192-1193)

Seymour's reflection underscores the fact that "the body [in research] is always present: it participates, shapes, informs, and is itself influenced by the interactions that take place" (Seymour, p.1194). Her work asks us to reconsider how rhetoricians, using ethnographic research methodologies, may simultaneously be engaging in similar practices of clinicians and qualitative researchers – disguising their visible body. Such a practice, she argues must be intervened on as "the body is not simply an incidental variable; the body is a critical issue" (Seymour, 2007, p. 1188).

Part II: Embodied Unease

When I read rhetorical analyses *of* bodies, and in particular rhetorical analyses of infertility (*see* Haas, 2008; Lee, 2016), I cannot help but feel unease and "felt difficulty" (Dewey, 1910). I wonder if the participants represented in these articles not only know but fully understand and consent to research being done on the texts and discursive discussions produced? I wonder if the researcher/s fully understand the exigency for such conversations. I wonder if there is any affect or reflexivity occurring in this research. I ask this, not to say that affect and reflexivity is absent, but to underscore that it is made invisible.

In other words, when we make bodies in our scholarship invisible, I worry if our scholarship *rhetorically listens* (Ratcliffe, 2005) to what it means to be and live in those bodies. For example, what does it mean to be and live with infertility, to navigate the various and multiple rhetorical constructions of an embodied identity? Asking such a question positions “understanding as an end of rhetorical listening” (Ratcliffe, 1999, p. 204), rather than a “*rhetorics of”* disciplinary knowledge-making orientation to our research objectives.

To encourage a reorientation towards understanding, I adopt Paris’ (2011) humanizing research methodological stance, which “requires that our inquiries involve dialogic consciousness-raising and the building of relationships of care and dignity for both researchers and participants” (p. 139-140). Adopting this stance asks me to account for my positionality as both researching infertility and living with infertility. Further, Paris’ humanizing research serves an ethical foundation to tend to the relationality between my research and the participants that I work with and/or represent. Paris’s humanizing research stance may find value beyond qualitative research and, I argue, can be applied to health and medicine practices, which Seymour (2007) argues continue to reinforce “scientific detachment in the pursuit of objective goals” (p. 1192). Tending to dialogue and relationship building, in fact, may address Kahana and Kahana’s (2001) concern over “unresponsive care” in which real-life circumstances restrict “ethical ideals of advocacy to serve the best interests of their patients” (p. 22). They advocate for “proactive involvement in health through building alliances” as an effective strategy to confront contemporary bureaucracies in healthcare “which deliver unresponsive care” (Kahana & Kahana, 2001, p. 42). In the section that follows, I thus outline “research as care” which enacts Paris’ humanizing stance to articulate a guiding methodology for studies of bodies in health and medicine, valuing more participatory and thus patient-centered approaches to such research.

Part III: Research as Care

Research as care is methodological framework derived from feminist ethics and feminist rhetorics. While "care" has been critiqued by some feminists as reinforcing gendered "pathological masochism," "fear of success," or passivity" (Houston, 1987, p. 240), I draw on Tong's (1998) feminist virtue ethics of care for healthcare practitioners as well as Royster and Kirsch's (2012) rhetorical revision based on an "ethics of care and hope" (p. 135) to advocate for a *research as care* methodological approach. This methodology, I argue, better addresses the embodied tensions and felt difficulty with the representations of bodies in rhetorics of health and medicine scholarship. To be clear, how bodies are written about in research matters. It indicates whom our research is for — disciplinary knowledge-making, evoking public change, advocating for marginalized peoples, etc. Understanding that how bodies are represented matters, this methodology enacts an ethical commitment to represent bodies as humans, engaging in research from a humanizing stance, as Paris advocates for, in our academic scholarship.

To build this methodology, I start with Tong (1998) who calls for healthcare practitioners to enact a more feminist ethics of care approach, as opposed to a justice ethics approach, in health and medicine. Drawing differences between the two approaches, Tong (1998) outlines care ethics in six points: (1) care ethics "takes a contextual approach"; (2) it "begins with an assumption of human connectedness"; (3) it "emphasizes communal relationships"; (4) it "works best in the private realm"; (5) it “stresses the role of emotions (or sentiments) in constituting good character; (6) it is “female/feminine/feminist” (p. 131- 132). Tong contends that healthcare providers may do more moral good by enacting this ethics of care as it helps “to develop caring feelings as well as conscientious desires and empathic skills” (p. 151).

This ethical framework, I argue, is applicable not only for healthcare professionals but for researchers working with patients in health and medicine, such as rhetoricians of health and medicine. In particular, I find that Tong’s framework reinforces Paris’ humanizing methodological stance, which stresses a relationship of care in our research. Further, as an ethical framework emphasizing relationships and conscientious aims, it creates an exigency to *rhetorically listen* (Ratcliffe, 1999, 2005) as a guiding practice to doing research as care. Tong’s feminist ethics of care frames research as care as a methodological approach demanding dialogue, reflexivity drawing upon feeling, sentiment and affect as well as stressing relationship building between the researcher and the bodies being researched or in other words, a participatory approach informing ethics.

Additionally, I claim that the practice of research as care in rhetorical scholarship acts as an ally to Royster and Kirsch’s (2012) call for shifting rhetoric and composition methodological practices towards more feminist rhetorical aims. Royster and Kirsch (2012) offer four feminist rhetorical practices to aid the shifting of the discipline of rhetoric and composition towards one that “embraces a set of values and perspectives” which “honors the particular traditions of the subjects of study, respects their communities, amplifies their voices, and clarifies their visions” (p. 14). While all four practices support a disciplinary reorientation for rhetorical inquiry, I view the following three practices as integral to practicing research as care. One, *critical imagination*, "a mechanism for seeing the noticed and the unnoticed, rethinking what is there and not there, and speculating about what could be there instead" (p. 20); two, *strategic contemplation*, deliberately taking "the time, space, and resources to think about, through, and around our work as an important meditative dimension of scholarly productivity" (p. 21); and three, *social circulation*, which "invokes connections among the past, present and future in the sense that the overlapping social circles in which women travel, live and work are carried on or modified from one generation to the next and can lead to changed rhetorical practices" (p. 23).

These three practices, coupled with Tong's ethical framework, builds a research as care methodology, working to support the following three tenets. First, research as care makes visible the bodies implicated by our rhetorical scholarship. This tenet speaks to the ethical exigency that participant bodies in research must be recognized and must be made visible. Doing so is a practice of caring for the bodies, the participants in our research. Reflecting on how we make bodies more visible in our rhetorical research forces researchers to strategically contemplate not only our methods but the aims of our research. We may be well off to ask, how do we care for the bodies that we represent in our rhetorical scholarship? How can the caring for bodies bridge private academic spaces with more public practices?

Two, research as care embraces participatory-centered methods to support the visibility of our participants. This tenet asks researchers to critically question how existing methods represent bodies in our research. Doing so may invite moments to revise, even invite, new methods that invite communities and bodies to participate in our research. Research as care thus allows for a valuing of lived experience as a site of rhetorical research. This aim invokes Royster and Kirsch's (2012) critical imagination, thereby, rethinking the spaces and methods of research scenes and rhetorical inquiries. For example, how may methods that tact-in to feelings, sentiment and affect make space for addressing rhetorical embodiment? How may participatory methods and participant interpretations of their own texts assist in efforts that care for bodies?

Three, research as care accounts for the researcher's personal experiences and affect in the doing of this research. This tenet acknowledges the reality that a researcher lives in a body, with its own experiences and affect. Research as care, thus demands accounting for researcher motivations, researcher positionality in our work on bodies. This position adopts Stanley and Wise's (2002) feminist research stance, explaining:

> The personal is not only the political, it is also the crucial variable which is absolutely present in each and every attempt to 'do research', although it is frequently invisible in terms of the presentation of this research. It mustn't be absent from presentations of feminist research, because this is to deny the importance of the personal elsewhere. In other words, academic feminism must take feminist beliefs seriously, by integrating these within our research. We see the presence of the researcher's self as central in all research. (p. 157)

Accounting for researcher bodies in our rhetorical research thus blends critical imagination, strategic contemplation and social circulation. Taken together, making the researcher's body visible allows for tending to our own lived experiences, and how those experiences can be critically imagined as informing our scholarship. As an act of care, we must contemplate how we may best make our body visible to care for those we work with in our research as well as how that research may care for us. Finally, it asks us to make visible and circulate our own motivations for doing such work with our participants. It requires a social circulation between ourselves as researchers and those that appear in our research. Making the researcher body more visible to the participants we work with as well as in our academic scholarship reinforces a more relational and communal sense of research. Meaning, while we as researchers may care and advocate for the betterment of our participants, they can also care for us and help us develop more reflexive research practices.

Conclusion

By enacting these three tenets, research as care practices an ethically informed methodology to studying and representing bodies in our research. This commitment, I argue, is necessary to avoid “gaze-like” research, such as research practices removing the body from disciplinary knowledge-making. Moreover, research as care serves to account for the embodied, lived experiences that inform both the rhetorical experiences of our participants as well as how our research impacts ourselves as researchers. Such an orientation, I argue counters dominate rhetorics *of* methodological where bodies are frequently erased. Instead, research as care operates as a methodological approach understanding how bodies engage in rhetorical decision-making to navigate embodied experiences. In the chapter the follows, I apply this methodological framework to my collaboration with The ART of Infertility, the site of this dissertation project and the organization from which I recruited participants for this project.

CHAPTER 3

ART-I-FACTS INQUIRY AS A STORYTELLING METHOD

> Do we dare imagine that artistic enquiry can not only address questions and methods of practice in the applied arts professions but perhaps help other disciplines deal with difficult problems in keeping with the transformative role of the arts through history?
>
> — Shaun McNiff, *Art as Research: Opportunities and Challenges*, p. 6

> Art is a more universal mode of language than is the speech that exists in a multitude of mutually unintelligible forms…art speaks.
>
> — John Dewey, *Art as Experience*, p. 349

I open this chapter with the epigraphs above to address a question that has yet to be confronted in this dissertation. Why art in a rhetoric and composition dissertation? Or, to draw on McNiff's question, how may artistic inquiry extend disciplinary knowledge in rhetoric and composition? The answer, I argue, can be inferred in Dewey's response: art is language-enacted. Thus, if art is itself a form of language, it is clear that rhetoric and composition, a discipline concerned with the power of language, would do well to examine art. Further, as Dewey alludes, art is more than a representation of language. Art is action-oriented. Thus, art performs. Art intervenes. Art connects. Art provokes. Art does.

I build off the statement that art does, and that rhetoric and composition should pay attention to the doing of art – as an extension of language in practice – to situate the site and methods of this dissertation. In Chapters 1 and 2, I laid the framework to examine infertility as rhetoric and how tending to the embodied lived experiences of infertility supports the stance that research can act as a form of care. In this chapter, I detail how I used arts-based inquiry methods to understand the challenges and barriers that come with living with infertility. Desyllas' (2014) statement differentiating arts-based methods from other qualitative research methods informs my decision to use a form of art-i-facts inquiry methods to examine the lived experiences of infertility. She writes:

> What distinguishes arts-based research from traditional qualitative methods are the multiple creative ways of representing experiences and the different representational forms (medium) of expression that can effectively enhance the understanding of the human condition and experience. (p. 478)

Further, my decision to use arts-based methods in this dissertation is reinforced from my community-engaged work with an arts and infertility organization, The ART of Infertility. It was through my involvement with this arts-based organization that I began to trace the connections between art, infertility, lived experience and rhetoric and composition. In this chapter, I describe these connections through a series of research stories. My decision to share how I came to this dissertation project, told as a series of stories, is informed by a cultural rhetorics methodology, reinforcing that "story is integral to the practice of cultural rhetorics" (Powell et al, Act I, Scene I). Further, my decision to explain the origins of my relationship with The ART of Infertility is intentional, as it demystifies the “finding” of a community-engaged project. In sum, making visible my embodied orientations to the sites and motivations of this research models a methodological practicing of research as care.

That is, when I present on my community-engagement with The ART of Infertility at academic conferences, I am frequently asked the question: “How did you find this organization?” To answer this question requires a stepping back and theorizing engagement as methodology, as Grabill (2010) suggests. In his chapter “On Being Useful: Rhetoric and the Work of Engagement,” he argues that a methodology of engagement draws upon the ability “to associate” as a method and strategy for engaging in public rhetorical work. To do engaged work then requires methods that associate with communities. Such an orientation to community-engaged work suggests that the question should not be “where to find a site” but how one works, collaborates, associates in such sites.

Thus, when I am asked about where I “found” my project, I make clear how my relationships informed my community-engaged work. This flips the framework of community-engaged research. Rather than community-engaged work entering scenes with a pre-established agenda, a relational approach to community-engaged work collaborates and develops more participatory practices and agenda with that community. Tacking into relationships serves as a more decolonial approach to community-engaged public rhetoric work.

In the collaborative article written by my co-authors, “Our Story Starts Here: Constellating Cultural Rhetorics,” we draw on Tuhiwai Smith’s work to argue that:

> In the place between resistance and making, we see a location for the practice of cultural rhetoric — a practice that creates a decolonial space inside rhetoric studies. It is here, we believe, where we can forge necessary relations inside and outside of the university. This relationship allows us to make scholarship — to develop frameworks — reliant on growth and sustainability, instead of negation and destruction. And [Tuhiwai] Smith reminds us of something we often forget within academe: research is about people. It affects people. It can save and destroy lives. (Powell et al., Act II, Scene I)

Drawing upon relationality as a source for working with communities practices a cultural rhetorics approach to community-engaged and public rhetoric work. In what follows then I share the story of how my personal relationship with infertility led me to “finding” The ART of Infertility. The story of my collaboration with The ART of Infertility reveals the moments of rhetorical inquiry, which appeared through my participation in the project. Finally, I turn to how these storied moments influenced the development and design of this dissertation. Throughout these stories it will be made clear how I have developed close personal relationships with many of the participants that agreed to partake in this dissertation. This chapter thus highlights the set of relations, relationship-building, and relationship-informed practices that guide and have informed the conception of this dissertation.[17]

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[17] I stress relationality as I view it as a practice that mobilizes my methodology research as care. Reflectively and attentively tending to relationality enacts an ethical orientation to making visible participant bodies, embracing participatory-centered methods, as well as accounting for researcher lived experiences as well as researcher affect informing the interpretation, representation and aims of research.

The ART of Infertility

The ART of Infertility[18] is an international art, oral history and portraiture traveling exhibit and was founded in 2014 by Elizabeth Horn-Walker. As an infertile woman who recently suffered a miscarriage of twins from an IVF cycle, Elizabeth, a professionally trained photographer, found herself turning to art as a method of self-preservation and healing. She along with several other infertile individuals she met through her journey created a series of artwork representative of infertility to be displayed at a local Michigan museum. The title of this first exhibit was “The ART of IF: Navigating the Journey of Infertility” and aimed to provide general education to the public about infertility as a disease.

I did not meet Elizabeth until near the end of this exhibit. In May of 2014, I traveled to Washington D.C. to attend RESOLVE: The National Infertility Association’s annual Advocacy Day. The aim of this annual event is to have infertile patients and representatives lobby Congress on access to care and other issues important to the infertility community.[19] This lack of insurance coverage is what contributes to the exorbitant out-of-pocket costs associated with fertility treatment, i.e. one-round of IVF costing in total with medications nearly $25,000. For those diagnosed then with infertility, many view the lack of fertility coverage as a social justice health issue.

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[18] The name of the project has a double meaning. The artwork, created by women struggling with infertility, and Assisted Reproductive Technologies (ART), the medical treatments that help those struggling to become parents. IF also has a double meaning. IF is the acronym for infertility. It is also a common word that infertility patients use as they live the limbo that infertility forces them into as their schedules are controlled by fertility treatments.

