

# **Gendered Embodiment and the Time of Infertility**

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## Abstract

Despite recent attempts to retrieve the body within sociology and the assumption of a now 'embodied' framework, *how* this should be done remains problematic, contentious and disputed. Current tensions more than partially revolve around the difficulty overcoming the limitations of foundationalist and anti-foundationalist approaches, restricting the development of a truly embodied and empirically driven conceptual framework. Remarkably little theory has entered the body and considered the body in terms of its own inner processes, the result of a persistent ontological queasiness concerning bodily interiority. The exclusion of the interior of the body problematises any integration between not just what bodies mean but also what they can do. As a field of location, I address the question of how both the female body and women's embodied experiences within the field of infertility can be both theorised and explored without succumbing to these limitations. Acknowledging the influence of both feminist and hermeneutic perspectives, and situating my approach within a temporal and biographical framework, I acknowledge both the interior and exterior of the female body. An empirical study of 15 women's experiences of infertility treatment was conducted using life story interviews and researcher-solicited diaries. Analysis focused upon the conditions of meaning-making and understanding, emphasising the biographical and temporally-situated of women's narratives in relation to the female body. By overcoming the difficulties admitting the female body into our analyses, this thesis illuminates the process of embodiment itself in the development of a truly embodied and empirically driven theoretical and conceptual framework in this field.

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## Introduction

This thesis centres upon the place of the female body within a now 'embodied' sociology. I locate my empirical exploration within the field of infertility, exploring women's experiences of infertility and assisted reproductive procedures. This focus has grown from my earlier research (Illingworth, 2000; 2001) exploring women's experiences of infertility in relation to the diverse feminist debates surrounding the development of assisted reproductive technologies. Throughout this thesis, I explore how women themselves both define and experience infertility and I raise a number of issues critical to the conceptualisation of the female body within sociology. A number of questions are central to this project. Firstly, the question of how the process of reproduction and women's related experience of infertility could be both theorised and explored without succumbing to a negatively defined, ahistorical state of being in nature or abstracting to the point of both material insignificance and invisibility. Secondly, and relatedly, the question of how we might 'know' the female body in a way that neither constrains nor abstracts. Thirdly, the question of how we may recuperate the female body within a gender analytic (Delphy, 1983) while finally resolving persistent tensions arising from the differing capacity and potentiality of the female body. As I will discuss, this dilemma can not be resolved by resting on the exterior of the body alone. Finally, in answering these questions, and fittingly using the previously marginalised and subordinated female body as central to my revised conceptual frameworks, I aim to develop a theoretical framework which is *truly* embodied. In so doing, this thesis will negotiated some of the



self-imposed dichotomies which have long continued to trouble sociological thought.

While there has been increasing academic investment in the body within sociology over the last two decades, difficulties conceptualising the body within a theoretically defined and empirically driven framework remain. Despite recent attempts to retrieve the body within the discipline, *how* this may be done is problematic, contentious and disputed. Current tensions partially revolve around the ontological status of the body, reflecting analytical and epistemological frameworks which bifurcate around loosely foundationalist (the biological basis of the body as a universal given) and anti-foundationalist (the body as contingent on its social and discursive context) approaches. Recent attempts at analytic integration (for example, Turner, 1984, 1992, 1996; Shilling, 1993) and those viewing the body as simultaneously biology *and* culture (for example, Butler, 1990, 1993; Haraway, 1991) have been fruitful. However, while existing networks of conceptual oppositions are increasingly seen as problematic, difficulties remain. This underlines my supposition that a theoretical and empirical framework that satisfactorily addresses the ontological and epistemological implications surrounding the body remains elusive. Indeed, the inadequacy of existing conceptual tools combined with the assumption of a generic body can arguably be described as the consequence of dichotomised thinking and the continued influence of oppositions.

