

Infertility: Tracing the history of a transformative term, Robin E. Jensen. University Park, Pennsylvania: The Pennsylvania State University Press, 2016. 225 pages, \$34.98 hardcover, \$17.97 paperback. Publisher webpage: <http://www.psupress.org/books/titles/978-0-271-07619-5.html>

In her meticulously researched monograph, Robin Jensen argues that the term *infertility* is the latest iteration in a long history of rhetorical shifts in the public discussion of involuntary childlessness and the medical/scientific quest to overcome biological obstacles to conception, pregnancy, and live birth. These shifts have corresponded with broader shifts in science, religious belief, cultural understandings of gender roles, productivity/value, women's agency, and the economy. These rhetorical shifts have also led to problematic views of (in)fertility—generally, the (in)fertility of women—that have had very real consequences for women and their families.

In her introduction, Jensen explains that the book will trace the process of medicalization, which “unfolds according to dynamic rhetorical, material, and sociocultural encounters” (2). Jensen highlights infertility as a rhetorical construct, and cites several other rhetorical scholars on the ways of looking at time and dissemination of ideas; percolation, in particular, is a model (based on the work of Michel Serres) that Jensen uses throughout the book to explain how ideas that have been refuted have a tendency to reappear in unexpected ways. One of the reasons for this phenomenon is the rhetorical technique in which writers craft their arguments as extensions of previous arguments, rather than refutations. In this way, new arguments need not improve upon previous theories, but only expand up on them, reactivating previously established foundations in the process. The implication throughout the book is that many authors have used this technique of extension in ways that allowed dangerous and outdated modes of thinking about women's bodies to resurface again and again, bringing with them their original implications.

In Chapter 1, Jensen examines the first metaphors for the concept we now call infertility, beginning in the mid 17th century, focusing on the shift from organic to mechanical metaphors. Jensen explicates the gradual shift from *barren* to *sterile* to *infertile*, demonstrating how the seeds of the medicalization process were present as soon as infertility was conceptualized.

In Chapter 2, we see a backlash to the mechanical metaphor, and a turning back to organic metaphors at the turn of the 20th century. The underlying concern, though, is with efficiency and the conservation of energy—concerns of a society undergoing the process of industrialization. The theory of energy conservation points to social evolutionist concerns, as women are told that they do not have enough “energy” (mental or physical) to both reproduce *and* work outside of the home (or pursue higher education). Jensen also demonstrates how even the writers who set out to refute the energy conservation theory used that theory's own framework, and thereby reinforced it.

Chapter 3 traces the birth of a new medical discipline in the 1930s and 1940s: reproductive endocrinology. The discovery of hormones led to the development of a public understanding of

basic chemical theories of infertility, which, Jensen argues, established infertility as a medical condition—a crucial step in the process of medicalization. As Jensen explains, the turn to chemistry meant that the goal was no longer for women to return to a natural state, but for medical professionals to improve upon nature—something women could not do without professional help. Women are spared some of the blame heaped on them by previous metaphors, but are still left without agency.

Chapter 4 presents the post-WWII concept of psychogenic infertility—the psychoanalytic theory that infertility and miscarriages could be caused by individual women’s psychological states. Freudian psychologist Helen Deutsch introduced the term “psychogenic sterility” as a way of explaining cases of infertility that had, up to that point, been inexplicable. Deutsch argued that even when chemical problems caused infertility, psychological issues could be causing those chemical issues—which Jensen highlights as an example in which a theorist claims to extend an argument rather than refute it, increasing its viability in the public imagination. Deutsch argued that the subconscious could make a woman infertile; as a result, the policing of women’s bodies extended to their minds and characterized women as untrustworthy (even to themselves).

Chapter 5 takes a slightly different approach, as it documents the integration of a variety of medical and scientific specialties into the new field of fertility studies in the 1960s and 1970s. In another expression of industrialist values, the drive for efficiency leads to a concern with reproductive timing, both in the sense of increasing the odds of conception by carefully timing intercourse or IVF, and also in the concern with the timing of childbearing in women’s lives. Jensen argues that this focus on clinical and biological time led to kairotic appeals that produced the “biological clock” trope still pervasive today. As Jensen explains, new diagnostic and imaging technologies allowed for closer tracking of cycles and ovulation, creating new possibilities for reproductive medicine; however, as the “fertility clinic” was born, blame was turned back (yet again) to women, who no longer had any justification for not seeking medical help. This, Jensen argues, constituted a new layer of medicalization.