[19] Important to note is that on a federal-level insurances companies are not mandated to provide fertility coverage. On a state-level, only 15 states have fertility-related insurance mandates.

I, myself, was interested in attending this Advocacy Day for two reasons. One, I had recently begun a RESOLVE peer-led support group in my local community and desired a space to connect with other infertile individuals who were also running support groups. Two, I was in the beginning stages of my PhD. At this time, I knew that I wanted to study infertility rhetorically, but I did not know exactly where or what my focus should be on. When I shared my interest to study infertility in a graduate class, Malea Powell, the course instructor, told me that to figure out what to study I first needed to get involved in that community. I approached Advocacy Day then as one opportunity to become involved, as an event where I could listen to the concerns of the infertility community. Advocacy Day served as an event to connect with the range of individuals, well-beyond my local community, infertility has impacted.

This is where I met Elizabeth and how I became involved with The ART of Infertility. As two infertile women from the state of Michigan, Elizabeth and I spent our day in Washington D.C. together. We shared Congressional meetings, we shared our infertility stories, we shared our experiences of running peer-led support groups, and more so, we shared how we both turned to creative outlets — Elizabeth with visual art and myself with creative writing — to make sense of our lived experience with infertility.

After Advocacy Day, Elizabeth and I continued to stay in touch and met regularly. At this point the art exhibit was no longer showing in Michigan. But interest and desire amongst infertile individuals to participate in the project – either by sharing artwork or contributing their own stories— continued to increase. Elizabeth frequently shared with me the increasing demand for the exhibit to become a sustainable project. During this time, I was enrolled in an Oral History Methodology class and saw moments in which oral history methods could be applied to support the storytelling portion of the project. We worked together that summer to establish an oral history protocol and filed for IRB status.[20] From that summer on, Elizabeth and I worked to establish the project on a national-level, traveling to several states to host art and writing workshops as well as exhibitions. Eventually, this led us to begin formalizing into a 501(c)3 organization, where Elizabeth and I now work as Co-Directors.[21]

Community-Engaged Practices of Making & Rhetorical Inquiry

I share this story of how I met Elizabeth and my involvement with The ART of Infertility to highlight how the building of relationships has informed the design of my dissertation study. That is, as the project grew, so did the connections I began to make between art as doing, art as intervention and, specifically, the overlaps between art as a form of multimodal composition and how art as a form of making aided the reflective processing of being assigned a new identity, like infertility. While these connections were no doubt influenced by the graduate coursework, I want to stress the importance of how my involvement with the project and community embeddedness served as the source for unearthing these connections.

My first memory in which I began piecing together the intricate relationship between art and infertility was in April of 2015. At this time, The ART of Infertility was in its very early beginnings of developing community-engaged outreach. Elizabeth was

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[20] Our decision to file for IRB was not to establish the project as a research organization. Rather, it was to protect the participants we were working with who wanted to contribute their infertility stories to the project.

[21] As Co-Directors, Elizabeth is tasked with overseeing community outreach. I am tasked with establishing the research agenda and aims of the project.

invited by some contacts she had made at other infertility events to come to Calabasas, California and host a small pop-up exhibit and art workshop. As an event needing volunteers, Elizabeth invited me to travel with her and help her set up the exhibit and promote the event. I accepted the offer and spent those days in the greater Los Angeles area collecting oral histories, gathering artwork, gathering art supplies and helping her set up the pop-up.

Figure 2. A love branch created at the workshop.

Part of the event included an opportunity for participants to partake in a “love branch” workshop. This workshop invited individuals to select a branch, brought in by the workshop host, and use a variety of materials to express a story related to infertility. Participating in this workshop, as well as helping others tie on nests and other small trinkets, I could not help but note the discussions that were happening in this space. Participants expressed the need for particular colored materials, for particular beads. For example, some women wanted beads that were shaped as hearts, some wanted a bead with an initial on it to honor a child that was miscarried. Participants were also very strategic about where they hung their beads or other materials on the branch. The order mattered. They were telling a particular story. Image 1, pictured above, depicts a love branch workshop.

When I participated in the love branch workshop, it became clear how art and material objects are co-opted to tell particular stories. Further, how the making of art itself allowed for stories to be told around a table. These stories were painful. Stories of numerous miscarriages. Stories of failed treatment. Tears were shed and art – as representing a particular story – was created. Many of these participants noted how they were going to take these branches home and hang them in their house. Some noted how one would go in the nursery that was still empty, the branch acting as a type of offering. Another noted how one would go in the yard, and how she decorated it with chimes, so that she could hear it and be reminded of a child she miscarried. These love branches were more than just “arts and crafts,” the love branches became an artifact of all of the stories and memories these women have carried with them. These love branches provided a materiality to the grief they embodied.

This scene of community-engaged making informed much of this dissertation. I wanted to learn more about the stories embedded within the pieces of art that The ART of Infertility curated. As I observed each participant making pieces of art at this workshop two takeaways began to emerge. One, infertility art appeared to act like Haas’

(2007) discussion of wampum as a cultural artifact, in which meaning and stories are layered in the actual artifact. Two, art-making seemed to serve as a catalyst for reflection. This idea mirrors Dolmage's (2012) discussion of inward learning, in which composers attend to the corporal materials of composing. Doing so, initiates moments for critical reflection in making rhetorical decisions about the created image, its colors, textures as a larger story. These two phenomenons, (1) art as an embedded artifact and (2) art making as a catalyst for critical reflection, informed the framework for this dissertation study.

Drawing on Relationships to Design the Study

As I continued my collaborative partnership with The ART of Infertility, I shared with Elizabeth the connections that I began to make between art, infertility and multimodality.[22] She frequently participated in these conversations, as we would reflect on a new piece of art donated to the project or a recent art workshop that we had facilitated. Engaging in these reflective practices influenced the development and objectives of The ART of Infertility. As such, the project took on a two-part objective: (1) community-outreach facilitating support and awareness; (2) and an embedded research approach to examining the linkages between art, infertility and story. This two-part objective naturally emerged and took particular shape as I began my dissertation design.

The ART of Infertility served then as the site for this dissertation project. I chose this site to inform my research as I hoped for it to provide moments to understand the

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[22] These connections will be further elaborated on in Chapter 6, my implications chapter.

rhetorical strategies infertile individuals engaged in as a method to navigate barriers to infertility care.[23] I wanted to understand why The ART of Infertility participants created pieces of art representing their infertility. I wanted to explore how, if at all, art served as an extension of translation. This idea of art as translation refers back to Dewey's notion that art speaks, art does, art is language-enacted. As such, I designed the dissertation around the central question: How does multimodality[24] function as a rhetorical translation of the embodied experience of infertility?

To answer this question then I needed to recruit participants. As a study attached to The ART of Infertility, I consulted Elizabeth about whom she thought would be willing participants. Reflecting back on prior relationships with these artists, Elizabeth and I identified several individuals whom we thought would be wiling to participate. In the end, I ended up contacting three individuals: Adi, Sara and Meg. [25] My rationale in asking these women to participate was based upon the prior relationships that I had with them as well as their artwork. Sara and Meg I had previously met and had established a relationship with them. They knew my personal story with infertility and I already knew much of their story. Additionally, I was personally moved by Sara and Meg's artwork. Their pieces were provocative and emotionally grabbing. I must disclose that I did not

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[23] By infertility care, I am referring to both fertility-treatment and related healthcare as well as larger cultural situations requiring navigation, such as an unsupportive family member.

[24] I use multimodality here to reference the study's relationship to rhetoric and composition. More specifically, I am referring to multimodality as including arts-based making practices. This claims is informed by Selfe and Takayoshi's (2007) definition of multimodal composition, which claims that multimodal pieces "exceed the alphabetic and may include still and moving images, animations, color, words, music and sound" (p. 1).

[25] You will learn more about their individual stories in chapter 4. All three of these women had made pieces of art representing their infertility and later donated these pieces to The ART of Infertility for exhibition.

have a personal relationship with Adi. When she first donated pieces of art to The ART of Infertility, I was not yet involved in the project. However, I admired many of the pieces that she created. I was also interested in learning more of Adi's perspective as she identifies as Israeli. My intention was to capture a more global, yet still Western, perspectives of living with infertility. Identifying these three women as potential participants, I emailed them explaining the project and inquiring if they would be interested. Each of them agreed.

Art-i-Facts Method

After I recruited my participants, I arranged individual online, audio interviews with each of the three participants. Prior to the interview, which took about 1-2 hours, I asked each participant to review and sign the interview consent form. I also asked for each participant to identity 2-5 pieces of artwork that they created and donated to the project.[26] These pieces of art served then to facilitate what I call an "art-i-facts" method.[27]

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[26] While I was interested in work that was already part of The ART of Infertility exhibit, some participants did bring work that had not yet been donated. Given the personal significance and stories that these pieces held, some of these pieces appear in this dissertation.

[27] . This art-i-facts method is play in meaning on multiple levels. First, it is in reference to Halbritter and Lindquist's operationalization of artifacts to solicit stories typically unavailable to traditional ethnographic research. But art-i-facts is also a play on the meaning behind the art our participants brought to their interviews. The art-i-facts represent, at least partially, their experiences with ART (assisted reproductive technology). Additionally, art-i-facts is also a play on what Mantas (2016) has called "notions of fact (i.e. scientific facts) and fiction (i.e., artfully crafted forms), especially as they relate to telling and retelling, remembering, and memory" (p. 118). Mantas' explanation suggests various layers of storying embedded within artifacts.

This method is informed by Halbritter and Lindquist's (2012) four-phase, video-based, interview methodology, which engages in inquiry around scenes of literacy sponsorship. Central to their narrative inquiry is that this methodology does more than ask students to tell stories of literacy, instead it invites both the participant and research "to go *find* these stories" (Halbritter & Lindquist, 2012, p. 173). This narrative methodology then is what Halbritter and Lindquist (2012) claim as "a story of researchers learning to learn — not only from the research, but also through it" (p. 173). While their methodology invites participants to research their lived literacy experiences through a series of structured scenes, I drew on Halbritter and Lindquist's first phase: a personal history interview, which centered around participant-selected artifacts.

As such, during the online interview, I asked my three participants a series of open-ended questions, inviting them to analyze and narrate the artwork brought to the interview. Questions that did this are reminiscent of: Can you tell me why you opted to create an oil painting? Why use oil paints? Did that medium allow you to express something in particular about your infertility experience? Or, can you tell me a bit more about the choice to use a deep red in this piece? What is that communicating about your infertility?

The decision to ask my participants to narrate their infertility through their art was intentional and for several reason. First, experiences associated with infertility, such as miscarriage or physically invasive treatments, are traumatic. To reduce trauma, I wanted my participants to be able to talk about their experiences through a piece of art. Second, this decision also helped focus much of the interview on the relationship between art s multimodality and infertility. My fear in applying oral history methods to the topic of infertility was that participants would talk about their infertility stories without connecting them to the pieces of art that they created.

Participant Input After Interview

Once the interview was conducted, I informed my participants that I would be sending out the interview to a transcription service. Once I received the transcribed interview, I reviewed the transcription and sent it out to my participants to review, edit and comment. I received edits and comments from Adi and Meg. I did not receive any edits or comments from Sara. This decision for participants to review their interviews was to support my feminist methodology – research as care. I wanted my participants to feel as if they had ownership over their stories and that the transcription was not only mine but theirs as well. I also invited all three participants to write their own bio for how they wanted their story with infertility represented in the dissertation. These bios inform how participants are described in Chapter 4.

Once I received the edited transcripts and participant bios, I began to thematically code each interview using feminist critical discourse analysis, which takes “a political perspective on gender” and is “concerned with demystifying the interrelationships of gender, power, and ideology” (Lazar, 2005, p. 5). This method allowed me to attend to any dominant gendered themes that appeared across each participant’s experience. Infertility researchers have remarked on the gendered disparities of infertility, noting that:

> In general, women consistently report higher levels of infertility stress when compared with men (Greil, 1997). Because women experience

> greater levels of distress, they often report using coping strategies more frequently than men. (Peterson, Newton, Rosen & Skaggs, 2006, p. 2443)

Given the impact of gender on experiences of infertility, I used feminist critical discourse analysis to trace how my participants represented gendered experiences of infertility in their art or how those experiences emerged during our interview. I used analytical memos to organize and trace themes that emerged in each participant story. Emerging from these coded memos were three major stories that pertained to the following themes: (1) a need to navigate, or reorient, themselves to what it meant to live with infertility as an embodied identity; (2) a desire to circulate their infertility stories;[28] (3) art served as a central method to reflect on their reorientations, represent their reorientations and ultimately be used as an appeal for others to consider the challenges of living with infertility.

Conclusion

I drew upon these three emerging themes and found that there was an embedded process to these themes. First, all of my participants noted a need to process their infertility as a newly acquired identity. They needed to grapple with what it meant to them personally and culturally to be diagnosed with infertility. In Chapter 4, we will learn how the making of art actually helped assist the reflective processing of identifying as infertile. Part of processing infertility meant developing an awareness of how cultural discourses assign meaning to infertility as an identity. Chapter 4 focuses on moments in which my three participants remark on how infertility has forced them to

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[28] Stories can refer to written narratives, oral histories, visual art or creative writing.

reorient. Art becomes a method to grapple with and represent the cultural challenges of being labeled infertile. By enabling reflection, art allows one to make reorientations more visible to themselves. I draw on Ahmed's (2006) theorization of orientation in this chapter to call attention to art making as a reorienting, self-reflective processing technique allowing for one to make sense of their infertility. In Chapter 5, I examine then how these artists desire their art to be interpreted by others. While Chapter 4 adopts a more inward, reflective approach Chapter 5 discusses how art is a method of self-advocacy for these participants. Art allows them to tell their individual stories of reorientation to others. Doing so, they remark how they hope others may see infertility better. Art serves as a appeal to others to understand what it is like to live with infertility by using materials to give infertility a materiality. Nonetheless, these appeals are varied. There is no "one" approach to infertility advocacy. Rather, I use the word "appeal" purposefully as it responds to the specific embodied orientation each participant has to their infertility experience. At the heart of these findings then is the reality that art does more than represent, art tells stories, art affects the heart, art does.

CHAPTER 4

ART AS A RHETORICAL REPRESENTATION OF INFERTILTY'S REORIENTATION

> The medicalization of infertility builds on the flawed social identity of infertile women. The very process of medical intervention further stigmatizes women and devalues them for any accomplishments outside of reproduction…The result is that once a woman enters into the medical intervention process to treat infertility there is a great pressure placed on her to continue treatments until there is either a 'successful' outcome, or all the options have been exhausted. Until U.S. dominant cultural norms value women equally for their productive and reproductive roles, flawed social identities for infertile women will remain.
>
> — *Linda M. Whiteford and Lois Gonzalez, "*Stigma: The Hidden Burden of Infertility," *p. 36*

I begin this chapter with the epigraph above to situate the stigma attached to an infertility diagnosis, and in particular, how cultural norms impact a woman's infertility identity.[29] To be clear, receiving an infertility diagnosis – particularly in Western culture – is often traumatic (Schwerdtfeger & Shreffler, 2009). Social scientists report an immediate sense of grief accompanying diagnosis, particularly for women. Much of this

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[29] While Whiteford and Gonzalez' scholarship on stigma and infertility is relatively dated, other scholars (see Allison's (2011) examination of silenced experiences of infertility in Ireland; Barnes (2014) exploration of stigma and male infertility; and Sternke et al's (2015) study on stigmatizing experiences of infertility as a disability) have continued to note a cultural continuation of the silencing and stigma that is attached to experiences of infertility.

is a result of Western culture's embrace of pronatalist ideologies, which link a person's social value to procreation (Parry, 2005). For example, Galhardo, Pinto-Gouveia, Cunha, & Matos (2011) explain how young women become taught through cultural messaging to desire motherhood and associate being a mother with being female, stating:

> During childhood and adolescence, social messages about the importance of parenthood are constantly disseminated and especially for women, being a mother is something often central to identity. Thus, a sense of loss of identity and feelings of defectiveness and incompetence are quite often experienced. (p. 2409)

Thus, when women receive an infertility diagnosis, the experience is frequently described as:

> A major disruption in one's projected life course, a failure to live up to normative notions about what it means to be an adult woman in American society, and a challenge to the stability and quality of social relationships. (Greil, 2002, p. 101)

These examples highlight how prontalist cultural messages continually reinforce a particular orientation that values female identity with motherhood.

