

“Infertile Myrtles”: Stigma Power, Invisible Stigma, and Social Interactions between Infertile
and Pregnant Women

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Abstract

Infertility is a condition that affects nearly 30 percent of women aged 25-44 in the United States. Because of the intrusive nature of infertility treatments, women often rely on strong social support to navigate the extensive medical procedures and social/psychological challenges. However, one specific interaction - the interaction between infertile and pregnant women - reveals both the visible and invisible stigmas faced by infertile women. Though past research has addressed the stigmatization of infertility, few have done so in the context of stigma management between fertile and infertile women. This can be assessed by using forum analysis; women who are infertile can post threads to access online support when they feel most vulnerable. In order to better understand the stigma faced by infertile women, I analyzed the initial threads on an infertility forum on *Fertile Thoughts*, the most highly-trafficked infertility community available online. Using these posts, I showed that infertile women are stigmatized for their infertility and for their childlessness, that infertile women cope using a variety of mechanisms both positive and negative, that stigma power is evident in relationships infertile women have with their fertile peers, and that all three of the above findings reinforce understandings of motherhood and good parenting in the United States.

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Introduction

Studies consistently find that womanhood is often synonymous with motherhood (Ferland & Caron, 2013; Kikendall, 1994; Lindsey & Driskill, 2013; Miles et. al, 2009). Many young girls envision eventually becoming a mother, and frequently demonstrated this through childhood play (Lindsey & Driskill, 2013). Less frequent is the potential struggle to achieve and maintain pregnancies. The role infertility plays can be devastating, especially because parenthood is often seen as a rite of passage into adulthood: “an integral part of the transition to adult status” (Greil, 1991, p. 51). The cultural equivalence of motherhood and womanhood can be detrimental to women who desire to be pregnant but are infertile, with infertility as an invisible form of stigma that affects about one sixth of the U.S. population (CDC, 2013), with implications for long-term negative psychological outcomes such as depression (Schwerdtfeger & Shreffler, 2009), lower life satisfaction (Greil, McQuillan, Lowry, & Shreffler, 2011), and social isolation (Miles et al., 2009).

A breadth of research investigates the stigmatization of infertility and finds that the stigma attributed to infertility can be devastating to the individuals enduring it (Slauson-Blevins, McQuillan, & Greil, 2013; Clark, Martin-Matthews, & Matthews, 2006; Goffman, 1963; Kimani & Olenja, 2001; Nachtigall, Becker, & Wonzy, 1992; Greil, 1997). Infertile women are often susceptible to stigma both for their infertility and for their childlessness (Lampman & Dowling, 1995). Infertility serves as an invisible stigma – infertile individuals decide both when and to whom they disclose the details of their condition. And while fertility is invisible, childlessness remains a visible stigma in conjunction with infertility that may be additionally deleterious to infertile individuals.

In order to better understand the impact of stigma faced by infertile women, I focused on how treatment-seeking infertile women expressed discontent with fertile women in their lives. Specifically, I analyzed the initial threads on an infertility forum on *Fertile Thoughts*, the most highly-trafficked infertility forum available online, and analyzed whether treatment-seeking infertile women are stigmatized, how they cope with the stigma, and how stigma power is revealed in relationships infertile women have with their fertile peers. My goal was to understand how the pressure to have children is validated and renewed through these relationships. Further, I sought to explain how different forms of stigma validate the necessity to have children in different ways.

Infertility and Stigma

According to Goffman (1963), stigmatization occurs after an individual's undesirable condition is acknowledged by "the normals" – those who do not depart negatively from society's expectations (p. 5) – and attaches negative associations or attitudes to an individual and his or her condition (Berger, Kapella, & Larson, 2010; Joachim & Acorn, 2010). The stigma of infertility is a result of the connection between motherhood and womanhood as well as the expectation that married couples will reproduce. Greil (1991) found that infertility challenges past assumptions about "the meaning and direction of [couples'] lives" (p. 16). As most individuals grow up expecting to reach adulthood, find a career, and start a family, infertility can be overwhelming, as parenthood is often considered a rite of passage. Without the shared experience of parenthood to relate to other couples, infertile couples often feel socially isolated (Ferland & Caron, 2013). According to Miall (1985) there is both an expectation that married couples have children and that married couples should want to have children. However, infertility limits the ability couples have to get pregnant, even if it is desired.