In her conclusion, Jensen points out how women themselves have taken over the task of meticulously tracking their cycles when trying to conceive. In a way, Jensen implies, this is a pushback against the process of medicalization—timing can be managed without medical professionals. However, women are still bearing the burden of previous fertility metaphors. Jensen draws connections between previous problematic understandings of (in)fertility and current metaphors that repeat the same arguments with medical and scientific justifications. For instance, the maternal impressions theory, a 17th-century fear that certain things a woman saw or even thought about during her pregnancy could impact the growth of the fetus, reappears as fetal origins research, a focus on “egg quality” and choices made by women even years before they try to conceive. Jensen also connects criticisms of assistive reproductive technologies (ART) and concerns about “natural” vs. “artificial” fertility to 17th-century fears of monstrous births (birth defects and unexpected physical traits). Jensen ends her book with a call to continue examining the various ways that ideas move across time and disciplines (percolation, circulation, and so

forth). Making these historical connections (even when the process appears to be nonlinear) shows the ways in which fertility has historically been oversimplified in ways that, even today, continue to place blame on individual women for their bodies' inability to conceive and bear children while glossing over social and structural factors in fertility.

Jensen sees modern (in)fertility rhetoric as problematic in that it blames individual women, using public trust in medical expertise to justify centuries-old moralizing and misogynist logics. In this book, she explicates a long, gradual process in which conception, pregnancy, and birth have continued to be moralized while also becoming increasingly medicalized. We tend to assume that medicalization creates objective answers about bodily processes and thus prevents or is incompatible with moralization. But medicalization can and does work in tandem with moralization; even our reliance on and/or skepticism of medical science becomes a moral issue (one example being continued debate amongst parents about vaccine safety). Choosing whether or not to have biological children becomes a moral issue, and *how* a person becomes pregnant becomes a moral issue; the moral judgments, of course, continue throughout pregnancy and parenting, and are both experienced as external forces and internalized. Being unaware of the history of these judgments allows them to take on an illusion of modern objectivity (and the implication that they are built solely on scientific evidence). Jensen successfully disrupts this assumption of objectivity through careful analysis of primary sources and a detailed depiction of the small steps and shifts that constitute the process of medicalization.

This book is thoroughly researched, and it strikes a balance between showing larger social and historical shifts and close reading of specific texts that pioneered the ideas that would become characteristic of each era's discussion of (in)fertility. Jensen's work is also notable for its own interdisciplinary base; in establishing the foundation for her study, Jensen cites rhetoricians, historians, anthropologists, sociologists, and philosophers.

Although Jensen's primary audience is researchers in the rhetoric of health and medicine, the historical approach of this book makes it relevant to any rhetorician interested in the historical study of specific ideas or rhetorical moves. In addition, anyone with a social and rhetorical interest in (in)fertility could find much to appreciate here, as Jensen's historical "tracing" provides a deeper understanding of the way we talk about (in)fertility, human bodies, and agency today. Nearly anyone who has lived experience of infertility could benefit from reading this book, as its rhetorical history cracks open the seemingly airtight logic of medical professionals' ways of talking about (in)fertility, exposing centuries of previous ideas informing a contemporary understanding that purports to be objective and scientific. Feminist scholars will find insights into the specific rhetorical techniques that allow misogynist ideologies to take hold and flourish in the public imagination, as well as a useful perspective on *how*, precisely, the history of an idea impacts human life and lived experience in the present.

Among recent publications in the rhetoric of health and medicine, *Infertility* bears the closest connection to Marika Seigel's *The Rhetoric of Pregnancy* (2013), which analyzes pregnancy

books and manuals through the lens of technical communication. Although the priority is the examination of how this information is transmitted, Seigel also comments on how these texts initiate women into the medicalized world of pregnancy and birth, studying a variety of pregnancy manuals from the early 20th century into the 21st century. *The Rhetoric of Pregnancy* offers, as *Infertility* does, both close readings of primary texts and explorations of how these rhetorics shape and are shaped by the societies that produce them.

There are also commonalities with Lydia McDermott's *Liminal Bodies, Reproductive Health, and Feminist Rhetoric: Searching the Negative Spaces in Histories of Rhetoric* (2016). McDermott proposes a "sonogram rhetoric" and examines historical texts from both obstetrics and midwifery, examining the process of medicalization and tracing this changing rhetorical landscape up to its current condition. When Jensen cites Michel Serres's work on topological time as a framework for exploring the various ways that ideas move across time and disciplines, she is treading common ground with Amy Koerber, whose book *From Hysteria to Hormones: A Rhetorical History* (2018), in which the author analyzes historical texts from a variety of medical disciplines to explore the connections between seemingly outdated ideas and the ones we see as scientific and objective today. In examining the medicalization process and connecting shifting rhetorics to national values and concerns, Jensen's work overlaps in part with Nathan Stormer's book, *Signs of Pathology: U.S. Medical Rhetoric on Abortion, 1800s–1960s* (2015), which explores the ways in which Americans' views on abortion are expressions of our larger existential and moral concerns.

Notes on Contributor

Megan Donelson is an Assistant Professor of English at East Central University in Ada, Oklahoma.

Reviewed by: Megan Donelson, Department of English and Languages, East Central University, Ada, OK. mdonelsn@ecok.edu