I draw on Ahmed's (2006) *Queer Phenomenology* to explain how orientations and reorientations operate. She states:

> A path is made by the repetition of the event of the ground 'being trodden' upon. We can see the path as a trace of past journeys. The path is made out of footprints — traces of feet that 'tread' and that in 'treading' create a

> line on the ground. When people stop treading that path may disappear. And when we see the line of the path before us, we tend to walk upon it, as a path ‘clears’ the way. So we walk on the path as it is before us, but it only before us as an effect of being walked upon…Lines are both created by being followed and are followed by being created. (p. 16)

Orientations, according to Ahmed, are paths made visible through repetition. In this way, the desire to become a mother can be understood as a visible path continually perpetuated by discourses and pronatalist beliefs that “promotes motherhood as the most important role for women” (Ulrich & Weatherall, 2000, p. 334). To want children, to want to become a mother, is to follow a path continually made visible and valued by cultural practices.

But what happens when one discovers they may not be able to attain motherhood? These paths are not as visible. Infertility thus forces the female body to reorient oneself to new conceptions, new pathways, for the female body to walk. To reorient oneself, first, requires self-reflection. One first develops self-awareness of how they do or do not conform to a particular path. Upon doing so, they may choose to try and align themselves to a visible path. This may occur through the attempt to become pregnant through fertility treatments or through attempts to become a parent through adoption or foster care. The infertile woman may also choose to reorient themselves to a path that is not yet as visible. This reorientation may occur by creating an alternative path that contests pronatalist values, such as choosing to live childfree. Despite these various paths, at the heart of each reorientation is reflective navigation. Infertile individuals are forced to navigate scenes and experiences that often are not visible to those who follow and align with more dominant paths.

In this chapter, I introduce my three participants and share their stories of reorientation. These stories were told to me when the participants narrated exigency for their pieces of artwork, connecting them to their infertility journey. In the next chapter, I turn outward, sharing how my participants view their pieces of art as appeals for advocacy. These pieces of art make visible their reorientations and begin to trace paths that are often not seen to those whose bodies align with pronatalist practices. Before I do so, though, I begin with each woman's infertility reflection and connect those reflections to moments in which they speak of being reoriented to a culture that often ignores experiences of reproductive loss and grief.

Meet Sara

When I interviewed Sara for this dissertation, in January of 2016, she was just beginning to prepare for her second in vitro fertilization (IVF) cycle in Colorado. She had recently undergone her first IVF cycle, which did not take. This failed IVF cycle resulted in the creation of a piece of art titled "Failed IVF#1," pictured below.

Figure 3. “Failed IVF #1”

As we began the interview, I asked Sara to share the story of when she received her infertility diagnosis and to describe the experience of learning she could probably not naturally conceive. Thinking back to when she was diagnosed in 2014, she explains to me:

> *It's been kind of a whirlwind. I've been on this infertility path I'd say about a year and a half now. I had originally gone to my OB/GYN and said, "Hey, I'm considering having a family," and she said, "Great, see you in a year." I came back and I was like, "Okay, do I have a green light to try and to have a family?" I asked her that because I had been trying to lose weight. That was really where it all started. I tried for about two years to lose weight and didn't get anywhere. I kept cutting foods out of my diet. I keep adding*

> *in exercises and cutting out more foods, adding in more exercises. I was just getting to the point where I was insanely frustrated. I went to a general practitioner and she said, "Well, you're now pre-diabetic," and she yelled at me about my weight and sent me to a crazy nutritionist. It was like this huge roller coaster. The doctor sent me to this nutritionist and this nutritionist wasted my time telling me that my diet was not sustainable. The nutritionist put me on a different diet but it was ridiculous ... I ended up firing that doctor and found a new one. After I found a new one, and still wasn't getting pregnant, the new doctor started saying, "Well, maybe you have polycystic ovarian syndrome." With the PCOS diagnosis, nobody seems to be able to confirm that I have it. I'm actually personally very frustrated with PCOS as a diagnosis for me. I don't feel it fits. Of the symptoms of PCOS, I only have three and they are the thin hair, difficulty with weight loss and elevated testosterone levels when I'm not on Metformin. Now, I'm on my third doctor. I don't want people thinking I'm a doctor hopper. It's not that. If somebody isn't going to hear me as somebody who gets my own body and knows myself very well, then I'm going to leave and find somebody who will listen to me.*

Still not pregnant, it was recommended that Sara undergo a dye test to determine if her fallopian tubes were blocked. During this procedure it was discovered that she has a T-shaped uterus and that her tubes are at least partially blocked. One of her doctors believe she was exposed to a particular drug by her mother when she was in utero, though the timeline for this does not add up. She explains:

> *My uterus is T-shaped and my tubes are either not completely formed or clogged. Nobody has been able to answer that question for me just yet. Because of the shape of my uterus, I was also diagnosed with exposure to diethylstilbestrol. This was a drug that was given in the 1950s. By 1971 doctors were told to stop giving that drug to expectant mothers because they found that it caused infants to be born with a T-shaped uterus and causes frequent miscarriages or ectopic pregnancies. The problem is that I was not conceived until 1975'ish because I was born in 1976. So the math doesn't add up. I do know that my mom was given an injection to keep her from miscarrying me, but the records are gone and the doctor has passed away, so I will never know what drug I was exposed to.*

Given the variety of factors possibly impairing Sara's fertility, her T-shaped uterus, her possible PCOS diagnosis, her weight, it was recommended that if Sara wanted to become pregnant she should undergo an IVF treatment. I asked her how she reacted to being told she needed to do treatment. She tells me:

> *I am one of the lucky ones, my husband is employed by a state that has mandated fertility coverage. In my particular case, I get three IVF tries. It's kind of a three strikes you're out policy, but it's amazing coverage and I'm so thankful to have it, because if we didn't, I don't know if I would have been able to afford it. And the reality that my first IVF treatment failed is scary. If I did not have coverage, I probably would not have been able to afford another treatment cycle. Failing my first treatment was already devastating. I can't imagine if that was my only chance at having a baby.*

Elaborating, she shares how she never realized that fertility treatments were not always covered by insurance. The shear cost of treatment, and how that impacts the ability to build one's family, is part of the reasons why she wanted to create "Failed IVF #1," stating:

> *I am very frustrated that insurances don't cover this. That's one of the reasons I wanted to do the art piece and that's one of the reasons I wanted to talk with you. People need a name to go with these things. Infertility doesn't have a face or a name. It's like it is lost in a void. When it suddenly happens to someone you know or someone who's near you, then suddenly it has real impact. The statistic that infertility impacts one in eight people is fucking high! And not everyone has insurance coverage. I just don't understand why it's not covered.*

Through these series of reflections, where she discusses the motivations for her art piece, Sara reveals a reorientation to the ways in which healthcare practices often ignore women's health issues, such as infertility. She explains:

> *I feel like in our society women's health is not as paramount as men's health, and I don't know why. The male is considered "normal" in most scientific studies and the female is considered "abnormal." I guess I just am very angry because I think that is what contributes to infertility not being covered. I think the other reason that it's not covered is because of how much money pharmaceutical companies make on fertility drugs. For infertility to be covered, I think there would be a lot of money that lost and there is no incentive to make this process cheaper at this point in time.*

These conversations with Sara, who discusses the medical factors and healthcare costs with infertility, reveal a more critical reorientation to infertility as a healthcare issue. Her reflections reveal how cultural practices are simply not oriented nor taught to recognize and validate infertility as a medical experience. This is evident from her statement:

> *People need a name to go with these things. Infertility doesn't have a face or a name. It's like it is lost in a void. When it suddenly happens to someone you know or someone who's near you, then suddenly it has real impact.*

Much of Sara's reorientation to viewing infertility as a medical condition is rooted in her failed treatment and the difficulty she has experienced in trying to figure out what is the cause of her infertility. Later, in Chapter 5, Sara will share more about the need to make infertility as medicine more visible or as she hopes for others to see "all those needles, all that medicine" going into a fertility treatment. For Sara, who is relatively new to living with infertility is reorienting, is becoming more critically aware, of the intense medical treatment and the costs associated with it – all in an attempt to become pregnant. Experiencing a failed IVF treatment also is reorienting her to the reality that medicine, despite how promising it may seem, is not always the simple solution. Getting pregnant can be hard, really hard and for those who can get pregnant easily they simply do not realize all that is involved when one tries to build a family and experiences challenges.

Meet Adi

Adi's story reflects similar reorientations. For Adi, she is still in the process of trying to conceive, trying to figure out what treatments may help her become pregnant. However, Adi has been invested longer than Sara in her journey to become pregnant. She has had to navigate more moments of failure than Sara. She has had to undergo more treatments than Sara. She has had to grapple with the reality that despite all of this, she may never become pregnant. She has also had to find ways to distract her from thinking and dwelling about infertility. Her story supports how infertility is a process that continually reorients oneself as time passes and no pregnancy occurs.

At the time that I interviewed Adi, an Israeli woman, she was 32-years old. She explained to me over an email exchange that when she and her husband made the decision to begin building a family, the two of them were living in California. They had moved to the United States for her husband's job, but after months of trying to conceive with no luck, she and her husband began consulting a fertility specialist in the California-area they were residing. The fertility specialist recommended Adi and her husband undergo several medical procedures in an attempt to pinpoint the cause of their infertility. Adi, thus, underwent three painful hysterosalpingograms (HSGs) and her husband submitted several semen samples for semen analyses, which would examine sperm motility and sperm morphology. The results of those tests were inconclusive, leaving the fertility specialist to rule Adi's inability to conceive as "unexplained."

Not knowing the direct cause of their infertility, it was recommended by the specialist for Adi and her husband to begin treating their fertility through interuterine insemination (IUI). Adi and her husband agreed to the treatment and Adi underwent a total of 5 unsuccessful IUIs. With no success, it was recommended that Adi and her husband move on to in vitro fertilization (IVF). Adi and her husband once again agreed to the treatment. However, the IVF procedure did not succeed. In total, Adi and her husband spent nearly $25,000 in fertility-related treatments. Wanting to still build a family, they made the decision to leave California and return to Israel where fertility treatment is common and less costly than the United States.

During our interview in February of 2016, Adi noted how they were continuing some treatments in Israel, though her husband and herself were taking some breaks and enjoying life rather than only focusing on trying to get pregnant. She shared with me:

> *I feel like because of infertility a lot of stuff in life is complicated. You want to have kids and you think about your life with kids. But then, again, sometimes you don't. Sometimes you want to just have fun. Like the ski vacation we went on, it was fun. Going to Italy was fun. Lately, I've been enjoying life more.*

Adi tells me that she and her husband remain interested in becoming parents, though at this point in their infertility journey, Adi has lived for several years with infertility. Telling me a bit about her experiences, she reflects on how innocent she once was about getting pregnant. These reflections emerge when she tells me about the piece she created below.

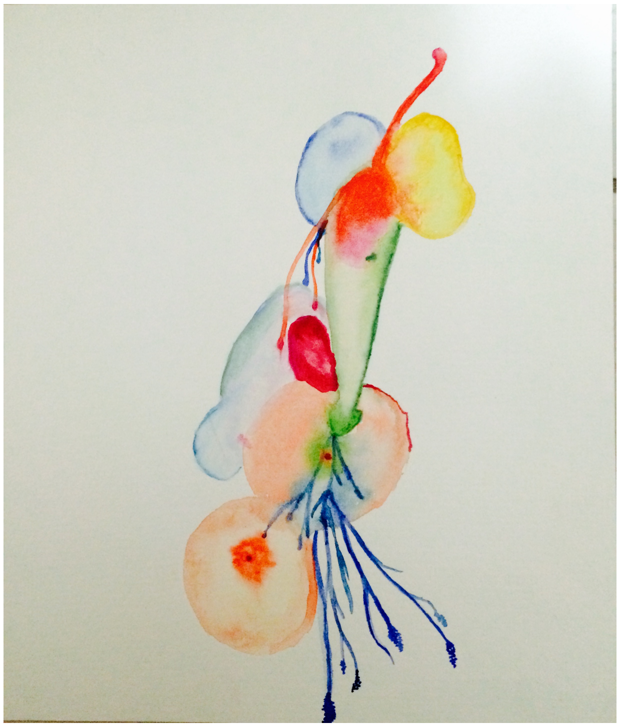

Figure 4. "Innocence"

She explains the watercolor above:

> *This is the first painting that I did about trying to get pregnant. It was about the second or third month we began trying to conceive, before we knew that we were infertile. Here, you can see that there is a penis and some boobs and an ice cream cone. I think I had an ice cream cone the same day that I got my period. Looking at this piece now, I think it is cute. I think it shows that I had a lot of hopes. Almost like I was kind of living in a movie. I was very innocent about getting pregnant. Very Innocent.*

For Adi, this image represents a reorientation to cultural assumptions that getting pregnant would be relatively easy. Adi's journey to get pregnant, however, is anything but easy. Adi has spent thousands of dollars, moved countries and undergone numerous medical procedures all in the hope of simply getting pregnant. Adi's story about her previous innocence marks a new orientation to the very real difficulties of conceiving.

As she moves on to a different piece, this idea of innocence re-emerges. Showing me the piece below, Adi tells me about the meaning behind it, explaining:

> *This is a three-dimension image of a pregnant woman. I made this to represent what I was feeling about myself when my friend told me that she was pregnant. I don't really like this piece. It feel like it is something that should be in a hospital and it doesn't represent my art. But it does represent myself in a way. Sometimes I can be really black or white. It's something that I don't like about myself. This is a piece that is black and white – a piece talking about feeling not whole. Feeling like fucked up. That you're not, that I can't be pregnant.*

Figure 5. "Mixed Media"

This piece renders connotations of innocence. Announcing a pregnancy was, from the perspective of Adi’s friend, presumed to be an innocent act. Yet, for Adi, the announcement of a pregnancy is triggering and reminds Adi of how “fucked up” she feels because she cannot get pregnant. For Adi this piece of art serves as a representation of her reorientation to cultural innocence embedded within understandings of pregnancy. For someone not infertile, the announcement of a pregnancy may be met with congratulations or joy. Yet, for the infertile woman, a pregnancy announcement serves as yet another reminder of one’s inability to conceive, an inability to be fully a woman.

These two pieces of art represent much of Adi’s current state in which she feels “fucked up.” Living through years of infertility has reoriented her to more critical understandings of gender expectations. That is, for Adi, she no longer identifies with assumptions that getting pregnant will be easy. For her, that is simply not a reality. Further, she also understands her body differently. Her body does not function as a natural female body. Instead, placing her parts around a test tube reveals how she is in need of medical assistance to conceive and carry a child. Such a piece contradicts more pronatalist cultural expectations of gender. Later, in Chapter 5, Adi shares two other pieces of art that make visible her reorientation to infertility. At the center of this reorientation is the reality that to be infertile is painful – physically and emotionally.