One solution to overcoming the stigma of infertility is through treatment seeking in order to achieve pregnancy. For example, Whiteford and Gonzalez (1995) found that some women “obsessively seek treatment” to overcome the stigma accompanying childlessness (p. 27). Many couples seek treatment as a result of pro-natalist norms in the United States, and couples unable to fulfill the expectation of parenthood often go to great lengths to maximize a treatment’s effectiveness. Because infertility treatments require careful compliance of regimens and deviation from regular schedules and activities to accommodate these regimens, individuals often feel like they have lost control of their lives (Cousineau & Domar, 2007; Domar & Seibel, 1997; Greil, 1991). And in addition to the immediate routine changes in a person’s life due to treatment regimens, infertility also causes sufferers to reconsider and alter their long-term plans (Greil, 1991) and resituate themselves socially. For example, Johansson and Berg (2005) studied involuntarily childless women two years after unsuccessfully completing infertility treatment and found that women regularly withdraw socially as a result of feeling marginalized at gatherings of family and friends. Additionally, involuntarily childless women in the study found it difficult to relate to individuals of the same age with children.

Even for infertile women who maintain friendships with young parents, openness about infertility can be challenging to navigate. Remmenick (2000) emphasized that the infertile women in her study intentionally avoided conversation topics related to family or children, and many admitted to selectively disclosing the truth or simply telling lies to avoid uncomfortable conversations. Miall (1986) found that nearly all of the infertile female respondents she interviewed were concerned that others would view them in a “new and damaging light” if made aware of their infertility problems (p. 271). As a result of this, many infertile women complain about difficulties in finding adequate social support (Domar, 1997; Lechner, Bolman, & Van

Dalen, 2007; Verhofstadt, Buysse, & Ickes, 2007). Maintaining positive social relationships throughout struggles with infertility can be critical to the maintenance of infertility-induced anxiety and stress, especially because most women discuss their infertility with others (Schmidt et. al, 2005; Peterson et. al, 2006). However, infertile women often have trouble finding support because close friends and family have not experienced infertility themselves. While friends and family members may want to be supportive, social networks of infertile women are often ill-equipped to provide the emotional support infertile women desire. For example, Hagedoorn et al. (2000) demonstrated that support from partners may be perceived as unhelpful, critical, and demanding. And High and Steuber (2014) found that women often received more informational support than they desired from friends and family, meaning that friends and family often overwhelmed infertile women with information about overcoming infertility rather than offering other forms of desired social support such as empathy.

In addition to limited social support through unwanted and unhelpful advice, disclosure may lead to damaging stigma. Hampshire, Blell, and Simpson (2012) conducted interviews with 65 female and 26 male British-Pakistani Muslims and found that several of the childless women interviewed described becoming the root of gossip, being pitied by community members, or being excluded from the community. While this may be specific to the concept, it highlights the potential damaging effects of stigma power that exist within seemingly supportive networks. For instance, Link and Phelan (2001) show that stigmatization is contingent on having access to “stigma power” that allows for exclusionary and discriminatory behavior and suggests that individuals in positions of power may use stigma as a way to keep people down, in, or away (Link & Phelan, 2001; 2014). Stigma power suggests that “normals” stigmatize a group in order to ensure that the group does not gain status (keeping people down), does not break social norms

(keeping people in), or does not deviate from a normal organismal appearance (keeping people away) (Phelan, Link, & Dovidio, 2008). Hatzenbuehler, Phelan, and Link (2013) elaborate by arguing that those who possess the power to stigmatize others are not limited in the number of available avenues they can use to stigmatize; if one channel to stigmatize is blocked, various other strategies can be employed.

Link and Phelan (2001) discuss stigma power in terms of mental health patients, and they explain that “stigmatized groups often engage in the same kinds of stigma-related processes in their thinking about individuals who are not in their stigmatized group” (p. 376). However, because the patients do not have the “social, cultural, economic, and political power to imbue their cognitions,” there are no serious discriminatory consequences to their processes, and their thoughts and actions cannot be classified as stigmatization (p. 376). Though the patients engage in every component of stigma, Link and Phelan argue that lack of access to power limits the serious discriminatory consequences of stigmatization that otherwise may be present.

Other viewpoints suggest that there are protective social factors that prevent infertile women from being stigmatized, thus reducing the effects of stigma power. In a quantitative study of women seeking treatment, Donkor and Sandall (2007) found that tertiary education and higher social status were mediating factors in a woman’s perception of stigma against her. Therefore, infertile women in a position of prestige or wealth were equipped with power and opportunities to overcome feelings of stigmatization. Donkor and Sandall also concluded that women experiencing secondary infertility (women who struggle with infertility after achieving and maintaining a past pregnancy) did not experience comparable stigma to women experiencing primary infertility because they were not doubly stigmatized for their infertility and for their childlessness.