My early exploration in this field has underlined one certainty: the body *is* a site of tension. As I will outline, while I agree that there is a need to find a 'new way for bodies to matter' (Butler, 1993: 30), the positions I explore reveal both oppositional poles and a persistent propensity towards abstraction. While body materiality remains strongly influenced by social or cultural processes, there is a sense of something missing, or lurking, within the complex space between sociality and corporeality, a point made by Scott and Morgan (1993) a decade ago. The more the body became a topic, the more the body became abstracted and the materiality of the body faded from view, an argument that I suggest remains still relevant today. More recently, Davis (1997) has restated the challenge, calling for a move towards a new project that attempts to integrate existing theories about the body within 'analyses of the particularities of embodied experiences and practices' (Davis, 1997: 15).

This move may be at least partially accomplished by returning the sociological gaze to the female body. However, the female body has long been 'mistreated', both historically and currently, within the sociological tradition (Witz, 2000) and it may seem an erroneous route to suggest a return to this arena. Difficulties conceptualising the female body have also long continued to trouble feminist theorising, an issue which bears no little relevance to current body-work. However, the lack of developed engagement with feminist scholarship and particularly the issue of gender in relation to the body has contributed to the assumption of a generic body that subsequently disengages with a central problematic. Feminist theorising can equally be seen as an attempt to devalorise the body while moving towards an

exploration of the wider operations of gender and power within society (Witz, 2000). This reflects a dualism within feminist thought itself which has, thus far, been misread, resulting in a premature disengagement with the concept and process of embodiment itself in relation to the particularities of our experiences. A gender dimension, including the differing experience of the body dependent on position, must remain central to our understanding and exploration of the body within sociology.

However, the difficulties of the assumption of a generic body will remain until the sociological gaze moves from the exteriority of the body to the differing capacity and potentiality of the interior body. In this respect, one of the aims of this study is to move beyond the limitations of exteriority and return the female body to a gender analytics. Further, it is from one of the most contentious arenas of all – the reproductive arena (Connell, 2002) – that, to adopt Jackson and Scott's (2001) imagery, this body's feet may finally be returned to the ground. Yet, exploring the female body through the doors of the reproductive arena could be considered problematic. A misdirected critique is to suggest that the location of my empirical exploration within this arena subsumes the complexity of women's experiences to the reproductive field alone, a position which could arguably result in the production of another form of essentialism. This is a point this thesis aims to counter. Failure to explore this field further has, I suggest, only succeeded in abandoning an arena that may enlighten both feminist and mainstream contemporary sociological theorising. While the question of sex, gender and difference and the status accorded the body has been pursued by a number of theorists, a

deficiency I outline within my early chapters is one which assumes the fully functioning reproductive body. Perhaps it has been easier to avoid the theorisation of bodily interiority for fear of falling foul of the perceived pitfalls of biological determinism and assumptions of commonality, the abstractions of extreme constructionism or the tensions of 'difference' theorists.

Participant reflection within my earlier research (Illingworth, 2000; 2001) highlighted the notion of 'continuation' (Illingworth, 2000) which has remained foundational to this current project and my focus on the place of the female body within sociology. This notion directly related to participants' temporally situated perceptions of the perceived differing capacity and potentiality of the female body, pointing towards the significance of Heidegger's (1962[1927]) contention that 'human beings are aware of their own endurance and this reflexivity gives human existence an intrinsically temporal character' (Flaherty, 1999: 2). This indicated a temporal dimension to women's experience in this field, suggesting an awareness of experience, understanding and bodily reality through space, time and beyond our own finitude. This points towards the potential to explore a dynamic relationship between our environment, our history, our bodies and our selves, a conceptualisation that remains central to my methodological approach.