Meet Meg

I end this chapter by focusing on Meg’s story, who has lived the longest with infertility compared to both Sara and Adi. Meg’s story underscores how infertility continually reorients until one either becomes pregnant or one needs to choose an alternative path. For Meg, she never became pregnant. Exhausting all of the options she and her husband felt comfortable exploring, Meg’s story tells how reorientation with infertility sometimes requires creating a new path, one that is not always visible or seen as a valid option even to the infertility community. This will become clear reading further.

Meg and her husband's infertility story began in 2010 with her husband's infertility diagnosis. Meg's own infertility diagnosis followed in 2012 as they embarked on fertility treatments. Meg shares how she and her husband established a set to guidelines to approaching infertility. She explains:

> *Before we even started fertility treatments, the two of us came to a few agreements on what we wanted out of this experience. One is that we both wanted genetic link to a child. That meant that we were definitely not going to look at any donor. Obviously the easiest thing we could have done was just do donor sperm from the beginning. Keep it easy, we’d have had probably a 5 year old by now, but it’s not what we wanted. Third party reproduction was out, so no donor sperm, egg, or embryo. The other thing, we decided was that we didn't want to adopt or foster adopt. Establishing these guidelines helped us from the beginning know the limits of what we were going to take on. I think these also contributed to how long we actually stayed committed to treatment. It was really hard once we*

> *began realizing this probably isn't going to work out for us because we had set a limit already. We did obviously revisit those decisions, but we kept coming back to how those other options didn't feel right for us. It's not what we wanted.*

Yet, after discovering male factor as the primary cause of their infertility and undergoing three surgeries between the two of them, seven non-successful IUIs and nine failed IVF cycles, Meg reflects on how she and her husband slowly began to realize they may never become pregnant. She states:

> *Last year all of this slowly started revealing itself. It was a slow unfolding of like, oh fuck, we're getting to that end point that we said if it wasn't going to work out for us, we were going to be happy just the two of us, but it's really hard to let go of. When you've been struggling for a really long time, that's where your life is. That's what you do. It becomes your whole Identity and all of your financial resources, everything so to let that go is … Our whole relationship has been revolved around how we're going to have kids.*

Meg's realization that she may never have children is further reflected in some of her pieces of artwork. Take her piece titled "Bloodlines," pictured below. She explains the meaning of the image by reciting to me her artist statement.

Figure 6. “Bloodlines”

She reads from the label she wrote:[30]

---

[30] This label was written for an exhibit hosted by The ART of Infertility. This label hung next to the piece “Bloodlines.” Meg is the author of the label and the piece of art.

Artist Label:
In *Bloodlines* I express the complexity of one’s relationship to ancestry when infertility wipes out your descendants. I was also exploring the symbolism of bloodletting in human reproduction: the monthly offering of menstrual blood. This bloodletting is initially seen as a signal of health and fecundity, but quickly becomes a trigger of despair the longer you are unable to conceive. As I embarked on intensive fertility treatments, many more rites of blood offerings followed. While more clinical, they are no less sacred rites of the body:

- The almost daily blood draws to monitor hormone levels and follicular growth.
- The Beta test to find out if HcG, the pregnancy hormone, coursed through my veins.
- The track marks left on my belly, hips, and butt from injections.
- The blood red sharp containers filled to the brim with discarded syringes.
- My vaginal wall punctured by needle during each egg retrieval.

I gladly offered up my blood -- vials and vials of blood. Each time I did so with a prayer that my own warm, pulsing life blood may hold the answer. Unfortunately, sometimes no matter how beautiful and well-intentioned the rite, the answer remains no. In making *Bloodlines*, I used charcoal and water soluble pastels to make markings and scratches across the surface. Some markings were of vein-like lines, others were intuitive scratches depicting complex emotions. The markings were then covered with layers of paint applied with scrapers and brushes. Lastly, I made paint batches the same consistency of fresh blood to explore how blood flows, pools, and coagulates across the surface.

Figure 7. Label for “Bloodlines”.

Upon reciting the label during our interview, she elaborates further on her interpretation of the piece, stating:

> *It's a little unPC, but it is how I feel. It's a base. It’s a primal need. My desire to have a child has always been very primal. I want to feel pregnant. I want to give birth and there’s something about bloodlines in there and I can't get around it. I'm smart enough to have researched epigenetics, but it was just not cutting it for me. It wasn't enough and I do think there’s a part around how dysfunctional my family of origin is, and*

> *really wanting to change that patterning and I think that that plays into it, the desire that there has to be a genetic link so I can fix the family somehow. It's not logical. I don't necessarily think it's the healthiest, but I know that that's part of it. I don’t know if that makes any sense.*

In “Bloodlines,” Meg reflects on the reality that she will never be able to become pregnant. For her, these reflections are rooted in the years of failed treatment, which have ultimately caused her to reorient to a new path, one that is childfree.

Her other piece “My Consent” also serves as a reflective artifact, which allowed Meg to document “how far” she was willing to go just to “beat” infertility and get pregnant.

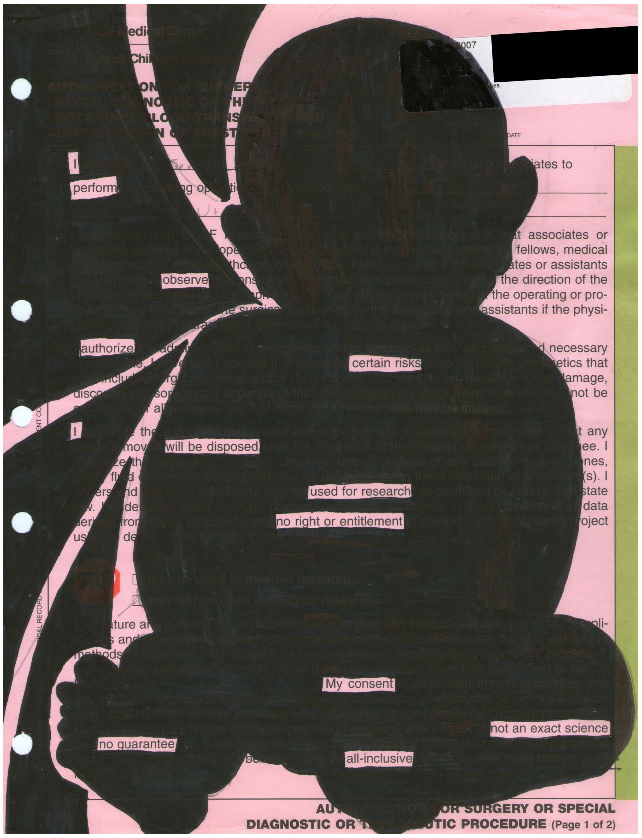
[redacted]

Figure 8. “My Consent”

I
perform
observe
authorize
certain risks

I
will be disposed
used for research
no right or
entitlement

My consent

not an exact
science
no guarantee
all-inclusive

Figure 9. Lines of poetry emerging from "My Consent".

She begins, first, by reciting the piece of blackout poetry. She reads what the piece says:

> *I perform. Observe. Authorize certain risks. I will be disposed of. Used for research. No right or entitlement. My consent. Not an exact science. No guarantee. All inclusive.*

Immediately after reciting the piece, she shares with me:

> *What was surprising to me was that it's a very legalese form. It's very, very legal. It's not like, there are some consent forms that are more about, what are you going to do with the embryos? This is all just like, it literally*

> *says you could die during this procedure. Are you okay with it? In legalese.*
>
> *I was very surprised that what came out was very poignant about how much we're willing to put on the line for this possibility. To me it was pretty powerful and I really like that, because I'm so verbal. It's really nice. I get to have the words and the image. It also brings up questions of how far will you go to get pregnant? How are you willing to do that? I'll do anything. I'll eat crazy smoothies every day. I won't touch my art supplies. I'll do all these things...just to get pregnant.*

"My Consent" is one such example of this embodied learning in which Meg becomes more aware of the multiple risks and the extent she has willed herself in order to become pregnant. This piece serves as an artifact in Meg's infertility story of when she was willing to do anything to become pregnant, to reorient herself to more dominate cultural norms. No longer is that the case however, as I learned in my interview

Today Meg's story critiques narratives that one must "beat" infertility. Meg's story, instead, reorients even the infertile community to the realities that medicine and fertility treatment is limited. She states:

> *I think most of us are so disconnected from our bodies that we don't even know. That's part of the shock always. It's like "What? We couldn't overcome this with the best medicine in the world or whatever?" Yeah.*

Not all can "beat" fertility. Other paths must be available. For Meg, this path is one that views living without children as a valid choice. Meg's story then reorients infertility success towards a reorientation that views failing to have a child as simply a valid reality not often seen or discussed in the infertility world, let alone, the fertile world. This is made clear when she shares with me how she feels:

> *I felt like I have my experience hasn't belonged or hasn't been validated…I think the hardest thing is hearing people say in different ways that I don't want it enough, because if I wanted it enough, I would be adopting or I would be trying donor eggs or something else. That's really hard to hear and that's from the infertility community…There's a lot of policing of woman's choice happening right now. This is my whole … we could have that whole conversation about result, but I feel like there's a lot of policing. Just a lot of women policing other women right now…There's a lot of that. I have really, really struggled with it. It's tough. Like I said, even within the infertility community, I feel like my experiences diminished a lot.*

In the next chapter, more pieces of Meg's artwork will be shared and elaborate on how Meg creates pieces as a strategy to make visible moments of failure that are often policed, silenced.

Conclusion

There are multiple moments in which infertility causes reorientation. The stories of Sara, Adi and Meg trace reorientation along a length of time. That is, for someone like Meg who has lived for several years with infertility and has undergone multiple failed treatments, she has reached a point in which she can no longer try to orient towards a path of pregnancy. For Meg, she has tried every path that she has felt comfortable pursing. Her reorientation is now one that embraces a path less visible, one that embraces living childfree as a valid choice.

Sara’s reorientation, on the other hand, reflects the opposite spectrum of time. As someone relatively new to an infertility diagnosis, many of her reflections reveal moments in which Sara finds herself more critically attuned to cultural systems failing to support and recognize infertility. Sara’s story is one which documents moments in which infertile individuals begin to see themselves as “othered” in a culture the takes fertility and pregnancy for granted.

Adi’s story echoes similar themes referenced by Sara. Adi still is in pursuit of becoming pregnant. Yet, there is an element of fatigue in Adi’s story. Reorientation is laboring. It wears on a body. For Adi, it is clear from her stories how reorientation is fatiguing. She is fatigued by feeling as if her body cannot conform to gender norms. She is fatigued by reminders of how she once thought getting pregnant would be easy. Needing to escape such fatigue, Adi discusses how she enjoys escapes her infertility. Vacations become a needed distraction. Yet, she is not fully ready to give up on trying to realign her body to a normative path. She still is trying to become pregnant. Nonetheless, her fatigue cannot be denied.

In the chapter that follows, I discuss how art makes visible these reorientations. In a sense, art acts as a rhetorical appeal – making visible previously unseen experiences to others. Making experiences of infertility visible works as an appeal for advocacy. Making visible these reorientations in public displays asks others to reorient, even for just a minute, to the realities of living with infertility.

CHAPTER 5

ART AS A RHETORICAL APPEAL TO ORIENT VIEWERS TO INFERTILITY

> I just wanted some way for people to see how much medicine goes into this.
>
> — Sara, *The ART of Infertility participant*

> I feel words are not for me. Sometimes words cannot be deep or complicated ... you cannot explain stuff with words the way you can in art.
>
> — Adi, *The ART of Infertility participant*

> I think that art holds power and energy. It's like, especially if we make something with intention, it keeps that. If I hang up on my wall a whole bunch of stuff about how I wasn't able to have kids or how angry I am about it, I would be seeing that every day and I'm going to be stuck in that place emotionally. I don't want to be, but I also feel like it has value. It's not the thing where I'm just going to throw it away at some point. I feel like my point of view is important and other people could connect to it.
>
> — Meg, *The ART of Infertility participant*

As stated in Chapter 3, art does. In Chapter 4, I elaborated on this statement, exploring what art does for the maker of art - the artist. I argued that the making of art allows the artist to engage in a process of self-reflection. Art serves, in that chapter, as an artifact narrating each participant's reorientation to particular practices and beliefs. Now, in Chapter 5, I turn outward, exploring how art, representative of participant reorientations, may invite outside viewers of the art to reorient as well.

Much of this chapter is informed from studies in art education, advocating for the inclusion of visual culture as a method to invite critical inquiry into what is (and is not) made visible in cultures. Tending to the intersections of the visual and of culture invites individuals to "look critically at surface appearances and begin to reflect on the importance of the visual arts in shaping culture, society, and even individual identity" (Freedman, 2003, p. xi). As such, while art may serve as a representation, or "physical manifestation of an artist's social, cultural, and individual identity," art also orients outward as "it reflects, critiques, and supports the exploration of what it means to be human for viewers" (Freedman & Schuler, 2002, p. 23). Art, then, as Darts (2004) argues serves as a "pedagogical strategy" to move others "into spaces of awareness and resistance" (p. 319).

I draw upon these discussions in art education and visual culture to construct a framework to examine art as a reflective representation of the artist as well as an outward invitation up for interpretation from the viewer. In this chapter then, I share my participant's motivations for creating pieces of artwork, focusing on moments when they discuss how they intend others to view their pieces of art. Reoriented by living with infertility, my three participants all use art to invite more critical awareness from viewers about the topic of infertility. For Sara, she uses art to make more visible the impact of fertility treatment upon the body. She desires the outside viewer to see infertility as a medicalized identity. For Adi, she uses art to make more visible the various moments of pain that she endures because of infertility. She wants viewers to validate her experiences, which are often painful. Moreover, she wants others to see her. Art is a medium for individuals to begin seeing her. For Meg, she uses art to make visible moments when infertility cannot be “beaten” by treatments. Art becomes a method for Meg to trace a new path and invite others to reorient to new conceptions that to beat infertility may mean redefining infertility success. Meg’s art thus serves as an invitation for the infertile community to redefine how and whom gets to claim infertility success, suggesting the choice to live childfree is just as valid. For each participant, art is an appeal for advocacy, marking individual moments in which participants felt silenced, ignored or unseen. Needing to be their own advocates, I discuss how my participants make visible these experiences through art and how art is an appeal for viewers to critically reflect and reorient themselves to unrecognized experiences, like living with infertility.

Sara: Making Visible “All Those Needles, All That Medicine”

In Chapter 4, Sara’s frustration over lack of insurance coverage to assist with the treatment of infertility is clear. Throughout our conversation, she frames infertility as medical issue. This is further supported when she starts discussing “Failed IVF #1.”

During our interview, I asked Sara “Why this piece?” “Why a body cast?” Why needles?” She explained to me a bit about her intention:

> *I just wanted some way for people to see how much medicine goes into this. The medications, we can't get from a local drug store. Walgreens doesn't carry that. You have to get them to the mail from specific*

> *pharmacies and there aren't very many that deal with these particular medications. When they come in the mail, they come packaged in ice and it's a huge box full of medicines, syringes, a sharps container, vials, like all this stuff. It is overwhelming looking at it thinking, "I am going to put all this crap in my body. Holy cow." When you fail, it's so hard to take, because it's like, "I just went through all that and I got nothing." How do you not get better? I don't think people get how much goes into an IVF.*

For Sara, “Failed IVF #1” is intended to make not only medicine visible but to make the embodied risk of undergoing treatment more visible to others. “Failed IVF#1” is an appeal to others to witness all that is involved with an IVF treatment. While the incorporation of the syringes and vials from her failed treatment reveal the physical invasiveness of fertility treatments, the ultrasound of the uterus also reminds viewers that despite all of those medications Sara still is not pregnant. Thus, this piece evokes awareness that to undergo IVF is to accept a certain amount of embodied risk. Viewers of the piece can see how fertility treatment is risky in two ways. First, fertility treatment engages in risk simply by injecting the body with additional hormones. Second, there is real risk in that the treatment may not take; treatment may fail. Sara’s piece makes visible to viewers how fertility treatment is not guaranteed to succeed.