Using Link and Phelan's stigma power framework in conjunction with Goffman's (1961) conception of the "normal deviant" (p. 130), I will explore whether treatment-seeking infertile women are stigmatized, how infertile women cope with stigma, and where stigma power exists in relationships infertile women have with their fertile peers. Goffman articulated that the normal and the stigmatized have "exactly the required equipment for playing out the other" (p. 131). As such, the roles of stigmatized and normal are merely perceptions – they can be held by the same person simultaneously. This is particularly relevant to the case of invisible stigma, and particularly infertility, because infertile women play the normal role in some interactions, and the stigmatized role in others. While Link and Phelan describe the mental health patients in their studies as lacking in various forms of power that impede their ability to stigmatize others, most treatment-seeking infertile women are middle- and upper-class educated women who are employed and part of the ethnic and religious majorities in their communities. By exploring the experiences treatment-seeking infertile women have interacting with fertile peers, I sought to understand how the pressure to have children is validated and renewed through these relationships.

Methodology

I performed an analysis of two infertility forums on the website *Fertile Thoughts*, the largest social networking site dedicated to fertility and infertility (Fertile Thoughts, 2014). Using a Google search for "infertility forum," *Fertile Thoughts* is the top search result out of 5.1 million. The website was launched in 1996, and has provided a space for infertile individuals for 18 years. The website has nearly 80,000 members and over 4.7 million posts to the site on a variety of forums with topics including surrogacy, egg freezing, and adoption. In the infertility section of the website alone, there are 59 different infertility-related forums.

For analysis, I selected a forum specific to coping with someone else's pregnancy that included 432 posts. Upon completing the analysis, I analyzed an additional forum with 53 posts dedicated to the pain of infertility in order to confirm the narrative patterns describing stigma that I initially found. Seven months after completion of the analysis, I re-analyzed a random sample of 10 percent of the forum posts to test coding reliability. After comparing my randomly sampled analysis to the initial analysis, I was confirmed to have coding reliability of 90.74 percent.

While Eysenbach and Till (2001) maintain that informed consent of participants should always be obtained, the anonymous nature and sporadic participation of members makes obtaining such consent impossible. However, all of the data used for this analysis is obtainable without website membership, and the website archives all of its forums, therefore making the forum explicitly public. To ensure the protection of women posting to the site, the project was approved by the Institutional Review Board.

Decisions about the Research Design

Online forum participation is a form of support that is both accessible and affordable, meaning that communication amongst members provides aid when other types of support may be unavailable (Malik & Coulson, 2008; Malik & Coulson, 2010). This accessibility facilitates relationships between infertile women – a feature that provides for women “a new reference group capable of validating their feelings and restoring their sense of normalcy” (Greil, 1991, p. 151). Forum analysis allows for an assessment of the stories being written from the personal spaces of infertile women. As Timmermans (2013) wrote, “Inter-situational research...helps to contextualize health issues within other pressures of living” (p. 5). As such, forum posts are often written as impromptu appeals for support as deemed necessary by the infertile woman.

Much past literature using internet forum analysis emphasizes the forum experience as an interaction between users. However, rather than analyzing the discourse on the site, I only analyzed the initial post on each thread as a narrative content analysis in order to understand the situation provided by the initial poster that prompted them to access the forum.

Demographic Information

I analyzed posts written by 257 unique users written between December 2004 and February 2014. Demographic information was found using a variety of methods. First, information was taken from the post itself if provided. Second, information was taken from the signature, which is an option for women on the forums to include. Frequently, the signature included the poster's age, spouse's age, the length of time trying to conceive (TTC), and details of past procedures. Third, information was collected from the individual profiles of the posters, including additional information such as profession, current treatment, and location. Because each individual can provide as much or as little information as they choose, the amount of information available for each poster varied.

Finally, in order to determine the average length of stay on *Fertile Thoughts*, I used the length of stay for the 100 users with the oldest posts between the two forums. Three users were excluded because they were still active on the site at the time demographic information was collected. The length of time was calculated by finding the difference between the date the user joined the site and the date of her last post to the site. Of the 257 unique users between the two forums, 256 of them were female. Hinton, Kurinczuk, and Ziebland (2010) found that online communities for infertile men are essentially nonexistent – this being the reason why I limited my analysis to the posts written by women. The forum was primarily used by United States citizens. The average age of a woman (n=157) using the forums was 30.43 (SD=±4.74), and the

average number of years reported TTC was 3.58 (SD= \pm 2.77). The average length of stay for a member on the forums was 3.33 years (SD= \pm 2.69).

