Infertility: Tracing the History of a Transformative Term, by Robin E. Jensen

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Book Review


In 2013, San Diego State University psychologist Jean Twenge was confronted with the all too familiar scary statistic aimed at women trying to conceive in their thirties: the probability of getting pregnant plummets after age 35. After digging a little deeper, however, Twenge discovered that this cautionary tale is based on data from over 300 years ago, and that more recent data suggest that the overwhelming majority of women between 35 and 39 will conceive if not using contraception (Barnes). The circulation of these outdated and unreliable statistics lies at the crux of Robin E. Jensen’s Infertility: Tracing the History of a Transformative Term, a book that examines the history of rhetoric surrounding infertility in America from the colonial era to the present day. Jensen’s highly disciplinary work draws from chemistry, psychology, social evolution theory, and modern medicine and likewise encourages ongoing conversation in these fields.

Jensen details her methods and methodologies in the book’s introduction, which also explains the decision behind its particular organization. Citing rhetorician John Angus Campbell as a primary influence, Jensen cements her belief that rhetoric is not largely driven by a handful of individuals, nor is it neatly linear (8). Instead, she writes, rhetoric is a series of twists, turns, and folds, generated by speaker and audience, scholar and blogger. This belief—that lines of rhetoric disappear and resurface in different ways over time—is what Jensen defines as “critical rhetoric” (11). And because the book largely focuses on the complicated ways in which rhetorics both influence and are constructed by societal narratives, Jensen’s chronological method of organization is sensible and approachable. Chronology gives the reader something concrete to grasp as Jensen weaves layered rhetorical interactions throughout her work.

The first two chapters chronicle the rhetoric of infertility from the eighteenth century to the early twentieth. In chapter one, Jensen establishes rhetorical dichotomies like organic versus inorganic, barren versus sterile, and agency versus passivity that surrounded the notion of infertility during this time. She also puts these dichotomies in conversation with conventional wisdom, lifestyles, and technological advancement. For example, barrenness metaphors for infertility that included references to fruit, fruitfulness, and growth echoed agricultural cultivation as a means for survival (25). Conversely, the characterization of
infertility as “sterility” in the nineteenth century echoed the more mechanistic rhetoric of the industrial age (28). In chapter two, Jensen notes that rather than giving rise to a new lens through which to view and treat infertility, these dichotomies persisted and manifested into “energy conservation” (49), the idea that women should save all of their energy for reproduction and avoid work and study outside the home. Jensen briefly disrupts the narrative to mention that female scientists did refute this advice, but because their research was limited by the language of those they were attempting to disprove, the narrative never really changed (62). This is one of the few moments when Jensen acknowledges women as participatory in the conversation about their own bodies.

In chapters three and four, Jensen explores modern chemistry’s promise of a cure for infertility followed swiftly by a return to natural “energy conservation,” propelled by psychoanalysis. Once predominantly dismissed as a pseudoscience, chemistry gained overwhelming scientific support in the 1920s and 1930s (79). Hormones, once isolated and recreated, would not only lead to artificial insemination but oral contraception, meaning that women would soon have more control over their fertility than ever before. Discoveries in how these hormones are distributed, as Celia Roberts outlined in her research on feminine and masculine hormones in both sexes at different levels, would also help dismantle notions of gender essentialism (81). But in the 1940s and 1950s, the reemerging popularity of Freudian psychoanalysis drove women back to the “energy conservation” myth. To this reader, chapter four deviated from the book’s central mythology in its unnecessary summary of Freudian thought. Additional insight into why psychoanalysis became so popular during this period would have been more in line with Jensen’s goals; lengthy descriptions of the Oedipus Complex, psychic energy, and other tenets could have been sacrificed for this purpose.

Jensen notes that chapter five deliberately differentiates itself from previous chapters. Rather than analyze scientific schools of thought during an established era, the final chapter demonstrates that infertility studies became its own field in the latter part of the twentieth century and continues to be highly valued among women today (131). Jensen traces the development of fertility clinics, which use basal body temperatures and ovulation tracking methods to calibrate women’s bodies for optimal success in conceiving (139). All of this mapping and charting, Jensen argues, evolves into an obsession with biological clocks and the urgency to beat them. Women’s magazines in the 1970s and 1980s cheered women who became pregnant through tireless diligence, and the preoccupation with and celebration of new mothers who overcame struggles with infertility echoes in the “mommy forums” of today.

Infertility concludes with a reiteration of the book’s central theme: women continue to be caught in a double-bind when it comes to their reproductive health. They are somehow simultaneously to blame for infertility (too much work outside the home; not enough rest) and unable to control it without the assistance of (often male) scientists and doctors. Notably, throughout the book...
and again in the conclusion, Jensen criticizes the persistent idea that women can easily *choose* if and when to have children (151). She highlights intersectional limitations that include income, access to reproductive health care, and systemic racial biases: for example, white women are widely regarded to struggle more with fertility than their minority counterparts when, in actuality, the opposite is true (159). At times, Jensen neglects to heed her own advice and focuses too much on individual rhetors (like Freud) rather than social context, but overall, *Infertility* is a highly important work that both examines the past and forecasts the future. The book arrives at a time when bills at every level of government propose reduced bodily autonomy for women. Jensen's work would appeal to anyone advocating for more female voices in the ongoing conversation about women’s health.

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**Work Cited**