She continues talking about her decision to make a body cast, as opposed to a painting or a sculpture. For Sara, a body cast serves as a medium to make visible her non-normative body. Growing up in California and now residing in Arizona, she shares with me how she has never fit into “Barbie-like” body standards and how she struggled to understand unachievable body expectations. She explains:

> *Yeah, Barbie was everywhere. I went to school. I went to two colleges because I have an undergrad and a master's. I went to University of Arizona and I went to University of Southern California, both of which had plenty of Barbie running about. That always made me angry and it's impossible to, as a female, in this society, to not grow up with body images. Absolutely impossible I think.*

Always aware of how her body failed to conform to such an impossible standard led Sara to creating full body casts of herself. For Sara, documenting the literal size of her body through plaster bandages is a method in which she talked back to perfected body standards – both in terms of her size and in terms of her fertility. She tells me:

> *I've always made casts. I have a cast of my entire right side. Obviously, I'm not a perfect body and I make people look at my terrible stomach and thighs, oh my God. I was okay with casting my stomach and thighs. Maybe I should not show all of this because I am obviously not a size four. I'll probably never be that size again. I think I was that size in high school. I decided not to use a model. Instead, I used myself. To look at that piece, you have to look at me and you have to see what I went through and you have to see me.*

The decision Sara made to cast her infertile body is purposeful. For her, the medium of a body cast invites a particular type of viewer engagement with her piece of artwork. In short, it demands that viewers see her, witness what she has gone through and to contemplate the reality that despite all of that medicine, a cycle can still fail.

When Sara talks about her “Failed IVF #1” it is clear that she is trying to make visible her experiences as an infertility patient. She uses art as an appeal for self-advocating her experience. She makes visible her failed treatment so as to invite viewers to see her, to validate her experience. Sara’s art acts as an appeal to make infertility as a healthcare injustice visible. She explains:

> *The thing about that piece is you can't look at it without going, "Whoa." It's whoa. All those needles, all that medicine ... People do this six or seven times, sometimes more. That's a big thing and not to be covered by insurance, it's just insane.*

Sara’s creation of “Failed IVF #1” not only acts as a static object for viewers to develop more critical understandings of what goes into a fertility treatment, but Sara also shares with me how her piece helped her advocate for herself during a healthcare exchange with one of her doctors. During our interview, she tells me that she showed a picture of “Failed IVF #1” to her doctor, who was pressuring her to lose even more weight to help her get pregnant. After showing the doctor the piece, Sara explained to me how the demeanor between her and the doctor shifted. According to Sara the doctor finally began to see and understand Sara’s perspective, she tells me:

> *I saw her and she's like, "Wow. Well, you're down six pounds." I'm like, "Yeah, and it's intense and the endocrinologist put me on this diet." She's like, "That's great. What do you think the difference is?" I'm like, "I think I'm not eating." She's like, "What?" I'm like, "Well, here, let me show ..." I'm like, "I'm not eating and I'm not on meds right now." She's like, "Why hadn't he given you any meds?" I was like, "Right, but I had gone through*

> *IVF." I showed her the photo of the art piece and her demeanor towards me changed. It went from somebody who thinks that I'm sitting on the couch eating bonbons to, "Oh my goodness. Okay. My failed treatment created this." The doctor has been much, much better since then. I was honest with her. There's nothing left to cut out of my diet.*

Sara's dialogue with her doctor and use of the artwork as a narrative and embodied expression of the medical and hormonal challenges she faced during her first cycle allowed for the facilitation of more patient-centered agency within a healthcare context. Sara, who felt consistently that her doctor was not listening to her, not seeing her, not trusting her, finally began to connect with her doctor on a more personal level through the showing of "Failed IVF #1".

Happy with how her doctor seemed to have a better understanding of the struggle she had with losing weight and how that was further complicated because of her failed IVF, she goes on and shares with me how she used "Failed IVF #1" to connect with her patients who frequently inquire if she has children. Sara elaborates on the difficulty of navigating such a question, as it requires a quick evaluation of how much one wants to reveal. She shares with me:

> *Unfortunately, so many people ask you about kids. My patients ask me all the time, "Do you have any children?" …You sometimes have to pick your honesty and you have to pick when and what you're going to be revealing about yourself. In some of my patients, though, I will talk about it. In fact, sometimes it helps them understand that I get medicine. They look at me and they go, "Well, you're young. What do you know?" I'm like, "You want*

> *to see my syringes?" I promise you, I get it. I have shown the piece with the needles, that one, to some patients so they could kind of see what it is that I've been through. I have one very sweet lady who I keep getting as a reoccurring patient and I absolutely adore her. I showed her the piece and she's like, "Wow." She's like, "Your next one is going to work." I'm like, "I hope so, but if not, I'll have another art piece." She's like, "Okay, well, that's a way to look at." I'm like, "It sure is."*

Sara uses “Failed IVF #1” as an artifact to exert agency over her identity as an infertile patient and an infertile woman. Showing the physicality of medicine allows Sara to use her art as an activist expression. Meaning, the question “do you have kids” and then a response by showing the piece of artwork – asks individuals to have a more critically informed understanding that not everyone can easily have children. In this exchange, Sara is attempting to invite others to reorient themselves to more critical perspectives of infertility.

For Sara, art becomes a method to invite political reorientation, she explains:

> *I think that words on paper only go so far and I think that visual images can work in a short period of time that holds our attention span better. With a three-page essay or a five-paragraph essay, somebody has to sit down and actually read it. They have to have the patience and interest to read the whole thing. With an art piece, though, you think for a second. You can’t hide from it when you have to actually interact with it. It's easier to look at a piece and get the message quickly. I think it appeals to more people faster and I think it has a greater impact. My viewpoint is: Why*

> *can't your artwork be the way to be a political activist? I don't see the two as needing to be separate. That's just my personal opinion.*

“Failed IVF #1” is an artifact remediating embodied experiences of medicine that are often not seen nor recognized at sites that should be examined. Showing others her art, she believes is important to supporting the injustices she has been reoriented towards. It makes visible the reality that medicine does not always work and uses a medium as well as physical artifacts (a syringe, vials and an ultrasound photo) to invite others to view her experience with a failed IVF cycle. “Failed IVF #1” is constructed then not only as a personal memento but as a plea for others to witness her experience.

Adi: Vulnerability & Making Visible the Pain of Infertility

In the previous chapter, Adi revealed how she has become more critically reflective of gendered expectations related to getting pregnant and being a woman. Her two pieces, the mixed-media test tube piece and “boobs and the ice cream cone” watercolor, serve as reflective artifacts marking moments in which Adi no longer identifies. Her previous assumptions about the ease that one becomes pregnant along with cultural conflations that being female means being fertile no longer align. Adi is reoriented.

Important though is that, during our interview, Adi makes clear that reorientation is not a neutral process. To reorient is painful. Adi shares with me two pieces of art that highlight the pain of living with infertility.

The first piece is titled “HSG” and discusses the physical pain of that procedure, which pushes a purple dye up the fallopian tubes to determine if there is any blockage preventing the sperm from meeting the eggs.

Figure 10. “HSG”

I ask Adi to tell me about the meaning behind this piece, she shares:

> *It represents something that was very hard for me. But I like this painting. The story's hard, but I really like this painting because it represents something that I can release on the page. This painting represents the three HSGs I had to do. I had to do three HSGs because the first two times they could not get the dye to successfully push through the tube and get into my fallopian tubes to see if I had any blockage. I did the first one, Monday, and that didn’t work. Then I went in on Tuesday and that didn’t*

> *work again. So when I came in again for the third time I was very stressed out. So I wrote to my doctor before the third time. And she was amazing she had a patient and came down and did the procedure herself to make sure that the HSG would work. I also like this painting because while I felt very, very weak, I felt like my doctor was really there for me. Because during the third HSG, my doctor was not down in the room yet. And I asked the guy "Can you call my doctor? She said that she will come down." The guy was like, "No." I was like, "Can you please call her?" He called her and she came down this time. I was happy because I felt like my doctor was really there for me. But I also had to ask the nurse to call my husband and let him know what was happening. The procedure was supposed to take 10 minutes but it has been nearly 40 minutes. It was very stressful. But finally the procedure was able to happen.*

“HSG” remediates the physical pain Adi experienced when she was attempting to first diagnosis her infertility. It makes visible internal medicine. It serves as a piece visualizing a medical procedure from the patient’s perspective as opposed to the medical textbook illustrations. As Adi explains:

> *It is a way of showing what is what happening there. Yes, so there is blood there on the side because it wasn’t easy to put it the tube and dye in and then they had to straighten the tube while it was in my fallopian tubes and it was very, very painful. So there was some blood when the procedure was done. That is why there is red and dark purples. So yeah, it looks like my tubes and the purple dye from the HSG and the blood.*

“HSG” is an artifact making clear to outside viewers the physical pain of attempting to reorient the infertile body towards a fertile orientation. Reorientation for Adi is painful. It physically hurts. “Contact” is another piece Adi created that represents painful reorientations. Yet, this piece speaks more to the emotional pain of infertility and how it reorients, and at times breaks apart, relationships.

Figure 11. “Contact”

She explains the meaning behind the making of “Contact”:

> *This painting is about my friend, who went through infertility and now has a baby. Earlier, she had two miscarriages and we would share our struggle to have a baby. But after she finally got pregnant and had the baby it was like she forgot about all of the things we would talk about. As a mom, she is very attached to her baby like in a way that I don't like. After 9 months, I was like, "I want to meet you without him. I miss you." We kind of had a fight and stuff. I told her that I feel like she doesn’t see me. It's hard for me to tell her about my stuff because she not seeing me. And so,*

> *I made this painting to represent this. The large circle on the upper right is created from my actual my contact lens. I think this painting is about infertility but also about life. It's about how life and relationships can change because of infertility. I was very sad that we got in a fight and even more upset that she was annoyed at me because I was upset.*

"Contact" thus serves as an appeal to Adi's friend. It is an attempt to be seen by others and for Adi's experiences to be validated by others.

While contact is an appeal to be seen by others, particularly her friend, Adi remarks throughout our interview how vulnerable she feels when she shares her pieces of art. She shares:

> *I feel like art is the way to express myself from the past. It's very hard for me to give away paintings. In fact, I would say, less than 10 people have received a piece of art from me. My art feels like it's my baby. It's very hard for me to let the art go. For me, doing the infertility art exhibition, it's starting like, I'm sharing my life with people. Oh my God. Why? And I don't know them.*

She continues to talk about her desire to control the interpretation of her artwork. Adi views her art as an extension of her own infertility narrative as a story needing to be told from her vantage point – as needing to be acknowledged, as needing to be circulated.

> *I talked with my friend last year. I told her that when I make art that I do it for myself. When I share it with someone else, it's still kind of like for myself. A lot of times when I share it with people that I don't know, then it's kind of like, they have my glasses on when they see my art. It's kind of like*

> *the glass for my heart. When you see it, you put your glasses. It's kind of like you get to see me and my perspective. But the problem is that not everyone puts on my glasses and then they see my art from their heart and that's the part that I don't like. It's kind of like you are reflecting my ... you're reflecting your feelings on my feelings. I want to say "Wait, don't interpret it your way." That part is hard for me.*

For Adi then, her intention with her artwork is to communicate her story, her challenges to conceive, her reorientation. Adi's art is an appeal to be recognized, an appeal for her experiences to be validated. However, the sharing of these personal experiences with others often leaves Adi feeling vulnerable, at risk of experiencing additional pain. Not having control over how others interpret her work leaves her feeling anxious and vulnerable. She tells me a story that elaborates on the anxiety she has when she shares her work:

> *If I feel something and I don't want to talk about it, and most of the time I don't, I send a piece of my art to my friend or my mom. When I do this, they kind of are like getting some of my feelings. It lets me share my feelings. And it actually opens up conversations about it. Sometimes I feel like, okay, I'm done. Sometimes they say it looks frightening. Or they say, "Wow it's very exciting!" I feel like the people I show my art to, it just make me feel more close to them, and makes them feel more close to me.*

This story underscores the layers of meaning and emotions embedded in each of Adi's pieces. Her artwork is anything but neutral, and because of this, the sharing of her art with others makes her vulnerable. To be vulnerable creates space to experience pain. This is important to note as so many of her pieces discuss moments of pain she has had to endure. Adi thus desires control over the interpretation of her pieces of art. She wants to control her narrative and for her interpretation of her narrative to be validated by others. She wants her pain to be seen, even if it is painful for others. Making pain visible, asking for others to recognize the pain of infertility, is Adi's appeal to be recognized. Yet, as Adi's brief story above notes, not everyone wants to engage in pain. For some they are frightened, they do not want to feel or recognize the pain that Adi has had to go through. This is difficult but Adi recognizes that it is important for others to attempt to reorient themselves to the experiences she has had to endure, even if they are painful.

Meg: Challenging Dominant Narratives of Infertility Success

In Chapter 4, Meg discusses how despite her efforts to realign with more dominant norms, the years of failed treatments have left her and her husband forced to grapple with the reality that she will never be pregnant, never be a mother. She elaborates on how choosing to end treatment, choosing to stop trying to "beat" her infertility often leaves her feeling ostracized by others – even those in the infertility community. For Meg, the choice to stop treatment is interpreted as accepting defeat, as not wanting "it" enough.[31] In this chapter then, Meg elaborates on this, explaining how she uses art purposefully as a medium to capture the complexities of infertility and challenge these notions that reorientation without a child is just as valid. She notes that

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[31] "It" encompasses an idea that the experience of infertility denies one so many experience. Here it is referencing a child, but also the experience of being pregnant, the chance to be a parent. It is more than just becoming pregnant, it is all of the other experiences that come with parenting.

while many want to share success stories, Meg's story – one that is wrought with a history of failed treatments and ultimately the decision to stop treatment all together — is one that is often not told. Art however can be a medium to tell these stories more easily. She shares:

> *I found that when you have a hundred points to your infertility story, no one listens anymore. There's something about getting away from the verbal that is good for me. Using art instead helps me focus on what I want to say. It makes me question, "What's the one thing I want to put out there?" Does that make sense? It feels like some people's infertility stories are actually pretty succinct, e.g. "We had this issue. We did 3 IVF and now we have 2 beautiful children." But when you've had failure after failure and you've tried multiple things and you have multiple reasons why things aren't working, I think that that makes it a more in-depth story that people don't really want to hear. I'm never going to be the person that ABC news wants on the air when they talk about IVF. They only want the success stories. They only want the people who are younger and they want the simple. It's got to be like you had one diagnosis and you beat it by having a child. I know I'm an outlier already.*

Meg's reflection suggests that art serves as a reflective processing. Visualizing an experience or a story forces her to think about its purpose and how it may communicate that experience to others. Art, is also, a medium that captures the complexities of narratives. As Meg shares, she believes her story is anything but simple, and art allows for expressing the multiple challenges and lived experience that a written or oral story may not capture. Art, as a form of multimodal composition, allows for complexity to exist in a narrative. Art acts a medium allowing for counter narratives to exist and be consumed by others. For Meg, acknowledging and representing the complexity of infertility is important to depicting more diverse narratives of infertility, especially those that counter more traditional narratives representing “successful” fertility outcomes.