Procedure

First, I followed the forums for several days to gain an understanding of the topics being discussed. Then, I developed a modified categorical-content narrative analysis in order to find patterns and common themes. In order to code for mentions of stigma on the forum, I first categorized a statement as an example of either a positive or a negative interaction with the fertile woman being discussed. If the comment was considered a positive interaction, it was subdivided into two additional categories: (1) Articulating the exceptional qualities of the fertile woman, or (2) Recognizing a fertile woman for being supportive in the infertility journey. If the comment was considered a negative interaction, it was subdivided into two categories: (1) Describing the negative qualities of a fertile woman, or (2) Recognizing a fertile woman for stigmatizing of the infertility journey.

Stigma toward Infertile Women

Stigma, Support, and Fertile Women

The potential for stigma power that fertile women have over infertile women is more than physiological power. Though an important feature of the relationship between infertile and pregnant women is that pregnant women have physiological capabilities that are not shared by infertile women, fertile women also hold power in the sense that they can maintain social control over a situation through mechanisms such as withholding information from or making decisions for an infertile woman. And through this decision-making capacity in conjunction with misunderstandings about infertility, fertile women reinforce the cultural norms for pregnancy and motherhood. While most women get pregnant with ease, it becomes difficult to relate to women

who deal with infertility. As such, stigmatizing infertile women serves as a constant reminder that the ideal of motherhood is unattainable.

Because most women become pregnant without difficulty, it comes as no surprise that pregnant women are unsure of how to respond when friends and family reveal their struggles with infertility. One common complaint was that pregnant women often hide their pregnancies. This was particularly interesting because the decision to hide the pregnancy was in response to infertile family members revealing their condition. For example, a 40-year-old writer from Missouri explained that her husband's cousin kept both the pregnancy and the birth of the baby a secret until the baby was three months old. She wrote, "I was mortified that they didn't even tell me until three months after the birth... I just don't know how to stop being angry at my in-laws." While it was her husband's cousin that had the baby, several conspirators kept the pregnancy and birth secret. Another example came from a woman from Texas who had been TTC for 10 years who wrote, "When my sister announced she was 7 months pregnant I was so angry and jealous! But then I realized that she had hidden it from my entire family for just that reason."

Uncertainty about how to respond to infertility leads many infertile women to be publically humiliated by their fertile friends. One case demonstrates the stigma power fertile women can hold as described by a woman who had been TTC for two years. After running into a friend who had recently had a baby, the woman passed off the newborn to someone else before approaching her. She said, "I found it embarrassing that she passed off her baby as if I wouldn't be able to handle it. I realize she thinks she's being sensitive but seriously... I felt it called my problems to attention and everyone standing around seemed to sway awkwardly."

Goffman (1963) argued that stigmatized individuals should assume that stigma arises from ignorance rather than maliciousness. One of the most common complaints from women on

the forum was that friends and family in their lives did not understand the experience of infertility and as such did not know how to respond. As a result of this, infertile women on the forum felt stigmatized for their condition. Fertile women were simply responding to their understanding of the normalcy of motherhood – that pregnancy comes naturally and happens naturally for everyone. For example, an infertile woman from Missouri discussed her experiences with baby showers and how unnecessary attention is often paid to women without children. After other women at the shower start “asking too many questions”, she starts deflecting to the mother-to-be after comments about “sex positions and herbal this, that, and the others, relaxing, and ‘don’t think about it and it’ll happen soon’” begin. She goes on to say, “It seems, no matter where I go, I find a woman who finds nothing wrong with ‘laying hands’ on my belly and saying a prayer.” A number of interactions presented in the findings show that the stigma infertile women experience is unintentional, as their fertile counterparts are often responding in ways that demonstrate their intended support. Often, infertile women cited feeling stigmatized after being offered suggestions by their fertile counterparts such as relaxing, trying herbal remedies, practicing patience, or giving up on biological children altogether and opting for adoption. However, in the process of providing words of encouragement, the women providing them inadvertently subjected their infertile counterparts to stigma.

