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Infertility: Tracing the History of a Transformative Term by
Robin E. Jensen (review)

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BOOK REVIEW

Infertility: Tracing the History of a Transformative Term. By Robin E. Jensen. University Park: Pennsylvania State University Press, 2016; pp. xiii + 225. \$69.95 cloth; \$29.95 paper.

Robin E. Jensen opens *Infertility: Tracing the History of a Transformative Term* with a reference to the story of Louise Brown, the first baby born from *in vitro* fertilization. I found myself reading *Infertility* with a different story in mind, Margaret Atwood's *The Handmaid's Tale*, recently adapted for television by Hulu. Early in the first season, handmaid Offred visits a doctor who confirms that she remains fertile but is not pregnant. A pregnancy is unlikely because most of the men are sterile, but as Offred reminds viewers in a voiceover, "There's no such thing as a sterile man anymore. There's only women who are fruitful and who are barren" (Season 1, Episode 4). Although voiced in the context of a fictional dystopia in which infants are rare commodities and a conservative Christian sect governs what was the United States, Offred's reminder speaks in many ways to the history of the term "infertility" so meticulously charted by Jensen. Most notably, Offred's recognition that women are the source of infertility parallels what Jensen describes as the assumption taken by contemporary fetal origins research, that "women—regardless of their race, class, religion, or nation of origin—hold the sole responsibility for infertility, miscarriage, and birth defects in their offspring" (160). In *Infertility*, Jensen approaches the rhetorical history of infertility with an eye toward how ideas percolate over time, reappearing and combining with newer arguments and appeals, thus explaining why and how the commonplace of women's responsibility for fertility and fetal outcomes accepted in seventeenth-century maternal impressions theory recirculates in both fetal origins research and *The Handmaid's Tale*.

Jensen's exemplary practice of rhetorical history refuses to engage in simplistic analysis. By drawing from what philosopher Michael Serres

describes as “repetition” or “echoes” of past topoi, Jensen approaches the transdisciplinary rhetoric of infertility as a study of rhetoric that is “in, through, over, and according to time” (4). What this means in terms of the structure of *Infertility* is that while each chapter has a clearly delineated focus, Jensen is careful to note where ideas begin percolating and flowing in differing combinations. With the exception of the first chapter that focuses on the development of the two foundational metaphors—barren and sterile—that continue to inform contemporary understandings of infertility, Jensen consistently works to draw the reader’s attention to how old ideas are repositioned in new narratives. The result is a rhetorical history of infertility that highlights the complexity of the processes of medicalization and moralization, and, importantly, it reveals that “appeals to medicalization often do not align with the elimination of appeals to morality and moralizing” (14).

In the first chapter’s exploration of foundational metaphors, Jensen offers a detailed analysis of how barren and sterile metaphors position women differently regarding involuntary childlessness. The barren metaphor, developed in part in a 1651 guidebook for midwives, situated women as farmers of a sort who had the ability to monitor their bodies and regulate their emotions and behaviors until the seeds contributed by men sprouted. Metaphors based on sterility, on the other hand, took women out of the picture, focusing instead on the mechanics of the cervix and other reproductive parts. The tension between these two metaphors forms what Jensen describes as an “unstable foundation” for articulating women’s reproductive abilities as the metaphors hold divergent understandings of responsibility and blame (37). Following this first chapter, Jensen turns to four key discursive moments in the construction of (in)fertility: the rise of the nineteenth-century narrative of energy conservation and its transformation in the twentieth century into a narrative that focused on infertility as a moral issue; the appeals to hormones in the 1930s and 1940s (what Jensen identifies as the first step in infertility’s medicalization); the Freudian understanding of psychogenic infertility that extended the chemical narrative of hormones; and, finally, the emergence of its clinical focus in the late 1960s and 1970s as the dominant framework for understanding infertility. In each of these chapters, Jensen offers a rich exploration of different rhetorical ecologies, reaching to an impressive variety of texts and histories to craft her arguments. As just one example of Jensen’s dedication to

accurately capturing the rhetorical feel of any given chronological moment, the third chapter's exploration of chemical theories of reproduction (hormones) that emerged in the 1930s includes a section that explores modern chemistry's beginnings in the 1600s. As Jensen explains, such a history is necessary to understand how chemistry's modes of ordering knowledge had begun to infiltrate everyday life by the early 1900s.

Jensen concludes *Infertility* with a final chapter that broadly considers the contemporary implications of her findings from previous chapters and provides a fitting methodological reflection as well. Although previous chapters had offered analyses of the "flow and circulation" of topoi in chronologically related moments, the conclusion "delineates the sort of percolation-oriented claims that come together following, and in light of, these earlier analysis" (167). This is a model trajectory, Jensen suggests, for the type of rhetorical history work focusing on transdisciplinary rhetorics with diverse arguments, claims, and appeals that circulate and percolate over and across time. In terms of the transdisciplinary rhetoric of infertility, what Jensen finds is concerning. The current temporal regime of infertility in which women confront conception as a process of timing, listening to the ticking of their biological clocks as they count hours and days until ovulation, is all encompassing. Jensen argues, "The resulting absence of attention to infertility and reproductive health in a more inclusive, less synchronized sense has fostered a rhetorical landscape with a number of undetected discursive fissures through which ideas of old are (even more) free to percolate and reestablish themselves as part of a twenty-first-century public vocabulary of reproductive health" (155). These ideas of old include the seventeenth-century maternal impressions theory percolating in fetal origins research as well as more general calls (Jensen cites an essay in *Atlantic*) for women to leave education and professional endeavors to best protect their fertility, calls that echo the writings of Dr. Edward H. Clarke in the 1870s and psychoanalyst Helene Deutsch in the 1940s (157). Jensen calls for a new (in)fertility rhetoric that complicates involuntary childlessness by highlighting issues such as structural inequalities, lived material experiences, and a wider variety of relational encounters.

Overall, Jensen's most recent book is a remarkable accomplishment. *Infertility* is must-read material for rhetorical scholars, especially those studying science, medicine, and health. I expect that medical humanities scholars more generally will find much to appreciate about Jensen's careful

analysis. Beyond offering insight into the rhetorical history of infertility, Jensen's work stands as a model of rhetorical scholarship, bringing a nuanced understanding of time and the percolation of ideas to the center of our field. Finally, as my own reference to *The Handmaid's Tale* suggests, given contemporary discourses about women's reproductive health, *Infertility* is a timely contribution that takes a measured look at past discourses to consider what lessons from yesterday can be used to craft our vocabularies of tomorrow.

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