For Meg then, art allows one to advocate for oneself. Art does not dictate what story can and cannot be told. Art captures the variety, the contradictions, the multiplicities of stories. She explains:

> *We think of traditional advocacy as being around policy changes, but advocating for yourself is really saying my experience is here and it mattered. Sometimes that's just as important because there's so much misconception about infertility in the general population. I think any time that we’re speaking out outside of closed communities is good when we can and we feel safe about it.*
>
> *There’s a way in which I think The ART of Infertility is doing that in a very powerful way because even people are going to exhibit knowing nothing about infertility. They don’t necessarily know what's going to involve. I think that as varied the narratives are, the better. The more you include stories and artwork of people who don't fit that, like we talked about - the heteronormative white middle class - the better. That's my personal belief anyway. That’s one of the things that I liked about the exhibit, The ART of Infertility exhibit, is that people get to see their experiences reflected back*

> *at them. I'm like why not have my experience reflected back to someone else?*

Art itself captures complexities and then clustered together, as an exhibit, enhances the diversity of stories and experiences. For Meg capturing the complexities of infertility is something that she feels does not happen when one orally shares their infertility story. Like Chapter 4 noted, Meg frequently feels policed by her choice to live childfree, especially by the infertility community. Art though, and art exhibition, are mediums which make visible complex narratives. Art exhibitions allow for a clustering of multiple, and even contradictory, narratives to exist. Exhibitions act as a curation of multiple narratives. The multiplicity of narratives is vital to countering more dominant conceptions of infertility success. Embracing multiplicity is important for Meg who notes how art is the only medium that allows her voice and perspective to be shared. Art is a medium that invites others to see moments of fertility failure. For Meg, her art then becomes a tool to begin offering alternative versions of fertility success. These alternatives are what situate her art as an appeal for self-advocacy, countering the more dominant narratives perpetuated by discourses of infertility which perpetuate ideas of beating infertility through treatments.

Conclusion

This chapter has focused on how Sara, Adi and Meg desire their art to be interpreted by other viewers. For them, art is a tool to represent their reorientations and self-advocate for the challenges they have faced because of their experiences with infertility. Many of these experiences are complex and also frequently not seen by others. Unlike other reproductive losses, like miscarriage or stillbirths, infertility lacks a materiality to that experience. Yet, reproductive grief no doubt exists – as evident from Sara, Adi and Meg's stories. Visual art then serves as rhetorical tactic to provide a materiality to those invisible experiences of infertility.

In next, and final, chapter I reflect upon the findings discussed in Chapters 4 and 5 and grapple with what art and infertility mean for the discipline of rhetoric and composition. I begin with interdisciplinary implications, focusing on art as an extension of multimodal composition. I reflect on how my findings make arguments about how our training can contribute to interdisciplinary sites and projects, like arts-based therapy in health and medicine. I turn then to pondering community-engaged work in rhetoric and composition.

Specifically, I reflect on how my collaboration with The ART of Infertility has forced me to examine what interdisciplinary work in rhetoric and composition means. I argue that The ART of Infertility is a site redefining understandings of what is public rhetoric. In particular, I share stories of how my training in rhetoric and composition is frequently not understood as an asset to an arts and medicine project. However, much of what the project does is theorize new spaces for narratives. Making visible then new practices of public rhetoric, like curation, is important to establishing more interdisciplinary and community-engaged projects in rhetoric and composition.

These implications lead me to end with an afterward where I discuss limitations of this dissertation. In the Afterward, I offer a reflective story of when my relationship with a participant in this dissertation broke down. Sharing such a story is important as it speaks to the challenges of engaging in a research as care methodology.

CHAPTER 6

TAKEAWAYS, IMPLICATIONS & LIMITATIONS

> Bodies rendered infertile through either biological or sociocultural exclusion from parenting and the loss(es) associated with infertility remain largely invisible in both artistic practice and academic discourse.
> — Melissa McClure, “s/m/othering”, p. 253

This dissertation has, by and large, been a response to McClure’s concern over the invisibility of infertility in art and in academic discourse. Answering her call for a more explicit uptake of infertility in art and academia, I began Chapters 1 and 2 setting up a theoretical and methodological framework to study infertility as rhetoric by focusing upon the lived experiences of infertility told through pieces of participant art. This framework, infertility as rhetoric, upholds a methodology that attempts to care for the participant bodies present in this research. Cultivating and practicing a caring research methodology supports the central objective of this dissertation project: infertility stories matter. Often silenced or unrecognized, this dissertation’s objective on a fundamental level is to tell and theorize the stories of reproductive loss and grief frequently glossed over or under recognized. In Chapter 3, I contextualized the exigency of this project by disclosing my collaboration with The ART of Infertility. Through this partnership, I became interested in how infertility stories are told through visual art. I then spent time showcasing art as storytelling in Chapter 4 and elaborated on this claim in Chapter 5 to demonstrate how art also becomes an appeal for others to understand invisible, embodied experiences of infertility. These two chapters share this dissertation's findings that art facilitates both a self-reflective practice as well as a tool to invite others into understanding non-normative and reorienting lived experiences.

Now, writing this final chapter, I find myself reflecting on the numerous disciplinary conversations this research contributes to: art, infertility, health and medicine, rhetoric and composition, technical communication, and more broadly, community-engaged scholarship. These multiple areas of conversations reinforce the interdisciplinarity of this study. Further, as a dissertation aiming to care and support the challenges of living with infertility, I believe it is important to extend the takeaways of this research beyond the discipline of rhetoric and composition. As such, this chapter weaves together a series of interdisciplinary takeaways emerging from this dissertation. I then discuss how The ART of Infertility mobilizes these takeaways in community settings. Doing so, I situate The ART of Infertility as a public rhetoric project facilitating moments for public pedagogy, and thereby, redefining scenes of community-engaged work for rhetoric and composition. After articulating the takeaways and implications of this research, I reflect on some of the limitations of this dissertation and offer future trajectories to develop this work.

Interdisciplinary Takeaways

To begin, I draw upon the findings of this study and situate the takeaways of Chapters 4 and 5 to an interdisciplinary audience. The three takeaways discussed below are informed by the question guiding this dissertation, and paraphrased here: How does art translate experiences of infertility? Informing this question were assumptions that infertility, as an often invisible and silenced experience, needs to be visible and that art is a form of multimodality making infertility more transparent to others. At the heart of these takeaways is the stance that scholarship should hold value in the public world. Community-engaged work, like my collaboration with The ART of Infertility, mobilizes scholarship beyond academic boundaries and into community settings. Given this stance, I note in the sub-sections below how these takeaways inform the practices of The ART of Infertility. I elaborate on this later in my implications section.

Art-Making Facilitates Moments to Process Identity

The reflective narratives recounted by Sara, Adi and Meg in Chapter 4 reinforce the centrality of arts-based making to processing, or reorienting themselves to, their infertility diagnosis. Art as a creative practice allows one to grapple with newly acquired identities, like receiving a cancer diagnosis, has been adopted by more body-mind integrated fields, such as art therapy. Drawing upon Lave and Wenger's (1991) theory of situated learning, art therapy enables informal learning experiences through creative expression. Arts-based therapies have been successfully implemented across populations who have endured traumatic experiences, such as "physical and emotional abuse, cancer care and incarceration" (Hughes, 2009, p. 28). Yet, in the context of infertility, the use of art therapy has not yet taken off. Some scholarship, however, has begun to explore the potential to applying arts-based therapy to infertility. Hughes' (2009) study on sub-fertile, a Canadian term connoting infertility, writes:

> Art therapy is an inexpensive, insightful, and joyous process that requires absolutely no technical artistic ability. It provides sub-fertile women with a powerful avenue for expression, while increasing awareness in themselves, care-givers and peers, of the grief that they carry. In visualizing this grief, women are empowered and encouraged to leave it behind. (p. 35)

In fact, art therapy is described as having a “powerful advantage over verbal and written communication of visibly showing us how we are thinking and feeling, allowing us to acknowledge and understand what may be hidden to us and to others” (Hughes, 2009, p. 28). In the context of infertility, and documented in this dissertation, words cannot always capture experiences. Thus, art can become a method of self-processing so as to support moments of verbal communication. Take Adi, who during our interview, shares with me:

> *It's kind of like hard for me to put my paintings that into words. That's why I'm doing that. I'm doing that because when I have something in my heart and I don't find myself in a way. I feel like I'm sad, I don't know what to do. I will just start to paint. I would never how do you say it, I would never know what I will do before. I will just start. It's very intuitive.*

Meg also explains to me how she initially relied upon art journaling as a therapeutic release, stating:

> *The format was newer in terms of the art, putting in the books and making it sort of a memory keeping document was a newer form and like you can see, I did it for a while and then I got …it was a way in which I felt like it*

> *wasn't that therapeutic. Initially it was. It was great. I got out some stuff, but then I just was just tapping into how frustrated and sad I was and sometimes you don't want to keep reworking those emotions, even creatively.*

While Meg admits that there was an ending point to her feeling as if she was engaging in a type of therapeutic release, there is clearly an initial affective draw to making art as a method of release. This notion that the making of art acts as a form of release is important to multimodal composition. It suggests implications that multimodal composing practices not only exist outside of the composition classroom but hold deep, personal resonance outside of the classroom.

Sheridan, Ridolfo and Michel (2012) have argued for a public turn to multimodal composing practices, advocating for how a public turn may assist the professionalization of our students. They propose that:

> Instead of leaving the work of cultural production to graphic designers, illustrators, photographers, videographers, and other creative specialists, this work should be consider the proper domain of ordinary people. (xii)

Elaborating on this point, their book, *The Available Means of Persuasion: Mapping a Theory and Pedagogy of Multimodal Public Rhetoric*, offers a pedagogical framework for teaching multimodal public rhetoric in the composition classroom. This dissertation, however, contextualizes multimodal public rhetoric from another viewpoint – located very much outside of the classroom and in communities of practice. This dissertation, and the takeaway that art-making facilitates identity formation, is important to the composition classroom. For example, art making may serve as an effective assignment for students to reflectively explore their learning processes and applying those reflections to a community of practice, such as the college classroom. It is also important beyond the discipline, having implications for supporting individuals who have endured traumatic experiences leaving them feeling disoriented and detached from their previous identities.

I build later on this takeaway to elaborate how The ART of Infertility broadens scenes and implications for multimodal composition, or art-based making, through the hosting of infertility art workshops. These art workshops expand scenes of multimodal composition in the public sphere and create moments for public pedagogy. I take up this takeaway later then to model an alternative form of multimodal public rhetoric, situated more immediately in a community setting for infertility patients.

Art Acts as a Communicative Tool for Patient-Centered Support

While art facilitates moments for self-reflective processing, art can also be used as a tool communicating infertility experiences to a variety of support networks, such as fertility professionals, therapists as well as friends and family. For example, in Chapter 5, we learned how Sara and Adi both use their pieces of art to communicate their infertility experiences with non-fertility experts. Adi discusses, while she has anxiety sharing her pieces, she has begun to share some of her infertility art with friends and family. She remarks how “it actually opens up conversations about it” and that she has found sharing her pieces has “made them feel more close to me.” The sharing of art with her friends, and in particular, with her mother, facilitates moments to have a conversation about difficult experiences.

Sara, too, discloses how she showed “Failed IVF #1” to one of her patients who had asked if she had any children. Recently suffering from her first failed IVF cycle, Sara explains how she showed the woman a picture of “Failed IVF #1”. Upon showing her the photo, Sara noted how the patient’s demeanor towards her changed. Sara and Adi’s experience suggests that the sharing of infertility art can serve as a catalyst for more sympathetic and reflective understandings and practices around issues of infertility.

Additionally, Sara’s experience with showing that piece to her patient is also important. She discloses that part of her decision to show the patient “Failed IVF #1” was out of a need to also demonstrate to the patient that Sara “gets medicine.” She uses “Failed IVF #1” to demonstrate expertise. Fountain’s (2014) work has examined how technical expertise, particularly in a gross anatomy lab, develops as students learn through interaction with visual images and physical body parts. Sara’s story suggests how this form of embodied learning and expertise may also emerge through patient created artwork.

For example, Chapter 5 also discloses Sara’s story about how she also showed “Failed IVF #1” to her doctor who was questioning how successful Sara had been at losing weight in an attempt to get pregnant. After showing her doctor the piece, Sara disclosed how the doctor’s attitude towards Sara immediately changed and actually ended up facilitating a better, more patient-centered relationship. In fact, Sara notes how after showing the doctor her piece that she could finally be honest with her.

Sara’s story demonstrates how art becomes a tool to negotiate power disparities between physician and patient in health contexts. While research in technical communication has done well describing barriers to care (Barton, 2007; Burleson, 2013; Eggly et al, 2015; Ellingson & Buzzanell, 1999; Segal, 2007; 2012; Wests, 1984), more scholarship must begin to not only describe problems but build patient-centered models to intervene in barriers. Wells' (2010) *Our Bodies, Ourselves* acts as one example that has begun to develop participatory and patient-centered approaches to reproductive healthcare, and I argue, that integration of patient-created artwork in healthcare may also act as an additional an interventional model to support more equitable communicative practices between physician and patient. Specifically, the application of patient created art in healthcare settings indicates moments where agency may be cultivated through reflective, multimodal composing practices.

Studies have documented the successful application of visual arts in medical education, finding that "health care students not only gain important clinical skills from such teaching, but also that arts experiences help develop expressive capacity, enhance attitudes…[and] challenge clinician's assumptions about patients" (Kidd et al, 2016, p. e23). The integration of patient-created art, particularly in regards to infertility, holds importance given concerns over the limitations of current patient-centered models of care. Cunningham and Cunningham (2013) argue that current patient-centered models of infertility care fail to fully support patient physical and emotional health given "the complex every day lives of women living with and through infertility" (p. 3429). To better revise patient-centered care models, like Dancet et al's (2011), fertility practitioners should consider incorporating moments for patients to create infertility art as a method to facilitate communication between fertility professional and patient.

Acknowledging how art opens up space for communication between the fertility patient and the variety of infertility stakeholders fertility patients interact with, including friends and family, informs the spaces as well as the variety of exhibitions hosted by The ART of Infertility. I draw upon this takeaway later in this dissertation to discuss how art exhibitions become a site for public pedagogy, communicating to the public viewer the various challenges and barriers to infertility care. It is the intention that these exhibits work similar to what Sara and Adi's stories demonstrate – opening up space to talk and show others a glimpse into living with infertility.

Art Makes Infertility Matter

As stressed throughout this dissertation, infertility is frequently characterized as invisible, silent and thus unrecognized by those who either do not desire children or who are fertile and encounter no issues conceiving. Silence around infertility operates as a rhetorical mechanism to maintain normative cultural conceptions of fertility. Specifically, silence sustains the myth that fertility is a universal experience, and thus, reinforces "an ideology of motherhood and symbolic ideal of family" (Allison, 2011, p.17). Yet, infertility inspired art acts a tool to intervene in the silences surrounding infertility. Specifically, art becomes a mode for materializing infertility.