Numerous statements on the forum suggest that the fertile women being discussed lack understanding of the causes and reasons for infertility. This lack of understanding causes inadvertent stigmatization of infertile women. While fertile women often strive to be supportive of their infertile counterparts, their lack of knowledge of infertility often leads them to react in ways that make infertile women feel isolated for their condition. And while some of the infertile women presumed that fertile women make certain comments to be intentionally hurtful, others

such as the following woman from California provide a reflective perspective on the reasons why fertile women behave as they do. She wrote:

The may know about our infertility, but they don't know what hurts someone with infertility. They kvetch about their morning sickness and get sympathy from others while we just want to scream, 'I'd do anything to have morning sickness you stupid cow!'... but I'm not sure if we are always wise to see the commenter as rude or mean – I think there is a lot of not realizing how delicate our feelings on the matter are.

More often than not, the forum posts indicate that fertile women do not intentionally stigmatize their infertile friends and family. Adherence to the cultural understanding of pregnancy and motherhood results in fertile women holding positions of power, and two different trends regarding stigma and power emerge. First, fertile women have the power to get pregnant and experience pregnancy and motherhood in ways that infertile women cannot. Second, while fertile women have stigma power, they may not intentionally hold stigma power over infertile women. Rather, their stigmatizing actions are often because of misplaced sympathy or a lack of understanding about infertility and the sensitivity surrounding it, or as Goffman (1963) said, out of ignorance. This ignorance is evidence of the importance of motherhood in the United States. Often, the stigmatizing comments were based on norms associated with women embracing motherhood, which makes dealing with infertility particularly difficult for the women on the forums.

Stigma toward Fertile Women

While Link and Phelan (2014) argued that stigma power is reserved for the “normal” group to keep the out-group in, out, or away, evidence from the forums suggests that there are instances in which a stigmatized individual (i.e. an infertile woman) can hold stigma power over a member of the ‘normal’ group (i.e. a fertile woman). This alternative form of stigmatization, in turn, reinforces norms surrounding pregnancy and motherhood in the United States. Goffman (1963)

referred to the ability to be both stigmatized and normal as “two-headed role playing” (p. 132). Two-headed role playing provides an explanation for individuals who simultaneously assume the roles of the stigmatized individual *and* of the normal individual. Because being stigmatized and normal are perspectives rather than labels that define an individual, an individual can assume both of these roles. And in the case of infertility, infertile women *do* have the potential to play both roles. As such, infertile women may also have the potential to hold stigma power over fertile women if in elevated positions of political, economic, and/or social hierarchy. The stigma power that infertile women hold reinforces the culturally-accepted norm of pregnancy and modern motherhood in the United States – there is a specific, accepted order through which the process of motherhood should take place. Women *should* attend college, find a career, get married, purchase a home, and then have children. Therefore, women who deviate from this norm are susceptible to stigmatization.

Infertile women also denigrate their fertile friends and family simply for being pregnant. Words and phrases used to describe fertile women were: fat cows, ferts, the fertiles, or momzillas-to-be. Goffman described these interactions as “behind-scenes joshing”, where a stigmatized individual “jokingly enacts scenes of degradation with one of his kind... As part of this sad pleasure there will be the unserious use of stigma terms of address that are usually tabooed in ‘mixed’ society” (p. 134). While infertile women hesitate to use this argot in daily life, communicating solely with fellow infertile women online provides a space for behind-scenes joshing to occur. And more, degrading phrases described the women experiencing exactly what the infertile women posting to the forum wished they were experiencing. For example, a 40-year-old woman wrote about discovering a fellow church-goer’s pregnancy: “I smiled, congratulated and wished that I was on a remote tropical island where no fertiles walked

around. Short of staying held up in my house, how in the heck can I avoid all these Fertile-Myrtles?? UGH!!”

Infertile women who made negative comments about pregnant women likely do so as a way of coping with their infertility (Goffman, 1963), but they are simultaneously acknowledging their understanding of motherhood as the desired expectation for their own lives. Though these comments are hurtful to the fertile women they discuss, they make them to cope with their own disappointments in their inability to become pregnant themselves. One example of this was written by an English professor from Arkansas. She wrote:

If I could choose my mutant power, I would choose to be able to cure infertility – my own as well as others’. And for good measure, I might throw in the ability to make it harder for some women to conceive – especially the cows who sit around talking about getting pregnant like they were ordering from a fast food menu.

Using ‘overly-fertile’ women as a mechanism for coping with infertility problems was a common finding in the forums. Women exhibiting similar responses to fertility made denigrating comments toward women who get pregnant easily in disdain for their fertility in general. While these remarks do resemble stigmatizing behaviors, they do not demonstrate stigma power held by infertile women over fertile women. This form of stigmatizing compares to the mental health patients surveyed by Link and Phelan (2001), who regarded their doctors and nurses as pill-pushers; however, their powerlessness removed the stigmatizing consequences from their comments and actions.