Sara's "Failed IVF #1" is evidence of this. She describes how she purposefully uses artifacts from her fertility treatments, like her syringes and ultrasound image, to make visible her failed treatment. Adi's "Contact" is another example that materializes moments of friendship loss. Additionally, Meg shares with me how in hindsight, she wished that she had kept all of her negative pregnancy tests. She tells me:

> *The one thing I regret is that I didn't keep every single negative pregnancy test because I really wish I had that pile to do a great installation piece. It would have consisted of 65 negative tests. For the installation, I would place all 65 in a pile in an empty room. It would be like a real installation piece. Viewers would walk into the empty room and there's just this pile of things that look like sticks. You go up close and you realize that the pile is all negative pregnancy tests. They'd be piled on top of each other like a little fire pile. That's how I would have created that piece, that would have been my installation.*

Meg's desire to create an installation piece using her negative pregnancy tests reinforces the immateriality of infertility. Despite all of the treatments, vials, syringes used on her body, as well as on Sara and Adi's – there is nothing to mark and recognize all that they have been through. There is no child. Infertility, unlike miscarriages and stillbirths, lack a material reality. Infertility art thus serves to fulfill a desire to materialize moments of grief and loss and call the attention of others to these experiences. Art, thus, acts as a type of Freirean critical consciousness. Desyllas (2014) remarks on how Freire's concept of critical consciousness operates within the context of visual art, especially photography, explaining:

> Freire (1970) argues that the visual image is a tool that enables people to think critically about their communities, and reveals the everyday social and political realities that influence their lives. The idea of codifying language and experiences into visual images is seen as a way to 'stimulate people "submerged" in the culture of silence to "emerge" as

> conscious makers of their own culture' (Freire, 1970: viii). Within Freire's process of community dialogue, 'codes' are concrete representations of community issues that can be used to build awareness and encourage the construction of knowledge. As a communication tool, photographs can educate, inspire and influence decisions (Freire, 1970). (p. 479)

Eliciting the work of Freire and understanding how art works as an appeal reinforces claims in Chapter 3 that art does and findings in Chapter 5 that art functions as an appeal for self-advocacy. Further, Freire's work and Desyllas' interpretation of his comments indicate that art invokes others to revise previous assumptions. In sum, art matters. It both represents immaterial experiences of infertility through mediums of matter. But art also encourages others to see other experiences that matter, but are not always made visible, like infertility. In this way, "art can teach through challenging ready-made perceptions, slipping between cracks in consciousness, assumption and the 'known', through making new bodies and creating accompanying ways of knowing" (Hickey-Moody & Page, 2016, p.19).

This takeaway informs how The ART of Infertility engages in public rhetoric practices and expands sites for public pedagogy. Hosting art workshops for infertile men and women, The ART of Infertility provides pedagogical activities for individuals to make pieces of art demonstrating how infertility matters. As a traveling exhibit, The ART of Infertility situates exhibitions as spaces to evoke public pedagogy. Meaning, The ART of Infertility intentionally curates exhibits as an extension of public pedagogy, structuring exhibits as a critical narrative to evoke viewer consciousness about the issues related to infertility. In what follows, I elaborate on how curation and infertility art workshops mobilize this takeaway into public spaces.

Implications for The ART of Infertility

As indicated earlier in this dissertation, this study was conceived in many ways out of my collaboration with The ART of Infertility. Therefore, as a dissertation project rooted in community-engagement, I reflect on the takeaways articulated above to discuss implications for this research in the context of The ART of Infertility. Specifically, I claim that The ART of Infertility redefines scenes for engaging in public rhetoric work. Discussing how The ART of Infertility mobilizes public pedagogy around issues of infertility, art and curation indicates new, interdisciplinary potential for rhetoric and composition. As Coogan and Ackerman (2010) write in their introduction to *The Public Work of Rhetoric*:

> Rhetoricians have already worked as policy analysts, critical ethnographers, public teachers, rogue historians, advocates, and community organizers. But rhetoric has not, by and large, positioned these avocations as vocations for disciplinary renewal in English and in communication…this collection presents an alternative narrative, a rhetoric of the 'lost geographies' of public life that hold within them the political and ethical dimensions of real events and social relations that make our disciplinary identity newly possible. (p. 8)

I offer The ART of Infertility as yet another 'lost geography' of public rhetoric work that the discipline has not yet fully recognized. Making visible how this organization engages in forms of public rhetoric and pedagogy may support more interdisciplinary landscapes for where and how rhetoric and composition make institutional arguments about the contributions of our scholarship. Williams (2010) argues:

> It is important not only that we encourage more research about the writing taking place off campus but also that we use this moment to engage in systematic and conscious reconsideration of the practices and, just as important, of the nature and perceptions of the field. (p. 130)

Williams' stance for rhetoric and composition to consciously consider how other disciplines view our participation in more interdisciplinary and community-based research scenes should not be taken merely as a suggestion. Frequently, I have felt myself needing to strategically argue how my degree in rhetoric and composition positions me to contribute not only to an arts project, but especially, a project with a health and infertility focus. While I understand, and hope to make clear below, how rhetorical and pedagogical training support the interdisciplinary objectives of The ART of Infertility, when I travel and talk to medical professionals, other artists, even some in the infertility community – few know or can make sense of how rhetoric and composition not only supports the project but qualifies The ART of Infertility as a recognizable research organization.

Allow me to share one story to better contextualize the tensions I have felt as a rhetoric and composition scholar sharing this research with infertility professionals and scholars. In October 2016, Elizabeth Walker and I presented the project to an "Access to Care" panel at the American Society for Reproductive Medicine (ASRM) Conference. In our presentation we provided a brief overview of The Art of Infertility and how this project — through the telling of stories and artwork as curated exhibits — calls public attention to the challenges and barriers to infertility-related care. While the presentation itself went fine, what became clear to me in listening to the other panelists were how different our methods and professional qualifications were. Elizabeth and I, while we presented qualitative data, nearly every other panelist presented quantitative or mixed method data. Further, many of the other panelists were either MDs or medical PhDs. I was the only individual with a humanities degree. Without doubt, I felt othered in this space as if my qualifications and data were not rigorous enough to be taken seriously.

I share this brief anecdote to underscore Williams' claim and Coogan and Ackerman's urging to make new geographies for public rhetoric more visible. How may rhetoric and composition scholars who embrace interdisciplinarity in their research make arguments and position their work to social science and medical fields? And more practically, how may we explain our qualifications to the participants who partake in our community-engaged research? Broadly, how do we make rhetoric and composition known to the world, beyond the realms of teaching writing? These questions propel me to make clear how I situate The ART of Infertility as a public rhetoric project facilitating scenes of public pedagogy.

In what follows, I explain how The ART of Infertility mobilizes the takeaways listed above through a series of practices, both pedagogical and rhetorical. I begin overviewing the community art workshops hosted by The ART of Infertility and explain how these workshops are models of multimodal composition operating in the public sphere. These workshops are structured as pedagogical activities for adults to engage in processing their infertility diagnosis. I then switch gears and discuss The ART of

Infertility exhibitions. I take time defining curation as rhetorical practice constellating around a series of publics and interdisciplinary issues to evoke infertility awareness. I end by explaining how curated infertility art exhibits are scenes of public pedagogy.

Community Art Workshops as Multimodal Public Rhetoric

As a project committed to supporting the infertility community, The ART of Infertility frequently hosts art and creative writing workshops. These workshops are structured events themed typically around a particular arts-based making activity. Some previous workshops have included: cigar-box workshops, blackout poetry workshops, wind-chime workshop and love-branch workshops, as shared previously in Chapter 3. Important is that these art workshops, while varied by medium, are accessible. Formal art training is not a prerequisite for participation at these workshops. Rather, these workshops operate around rhetorical invention. Individuals participate and make, for example, wind chimes that hold personal meaning to their infertility story. As such, at these workshops individuals may have support learning how to link a chime to a chain so as to hang it and allow the chime to function, the objective of these events is not to make the most appealing or most functional wind-chime. Rather, the objective is to have individuals engage in a self-processing, of inventing meaning, to the wind chimes. Thus, more time is spent in these workshops making decisions about what beads or colors – what story – the wind-chime represents. The decision then to structure these workshops activities exploring rhetorical invention make visible how art workshops support accessible forms of multimodal public rhetoric.

These workshops, then, expand current geographies of multimodal composition. That is, disciplinary conversations have discussed multimodal public rhetoric as a method for “nurturing a set of understanding about the social world we live in (or want to live in) and the kinds of social practices—including rhetorical practices—that sustain it” (Sheridan et al, 2012, p. 174). Sheridan et al’s (2012) work makes the case that multimodal composing practices bridge the academic classroom to the greater world because of how self-reflection appears in multimodal making. The art workshops hosted by The ART of Infertility expand Sheridan et al’s work to communities beyond the university. Specifically, The ART of Infertility workshops engage with adults who must grapple with what it means to be infertile. These workshops move multimodal composition to community sites and indicate how adults may benefit from multimodal composing workshops. It allows them to also ponder the moments in which art may serve as an artifact representing and communicating those experiences to others. Ultimately, these workshops facilitate moments of life-long learning inviting individuals to think about what it means to be infertile – expanding whom may benefit from more public models of multimodal composition.

Curation as a Rhetorical Practice

Community art workshops, I argue, are more recognizable forms of how The ART of Infertility enacts pedagogical activities to contemplate and critically reflect on an infertility diagnosis. For example, rhetoric and composition has a history of researching community writing groups and activities. Evidence of the discipline’s attention to community writing practices can be found at conferences like the *Conference on*

Community Writing and the *Community Literacy Journal*. While the workshops I mentioned above are not centered on traditional forms of writing, I reason that given the discipline's interest in community writing practices, arguments that arts workshops extend scenes of multimodal public rhetoric tend to be commonly accepted.

Curation, on the other hand, I believe is less visible and not well understood as a rhetorical practice that invites moments for public pedagogy. While recent scholarship examining online collaborative authorship practices, examined in *Textual Curation: Authorship, Agency, and Technology in Wikipedia and Chamber's Cycloypedia* (Kennedy, 2016), has emerged – no rhetoric and composition scholarship on arts-based curation as rhetorical practice has taken place. I take time here then to elaborate on the curation of infertility exhibits as a rhetorical practice intentionally assembling stories and art to depict a particular infertility narrative and intervene in the cultural silencing around infertility by evoking more critical awareness about the challenges of infertility.

To be clear, curating The ART of Infertility exhibits involves more than simply hanging artwork. Rather, curation may be better understood as a series of rhetorical decisions, which consider:

> Exhibition layout, juxtaposition, and museum signage, shape [of] the floor plan of an exhibition and suggest, if not prescribe, not only visitor itinerary and movement but also ways of feeling about the cultures from which the objects on display derive. (Tyburczy, 2016, p. 103)

Curation then is another form of narration. Curators invoke a particular narrative through the selection of pieces, the arrangement of the exhibit pieces, the direction of bodies moving through the exhibit and the disclosure of information accompanying the pieces.

To curate requires both a micro and macro understanding of how the viewer interprets the exhibition. On a micro level, the curator must attend to the individual pieces of art and how they may personally resonate with a viewer. On a macro level, the curator must attend to how the viewer moves through the exhibit and how from this movement a larger narrative may emerge out of viewers assembling together the multiple individual narratives they consume through looking at each individual piece of art. In this way, curation is a public pedagogy practice. It constructs narratives so as to evoke opportunities for “people to learn about themselves, their culture and society, and the larger world around them” (Camic & Chatterjee, 2013, p. 67). As such, curated art exhibitions act as public forms of educational programming and facilitate a public pedagogy. Doing so, I argue that The ART of Infertility acts as a public rhetoric project drawing critical attention and intervening in the cultural invisibility of infertility. In sum, it extends practices – seen in this dissertation – to make visible new paths for orienting to an infertility diagnosis,

To be clear, these implications concerning The ART of Infertility are in need of further research. More work must investigate how viewers interpret and leave The ART of Infertility exhibitions. To be frank, this study did not explicitly attend to how viewers may or may not have become reoriented to experiences of infertility. In the section that follows then, I elaborate on the limitations of this dissertation and speak to future research needed to respond to these limitations.

Limitations of Study

As a dissertation project informed by feminist research methodologies (Tong, 1998; Royster & Kirsch, 2012), I must reflect on the various limitations of this research. To do so, I discuss limitations related to demographics of infertility, outside viewer interpretation of the artwork, infertility as an in-flux identity and art as research.

Demographics of Infertility

I begin by discussing the limitations of the participants of my study, relating these limitations to demographic issues with discussing infertility. First, the number of participants limits the implications of this study. As a project designed to be completed within a year and half of its proposal, I intentionally limited my study to three participants. I ended up interviewing a total of four women for this project. However, only Sara, Adi and Meg appear in this dissertation, as the other woman's interview did not fully record. When I discovered the technical malfunction, I decided to interview Adi rather than try to recreate the interview. As such, only three data sets are used in this dissertation. Additionally, these data sets are from initial interviews.

Second, this dissertation is limited by the scope of infertility experiences represented. That is, while I desired to collect stories from women who were at different points in their infertility journey, I did not intentionally set out to interview women who have yet to become pregnant. The fact that all three women have had failed fertility treatments and still remain living without children is simply a coincidence that emerged across all three women. I point to this fact as my examination on infertility focuses on those who have yet to achieve pregnancy. As such, their stories of infertility are situated in a particular context, which often critiques the idea that fertility treatment is a simple solution to resolving infertility.

Third, all three of these participants are women. This is a limitation of the study, but also, I believe of The ART of Infertility project as well. That is, artistic expression of infertility appears to be rather gendered. While The ART of Infertility has received a few donations of male created artwork, these pieces are few compared to the number of pieces created by women. Further, infertility itself is a rather stigmatizing experience for men. While this dissertation has paid some attention to the stigma of infertility in regards to women, male experiences of infertility are often described by engendered feelings of inadequacy and emasculation (Throsby & Gill, 2004). To be frank, infertility, while shattering for both women and men, is heavily gendered experience, of which, outlets for support as well as research is unevenly focused on women (Culley, Hudson & Lohan, 2013). Thus, many men do neither share nor talk frequently about infertility. Recognizing the gendering of infertility is important then to acknowledging the reality that I simply had access and knew of more female infertility artists than male.

Finally, all three of the women that I included in this dissertation identified as white women and spoke frequently of their fertility treatments. While they did express concern over the cost treatment and how that impacted fertility-related decisions, the fact remains that they all did have access to care for fertility-related services. I intentionally want to make clear this issue of access to care in my work, as it is a limitation that has not yet been addressed in this dissertation. Access to care is an emerging concern across infertility-focused studies. Much concern has been expressed by researchers noting that while previous studies about infertility experiences have provided important information about challenges to fertility-related services, many of these studies fail to account for the numerous infertile women and men who are automatically removed from research implications as they do not have access to the fertility coverage nor fertility-related services, such as even the diagnosing of infertility. To be infertile then connotes a particular level of class and access. All three women in my dissertation had access to a variety of infertility services as well as financial support to pay for at least one fertility-related treatment. As such, this dissertation is contextualized from a white, middle-class perspective and it limits conversations about how art may communicate more cultural, social class perspectives about experiences of infertility. In the future, I hope to mobile my research as care methodology to better address this tension of access to care in regards to infertility.

Outside Viewer Interpretation of Artwork

While Chapter 5 discusses Sara, Adi and Meg's intentions for how viewers should interpret their artwork, the dissertation is limited by the fact that outside viewers were not interviewed for this dissertation. As a result, while Chapter 5 details how art is used as an appeal to reorient others to the realities and challenges of being infertile, how successful or accurate this appeal is to outside viewers is not known. Originally, when I proposed this project, I intended to interview viewers of the pieces of art. However, given the time constraints of this dissertation, it was suggested to me that I think about this dissertation as a two-part study. The first part would focus on the artist's intentions and motivations. The second part I could take up at a later point, upon completing this dissertation project. As such, it is my intention to develop a study to elaborate on viewer’s interpretation of the pieces of art displayed at The ART of Infertility exhibitions.

Infertility as an In-Flux Identity

My decision to study infertility as rhetoric, as an embodied identity, was intentional and meant to provide an alternative framework for understanding infertility from a rhetorical lens. As articulated in Chapter 1, infertility as rhetoric examines the tools and strategies infertile women and men use to rhetorically navigate an infertility diagnosis. In many ways, infertility as rhetoric explores how rhetorics of infertility constrain and create structural challenges to resolving ones infertility. While I believe in the need to understand infertility as a rhetorical embodied identity, I was unprepared to fully understand the challenge of engaging in identity-related research. Infertility, as expressed in Chapter 1 and more so in Chapter 4, is a constantly reorienting identity. New challenges and experiences are constantly forcing one to revise how they identify as infertile. As Cunningham and Cunningham (2013) state, “infertility is not a single event but a complex, relational process” (p. 3434-3435). This idea that infertility is an in-flux identity emerged throughout the doing of research and writing of this dissertation. Specifically, in the afterward, of this dissertation, Meg’s story and the grappling of negotiating new interpretations of how one identifies as infertile will be elaborated on. As such, while I asked all of my participants to read and give feedback on this dissertation, how they identify as infertile has and will continue to change even after this dissertation is completed. Therefore, the stories told in Chapter 4 and 5, along with my interpretation of them, can only be understood as taking place in one particular moment of time. As time and other experiences occur, how each woman identifies as infertile changes and shifts. A lengthier study, in hindsight, may have better addressed as well as allowed me to trace how infertility identities shift across time and across pieces of artwork. This limitation thus speaks to additional research that this work may bear.

Art as Research

A fourth area of limitation to this dissertation is simply the challenge of doing arts-based research. Sally Atkins, a Professor Emerita who developed the Graduate Program in Expressive Arts Therapy at Appalachian State University, reflects upon the challenges of guiding graduate research on arts-based inquiry. In her article “Where are the five chapters? Challenges and opportunities in mentoring students with arts-based dissertation” she (2012) shares “one of my biggest challenges for me in working with these dissertations has been my own feelings of inadequacy” (p. 63). She openly documents her challenges to facilitating graduate mentorship over arts-based dissertations noting tensions because of how such dissertation frequently do not “look like” traditional dissertations, how to navigate the fostering of creativity – noting the need to provide one student deadlines while giving the other student more space to fuel creativity, as well as the integrated role of dissertator’s personal perspective.

I raise Atkins’ honest account of arts-based graduate research as it speaks to many moments in which I myself felt like I was doing inadequate work. This is further fueled by the fact that while my dissertation focuses on arts-based making practices, I myself am in a Rhetoric & Writing program. As such, I felt throughout this dissertation the need to situate my examination of infertility amongst rhetoric and composition conversations. Nonetheless, much of what this dissertation is attempting to document, is the potential for more interdisciplinary spaces for community-engaged or public rhetoric projects in rhetoric and composition. This will be elaborated on later in this chapter when I discuss The ART of Infertility as a public rhetoric and public pedagogy project. Given then how my collaboration with this project has informed my analysis and framing of this research, I also wonder how this dissertation format, this medium of written writing with embedded visual art, limits some of the findings and potential of this dissertation. Many times I felt as if some of what this project could have benefited from was an online, digital platform. This platform could serve as a space to digitally experience the pieces of art, as a curated exhibit. Another option I felt compelled was to rethink this project as supplementing much of my arguments by creating a physical exhibition of the work. In sum, what is not shown, what is not made visible in this project is the shear amount of physical labor involved in arts-based inquiry practices. Making visible other forms of institutional products – such as art exhibitions – is something that I believe is not well represented and could be enhanced by envisioning an alternative or supplemental component to this dissertation.

Conclusion

It feels odd to attempt an end to this dissertation. In many ways, this research continues to evolve given how entangled I am to this work as a co-director of The ART of Infertility. This work is not siloed. It travels and is in practice. For example, as I write this conclusion, I have just returned from a trip to Seattle where The ART of Infertility curated and installed a month-long art exhibit titled “SEA-ART-HEAL: The ART of

Infertility in Seattle.” During this month, the project will also be traveling to Boston to host an educational programming event for employees at EMD Serono, a pharmaceutical company manufacturing fertility treatment products. The month of April wraps up with yet another visit to Seattle to both take down the exhibit as well as host a blackout poetry workshop, inspired from the piece “My Consent” appearing in this dissertation. Given these events for the month of April, along with a host of other events scheduled for 2017 and 2018, I have difficulty writing a conclusion for this project.

Instead, I suggest a better metaphor for ending this work may be an ellipsis, as I plan for this work to continue. This ellipsis reinforces the framework applied throughout this dissertation: infertility as rhetoric. Infertility as rhetoric tends to the embodied experiences and rhetorical decisions women and men encounter because of their infertility. As many of the women and men that I have met throughout this project have noted: infertility never leaves you, it is always there. Thus, to understand infertility is to understand it as an identity that constantly encounters a series of rhetorical decisions and negotiations. Infertility never leaves the body, its experiences and reorientation to a pronatalist culture remain.

Sometimes though, attempts are made to try and move on from infertility. To come, as is frequently called in the infertility community, “to a resolution.” That is, infertility may never leave one but how one chooses to participate in the community may change given one’s resolution. For example, some who find success and become pregnant after years of infertility may eventually make the decision to transition to what the infertility community commonly refers to as “parenting after infertility”. Others may make the decision to find resolution in embracing childfree living. I share these attempts to move on and find resolution as it speaks to one more challenge encountered in the doing of this dissertation. I invite you then, to read on, just one more time.

AFTERWARD

> Publication, visibility, and telling one's story — these are acts, a putting of the private onto the stage of the public, and these acts need careful negotiation.
>
> — Petra Kuppers, *The Scar of Visibility*, p. 17

I want to take time in this afterward to touch on a methodological concern that has emerged from the doing of this dissertation. As a project that has articulated and evoked what I call a methodology of care, an ethical framework making visible the relationships and including the participation of bodies whose stories and art inform this work, I feel compelled to acknowledge that there have been times when this methodology has failed or, at the very least, could have better attended to the realities of doing community-engaged, participatory research.

To provide some context, I need to acknowledge that when I approached my participants and asked for their participation in this project, many of them expressed an openness to participate out of a desire to share their story, to raise infertility awareness. That is, my participants were not particularly compelled to participate so as to make new rhetorical theories or have their stories support a new methodological framework. This dissertation then was engaging in community based-research that aimed to support the activist agendas of my participants.[32] In many ways, they viewed their stories as their story. Not as data. But as a story they own, as a story they have lived, and as a story that they control.

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[32] My participants viewed the sharing and circulation of their stories and art as supporting infertility activism by raising awareness about living with infertility.

Further, when I asked them why they felt comfortable or compelled to talk to me about their experiences both Meg and Sara acknowledged how my personal experiences with infertility positioned me as someone who was trustworthy of knowing their stories. For example, Meg explained to me:

> *First of all, when I know that someone else has struggled, it has so many layers, oh my God. It's not first and second. You're going to have an understanding of some of the complexities of the grief and the loss. I know that. Secondly, I don't have to explain every single term and every single procedure and every single diagnosis. What you'd have to do with someone who hasn't gone through it…I went to a gynecologist and she just didn't even know the difference between IVF and IUI. I nearly slapped her. I'm never going back to her again. Anyway, yes. Being able to not have to explain the medical terminology, which as soon as you do, distances people. It removes the emotional connection. You have to do a lot of explaining of the medical. Then I think it's also helpful that I know your personal story, not just that you identify as infertile, but that I know that children may not be in your future, because that's even a possibility makes me feel a whole lot safer.*

And Sara told me:

> *When you don't have knowledge, that you haven't been there, there's a level of stress that you don't understand. It's all painful. These procedures hurt. It is not comfortable to be probed. It is not comfortable. There's a water test that they do and they shove water up you and take pictures. It*

> *hurts. The dye test hurts. If you haven't been through that, you don't know the pain. Not knowing if your procedures works is a level of stress that only someone who's been there can comprehend. When you're dealing with someone who doesn't know all that, it's kind of like layman versus not. I would have to explain to you PCOS. I would have to explain to you the viles and the medicines and the syringes and the fact that there is a grief and a loss that I think I'm still going through. Somebody who's not dealt with infertility, has not had to look at their spouse and think, "I may not be able to give you a kid with your DNA and my DNA combined." There is such a loss in thinking that. I hope that people who are fertile won't have to go there. It's not something you wish on anybody. I wouldn't wish it on my worst enemy.*

The anecdotes from Meg and Sara speak to the fact that there was a sense of feeling comfortable sharing their stories with someone who is also infertile. Making clear how they understood me less as an explicit researcher, but more as a fellow infertile woman in this dissertation project, raises implications for activist research practices.

Blythe (2012) tackles the composing of community and activist oriented research, explaining the relationship between researcher and participant, by stating:

> In a reciprocal relationship, researchers must attend to the needs and agenda of participants. Purposes, questions, methods, and results should be developed collaboratively, rather than by the researcher alone. Grabill (2000) goes so far as to argue that researchers should be 'invited to participate in local problem solving' (p. 34; italics added). That is,

> researchers should begin to contribute their expertise only after local citizens have invited it. (p. 275)

Blythe's comments underscore the exigency for relationships to inform and guide activist-oriented research. He tends to the need to negotiate participant defined outcomes in relation to publication requirements for researchers. Blythe (2012) demonstrates how several activist researchers tend to these real tensions in research, indicating that "activist researchers publish article-length works not so much to report results of research — those improvements or changes that many readers may expect—but to comment on issues related to research and social problems" (p. 283). Thus, activist and community-engaged research almost always has two deliverables, one that is community-oriented and one that is academic-focused.

In retrospect, I question how well I succeeded at offering two deliverables given my relationships with these women. In many ways, sharing infertility stories, circulating artwork was meant to be a community-orientated deliverable. Making visible stories of infertility was in and of itself an aim to support infertility awareness, an aim that all of my participants noted was important. However, I question moments in which I may have needed to spend more time explaining the implications and process of academic research. For one participant, this tension between research that supports communities of practice and research that speaks to academia was almost always in tension, and still is. In what follows, I tell story that emerged in the process of doing and writing this dissertation, to later discussion moments in which participatory, activist and community-engaged research practices have implications in particular for dissertations.

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When I began my dissertation project, I knew that I wanted to interview prior ART of Infertility artists. Sending out an email to past participants explaining my intention to understand the motivations influencing their desire to create pieces of art representative of infertility as well as donate those pieces to The ART of Infertility, I settled on three participants. For this story, I want to focus on one participant, Meg.

I first met Meg in Washington D.C. at another Advocacy Day event. Elizabeth and I went to Advocacy Day that year with the intention of interviewing more infertile women about their art for The ART of Infertility. This is how and where we met Meg. During our interview, she told us about the multiple failed treatments she and her husband experienced. As well as her coming to the reality that she most likely never will be pregnant and how she and her husband were wrestling with the decision if they should try one more time. For them, adoption or a non-biological child was not an option.

For several reasons, Elizabeth, Meg and I all grew close. Our stories, all of us wrestling with the idea that we may find infertility resolution by being childfree, bonded us. And so, when I sent out my email about participating in my dissertation, Meg agreed. And I should I add, I was happy that she did. Her art and her story were contrasts to the dominant narratives documented in infertility studies.

We set up a date for our interview in December of 2015. Our interview went well. We talked for nearly two hours and I thanked her for the time she spent. I shared with her that I would be sending out the interview for transcription and that I would send her the transcript so that she could review and clarify any specifics. I would also send her chapters of my dissertation that concerned her story and she again would have the opportunity to review and change. All in all, I was trying to be a good, reflexive, feminist researcher.

A few months after I had completed all of my interviews, I received the transcripts and sent them to Meg. She sent them back with a bit of clarification – mostly language. A few months later then, as I began to write up my "data" chapters I emailed all of my participants to ask how they may want their health conditions as well as spouses represented in the dissertation – if at all.

Immediately, I heard from Meg. She sent me a revision of her bio. She explained to me that after our interview, she and her husband had underwent additional testing. It was revealed from those tests that male factors were far more seriously than previously thought. This, together with her diminished ovarian reserve, made any chance of conception even more improbable. Noting that, I changed and updated the chapter.

With the chapter drafted, I sent it off to all participants. I heard back again from Meg who expressed concern that I wasn't representing their infertility diagnosis well enough and how it was very important to both her and her spouse that I most accurately represent them. I wrote her back and told her that I would make these changes once I had the time to do so. I explained that I was working on a different chapter at this point, but that I would be sure to adjust and resend to her for review.

A few months past and I am preparing my dossier for the job market. It dawns on me that my participants may like to see my cover letter as well the sample chapter that I created – as it frames my research and their stories in rhetoric and composition. I send these documents and receive another email from Meg who is immediately concerned that I am sharing her story in these job materials. I write back and explain how the consent form covered this and how we talked on the phone prior to her participation to explain that her story, what would be my “data”, would appear in my dissertation and then eventually in articles and possibly a book. I explained how we talked about academic circulation. Upon sending that email, she replied explaining I did not fully explain these consequences of her participation and that she felt betrayed.

I wrote back frantically explaining how I never meant to betray her. How I remembered having conversations with her about how she would review chapters and have consent over her story. I explained how the academic job market worked, how I needed to share my research to demonstrate trajectory. And I apologized and apologized – offering that we could still use a pseudonym to protect her identity and that nothing has been published with her name on it. I also went back and walked her through the informed consent form that she signed.

After several email exchanges attempting to clear up all confusion, it was made clear to me in my last email exchange with Meg that she would preferred not to have participated in this dissertation but that she would now like to use a pseudonym. Her misunderstanding of how her story would be used in articles beyond the dissertation placed so much stress on her that she wished she never participated. She ended her email explaining to me that if we did not have a personal connection, she would have pulled out. That she didn’t realize how hard it would be for her to see her story continually discussed in my work and that because of the way her story will “live” in my research – she expressed difficulty in ever being able to reach resolve with infertility, resolving that she will be childfree.

For Meg, participating in this project directly impacted the ways she attempted to negotiate her infertile identity. When she first began participating in the project, she had made it clear that they were coming to terms with being childfree. But that she still wanted to participate and represent being childfree as a valid option in the infertility community. During our interview, she continually commented on how she felt policed by others in the IF community, that she was limiting herself from having a child because she wouldn't pursue non-biological children. That she was, by herself, creating additional challenges towards resolution. Meg, though, wanted to use her story to contest such pressures, to suggest that being childfree is not a failure, that it is a valid choice. This, however, changed as time went on with Meg and with my dissertation. She realized that she needed to separate herself from the IF community if she was really going to be able to move on. She experienced the embodied labor that it took to continually contest these narratives. She experienced rhetorical fatigue in the need to use her narrative to contest the dominant stories she faced when talking and advocating in that community.

But Meg's rhetorical fatigue also transferred over to my project. She became fatigued over the need to write her story. She became fatigued over the need to control and protect her narrative as I circulated it and shared it. She became fatigued I think in needing to negotiate my need to use her story academically while also needing to advocate for how she felt most comfortable using that story. And so tensions naturally emerged.

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Meg's story raises important questions about community-engaged, participatory activist work in the context of the dissertation and institutional practices, such as the job talk and the need to demonstrate potential for tenure by discussing dissertation data and implications. For Meg, she interpreted her participation in a very particular and controlled scope. My use of her story, outside of the context of this dissertation, clearly made, and still makes her, uneasy.

I want to return briefly to Blythe's work in "Composing Activist Research." His recommendations suggest that academic use can still be found in theorizing and offering methodological implications for academic audiences, such as I am doing now. Grounding this recommendation he cite the work of other scholars negotiating "wicked problems" and how they contribute to disciplinary-knowledge making. Yet, these examples do not contend to institutional structures, like the job talk and the reuse of dissertation data for tenure and promotion that have emerged out of my experiences with Meg. Such a gap makes me question how activist-oriented research in a dissertation project requires more time, attention, and methodological support for negotiating not just the gathering, analyzing and suggested implications of the data – but for communicating with participants the impact of this work across institutional settings.

In retrospect, I now think back to when I first recruited participants and suspect that I could have explained in more detail what their stories would be used for, how their stories were still their stories. More explicit address of how these stories would be used as data to demonstrate to institutions my institutional value should have taken place.

Moving forward with this work, I now must grapple with how these stories are circulated in future scholarship.

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