Stigmatization for Undesirable Conditions Surrounding Pregnancy. There are cases where infertile women showed stigma power over pregnant women and new mothers. Link and Phelan (2001) noted that the mental health patients they studied could not stigmatize others because they do not hold the forms of power necessary to imbue their thoughts. However, infertile women posting to the forums were most commonly middle- to upper-class white,

Christian women who were employed. Having an invisible stigma makes it particularly easy for infertile women to stigmatize, as the stigma they hold does not offer a serious limitation to the social power they can hold. As Goffman (1963) asserted, the function of stigmatizing those “with a bad moral record” is to provide a framework for formal social control (p. 139).

Therefore, lack of a visible stigma provides an opportunity for infertile women to stigmatize fertile women in a tangible, meaningful way. In the context of fertility, this provides infertile women an outlet through which they can reinforce cultural norms for motherhood.

Women posting to the forum often took a distinctly negative perspective when discussing pregnant women they disliked. This was articulated in several ways, though the most common were contentious comments questioning the “unfairness” of the situation or a fertile woman’s parental qualifications. In cases where the infertile women posting to the forum portrayed the fertile woman as unqualified, they often made stigmatizing claims to support their stance.

Edin and Kefalas (2005) argued that the middle class in the United States in general has a tendency to question and disagree with the presupposed poor decisions of pregnant teens and pregnant welfare recipients. The distinction between middle-class and lower-class values of the “correct” path to motherhood in the United States is essential. Overwhelmingly, there are misconceptions that these women or young mothers (often touted as ‘babies having babies’ (Luker, 1996)) are ruining their futures, and worse, intentionally having children to draw on additional public assistance. According to Edin and Kefalas:

Middle-class beliefs about the right way to start a family are conditioned by a social context that provides huge economic rewards for those who are willing to wait to have children until a decade or more after attaining sexual maturity... From this privileged vantage point, a disadvantaged young woman’s willingness to bear a child well before she is of legal age is beyond comprehension (p. 48).

This tendency toward harsh opinions of young mothers and welfare recipients is intensified when infertility problems are thrown into the mix. As Gilens (1999) points out, “welfare has been viewed by the public as a long-term substitute for economic self-reliance” (p. 37). As such, misconceptions about ‘welfare mothers’ and ‘babies having babies’ are fueled in part by an incongruous understanding of the realities of poor mothers and the preconceived notions of them.

For example, one woman left infertile after a battle with cancer wrote, “Several of these girls are unmarried and can barely afford the child they have already had previous to their new addition.” Her contention toward the situation led her to generalize that they can “barely afford the child they have”, while another woman, a 30-year-old bank manager from Alabama, talked about an unmarried pregnant employee with no interest in getting married because her boyfriend’s income would disqualify them from WIC and Medicaid. She wrote, “Doesn’t [my employee] realize that WE are paying for her to cheat the system when they can more than afford to pay for their child!” And another woman wrote that she does not understand why she cannot be happy for her pregnant friend and her husband because “they are not losers or on welfare or anything.” Consistently, the forums showed that pregnant women on welfare were less accepted than pregnant women who are perceived as having more financial stability. In this way, women on the forum actively stigmatized fertile women in situations when they deemed the fertile woman as ‘undeserving’ of motherhood. This supports the arguments of Edin and Kefalas (2005) who found that members of the middle class have a difficult time understanding pregnancy and motherhood in the lower class. Further, propagating comments about low-income mothers allows infertile women on the forums to reinforce their understanding of what is and is not acceptable behavior for new mothers.

Similarly, many women also posted in response to a woman having unplanned pregnancies. For example, a 25-year-old woman who had been TTC for one year said, “I... feel like I’m the only one not being given my ‘turn’ at motherhood, especially since my brother and his girlfriend... accidentally got pregnant recently!” and another woman wrote, “About two months into...planning our wedding, my husband’s 19-year-old brother announced he accidentally got his girlfriend pregnant. I was devastated! I cried, yelled, screamed, I totally decided then and there that I would have no part in their life or the life of that child.” Both of these women demonstrated through their posts that they recognize their situation as unfair, and they disapproved of their relatives’ accidental pregnancies because they are not adhering to the cultural expectation of motherhood. Further, the emphasis on who is deserving versus undeserving of motherhood reinforces and reifies the decision to actively stigmatize fertile women for being in an un-ideal social circumstance.

Another woman equated accidental pregnancy to unwanted pregnancy and questioned, “Why is it that others have something they take for granted when we would give anything to have what they don’t want?” These passages suggest that taking a negative stance toward this particular group of pregnant women allows infertile women to distance themselves from pregnant women, or in Link and Phelan’s (2014) terms of stigma power, keep these women away. Further, the negative emotional response toward pregnant women, whether they are deemed deserving or undeserving, suggests that reactions are amplified by the situations surrounding the pregnancies themselves.

A common finding was that infertile women have a particular set of criteria used to deem someone as a good and deserving parent. For example, cases where infertile women tended to post to the site included times when the fertile woman they discussed indulged too much (or at

all) in drugs or alcohol. For example, a stay-at-home mom from Louisiana expressed concern about a close relative who is “addicted to crack and other drugs” and is “already being watched by child welfare after being caught driving while high and half passed out.” She continued by saying that she does not “even know how there could be a God that would give children to such a terrible person.” The forum poster used her relative’s drug habits as a way to reason with God and seek justification that she is more deserving of parenthood because *she* would adhere to the acceptable behaviors expected of mothers. However, in the process, she stigmatized drug users and especially mothers who use drugs. Another example was written by a 31-year-old preschool teacher from Missouri who discussed her step-sister and wrote, “[My pregnant] step-sister is smoking and finished off [her] boyfriend’s mojito also, but was at least making an attempt at not drinking.” And she goes on to say that “what bothers me is that [my] step-sister is a crappy parent.” Another forum poster from Canada wrote about her best friend and said, “I hate her for getting her healthy baby when she was drinking and smoking before she took a home pregnancy test, knowing she didn't have a period.” While other women receive their chance at parenthood, infertile women often have to stand by and watch women they perceive as less deserving fail to fulfill motherly obligations including abstention and good parenting.

Other conditions compelled forum users to write about pregnant women or young mothers being undeserving. For example, a number of posts discussed pregnant teenagers or couples who get pregnant outside of marriage: “My 17-year-old cousin, who is a senior in high school, is pregnant. The baby’s father is a high school drop-out who doesn’t work and does drugs...How unfair is this?” Others discussed parents who have affairs: “Why would God give her and her cheating hubby a baby and not me?” Still others discussed parents who are undocumented immigrants or couples where one parent or both parents have a criminal record:

“Her boyfriend is an illegal alien from England. His visa has expired and he won't renew it, going on several years now”. Other women on the forums discussed couples with lower educational status: “She married a guy who didn't graduate high school, and they've been on welfare ever since”. And finally, many women stigmatized multiple groups simultaneously:

My lil sis is 6 months pregnant by some guy she has been seeing on and off for like 2 years. She is 19, he is 18. He is a horrible guy...drugs, jail, abuse, other children, cheats, etc... I would love to have been able to have the 1st grandchild... [My husband] deserves to be a DADDY!! Not your criminal, player, wannabe thug, baby's daddy jack a\$\$!...

Each of these examples indicates a stigmatizing characteristic or attribute placed on an already-vulnerable population. In what could be an attempt to negotiate why certain women are undeserving of motherhood, the infertile women posting to the forum stigmatize these vulnerable groups and reinforce middle-class beliefs of how pregnancy and motherhood should transpire. Therefore, while infertile women are clearly being stigmatized for their infertility and childlessness, it is evident that infertile women can potentially stigmatize, or at least attempt to highlight status over, other women. Having an invisible stigma allows infertile women the opportunity to imbue stigma on groups that hold less social, socioeconomic, and political power, and infertile women often hold stigma power over women who are pregnant under ‘less-than-ideal’ circumstances. As Goffman (1963) wrote, “the normal and the stigmatized are not persons but perspectives” and “it should come as no surprise that in many cases he who is stigmatized in one regard nicely exhibits all the normal prejudices held toward those who are stigmatized in another regard” (p. 138).

There are four limitations that could warrant future studies. First, finding demographic information for the posters to the forum was difficult, and in some cases, nonexistent. Because of the anonymous nature of the site, demographics that could offer further insight were not provided. Additional demographic information could provide further insight into stigma power

dynamics by allowing for an analysis of content based on occupation, socioeconomic status, or level of education. A second limitation is that I did not have access to private messages or other forms of communication the infertile women on the forums have with one another. Therefore, the only information analyzed was that provided on the thread, with no background information included. However, only analyzing the first post on a thread rather than the entire conversation minimizes this limitation. Third, this analysis of stigma and infertility was gendered because of the lack of male participation in the online forums. Therefore, further analysis of infertile men must be done in order to investigate the stigma dynamics infertile men face with their fertile peers. Including men would provide insight into the role stigma of infertile men plays in reinforcing parental roles in the United States. Finally, it is difficult to discern how posts to a forum are manifested in daily life and if these opinions are articulated outside of the safety of an anonymous online community. This is the biggest limitation to this study. However, evidence from the forums confirms that infertile women can simultaneously assume the role of the normal and the stigmatized. Evidence from a variety of other studies that utilize forums suggests that data presented in the forums are meaningful with real-life implications (Malik & Coulson, 2008, 2010; Behm-Morawitz, 2013).

Conclusion

I analyzed whether infertile women are stigmatized, how they cope with the stigma, and how stigma power is revealed in relationships infertile women have with their fertile peers in order to understand how the pressure to have children is validated and renewed through these relationships. Through analysis of a forum dedicated to coping with infertility on *Fertile Thoughts*, the depictions of stigma presented by the infertile women demonstrate that stigma is manifested through a variety of actions by fertile women in their lives. While these actions are

likely out of misunderstanding of infertility, the consequences are no less difficult for infertile women to cope with. Because infertility affects 30 percent of women aged 25-44 in the United States (Schwerdtfeger & Shreffler, 2009) and about 80 million women worldwide (WHO, 2002), finding more nuanced ways of educating and discussing infertility with friends and family are essential to decreasing the potential negative psychosocial consequences of infertility.

Through the forums, it is clear that infertile women cope by avoiding spaces where fertile women frequent, limiting conversations and interactions with pregnant friends and family, and seeking online social support. The addition of online social support allows infertile women to discuss the deserving-undeserving parenthood dynamic infertility brings into question. On the one hand, infertile women use the forums harmlessly to denigrate women who they perceive as overly-fertile and actively participate in behind-scenes joshing. In this case, the forums are merely used to chat about women who have something infertile women cannot have, and it is done only in the presence of women experiencing similar situations.

On the other hand, the forum was also used as a platform for discussing women who do not meet arbitrary criteria that deem them a good parent. Although society's values are not "fully entrenched" anywhere, they "can cast some kind of shadow on the encounters encountered everywhere in daily living" (Goffman, 1963, p. 128-29). Many of the infertile women using *Fertile Thoughts* used the forum as an outlet for stigmatizing comments toward women in their lives who they deemed less deserving of motherhood. This included women touted too young, drug users, unmarried, unemployed, on welfare, in a bad relationship, alcohol drinkers, and uneducated. In other words, the infertile women often made remarks articulating the importance of having socially desirable traits in parenthood, and used an individual's bad moral record as a reason for stigmatizing. In this way, they perpetuate stereotypes and stigmatize women who do

not fit the socially acceptable mold of who *should be* pregnant. Further, they are reinforcing the middle-class understanding of the “proper” ways to experience motherhood.

While the stigma of infertility is invisible, the stigmas they are placing on new mothers and pregnant mothers are visible, demonstrating an individual’s ability to assume both the role of stigmatized and normal simultaneously. As Goffman (1963) describes the stigmatizer as ignorant, the infertile women on the forums also exhibit this quality. Preconceived notions of the proper way to experience pregnancy and motherhood in the United States limits the understanding infertile women have of the fertile women they are stigmatizing (Edin & Kefalas, 2005).

In terms of Link and Phelan’s concept of stigma power, it is clear that stigmatized groups can hold power over other groups in the case of invisible stigma. While fertile women often hold stigma power over infertile women in a physiological sense, infertile women who have the privilege of seeking treatment often hold power over fertile women in other meaningful ways such as educationally, financially, and politically. While Link and Phelan’s past work has drawn from interview and survey data with groups deemed as stigmatized, this study offers a glimpse into the dialog amongst women who are openly participating in the stigmatizing.

The women posting to the forums tend to be financially stable and hold full-time jobs, part of the ethnic or racial majority in their country, well-educated, and can afford thousands of dollars of infertility treatments. While these women fall into the category of stigmatized, they are also “normal” in terms of a host of other social characteristics of group membership. Further, the stigma that infertile women can impose on fertile women is deeply rooted in convictions about who is deserving and undeserving of life opportunities, and more specifically, motherhood. While infertile women could seek to gain from more nuanced ways of discussing infertility with

peers, the same could be said for understanding pregnancy and motherhood outside of the context of the middle-class. Women currently being stigmatized for the circumstances surrounding their pregnancy could benefit from other women being better educated about the meaning of pregnancy and motherhood across cultures and social classes.

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