One of the continuing difficulties within the sociology of the body has been how the body can be explored. Further, one of the difficulties exploring a potential dynamic relationship between time, space, nature and the body is that it can be argued that while time and nature does not exist independently

of us, all that we can say, understand or think about it is cultural or language-based. While I do not suggest that experience or reality is unmediated by language or symbols, central to my approach is the contention that there may be some aspects of experience which are not linguistically constituted in the first instance and which may emerge over time and warrant further exploration (Young, 1990: 13), tempering Wittgenstein's (1961) contention that what cannot be said must be consigned to silence. I suggest debates within this arena are also part of the wider debate concerning how we can know and how we can specify the links between ideas, experience and reality. Thus, how the body is conceptualised affects how the body may be explored and vice versa. Through this thesis, I develop my argument proposing a shift in perspective from one resting in the present towards one that exposes potential embodied and experiential continuities with both the past and the future (Chamberlayne et al, 2000). As I will discuss, this framework challenges existing explanatory frameworks and exposes for exploration the continual negotiation of tensions between wider expectations, discourses of power and the subjective experience.

However, I do not suggest an 'add body and stir' recipe. Questions of knowledge and truth, themselves contested arenas within sociology, remain central to my methodological approach. If we move away from conceptual oppositions and instead view the body as an experience of being, becoming, transition and transformation, then this points to more specific understandings of how the body can be both 'known' and explored. As I will outline, there are areas, encounters and 'turning points' (Charmaz, 1994) that remain critical to

my exploration in this field. The notion of 'continuation' arising from my earlier research provides a window to these areas, underlining my argument that the need to continually problematise conceptual foundations and, in particular, to explore the potentiality of the female body has lost currency.

I open my discussion in Chapter One by providing an overview of the recent growth of 'body work' within sociology and the range of traditions from which contemporary debate has evolved. In this positioning chapter, I illustrate the dimensions of inquiry that have thus far informed development in this field. Current conceptual frameworks remain problematic to recent thinking surrounding the body, particularly the suggestion of a degree of 'inevitability' regarding recent 'body moves' illustrated by the often cursory nod towards feminist debate. However, this is a simplified position that precludes the exploration of differing pathways. In particular, the body, and *whose* body, invariably casts as shadow (Witz, 2000).

Through Chapter Two, I outline my call for a re-engagement with feminist scholarship in this field. Acknowledging Davis' (1997), the influence of now four decades of feminist scholarship and the problematisation of the relationship between biology, gender and sexuality must be seen as more than simply a 'component' within a now embodied sociology. Further, inattention to the depth of feminist detail and debate exposes a premature celebration of the body 'revival' (Jackson and Scott, 2002). Yet, the need to put the body's feet on the ground (Jackson and Scott, 2001), move away from abstract theorisation and pay greater attention to the lived, fleshy experience

of embodiment is a call more easily made than answered (Davis, 1997; Jackson and Scott, 2001). In relation to the return of the body to a gender analytics, overcoming the inattention to feminist detail may prove critical to the development of a theoretical framework that pulls the body into view in such a way as to resist the de-naturalisation of sex or the de-valorisation of gender (Witz, 2000).

Through Chapter Three, I consider this position further in relation to the exclusion of the interior of the body, the experience of infertility and the assumption of the fully functioning body. While the relationship between theory and experience has remained at the heart of feminist social theory, the voice of experience in this field has been notable by its absence. Initial and early feminist writings concerning the development of assisted reproductive technology displayed an inability to write their way free of existing dualisms, a point echoed by Menzies (2000) in a study exploring what happens to the body when time zones are forgotten. Yet, the potential for research on the subjective aspects of temporality is already evident in early symbolic interactionist literature on illness and dying. More recently, Frank (1991) and Charmaz (1991; 1994; 2002) have begun to illustrate the temporal aspects of experience in this field. I draw further on these studies through this chapter and illustrating that development in this field may not just be complemented by such a focus on time but may be dependent on it (Adam, 1989).

Through this chapter I also draw from more recent biological developments which I use to illuminate and complement my temporal perspective. Achieving

the move away from a position that views the body in isolation to one that pays greater attention to the lived, fleshy experience of embodiment necessitates a further theoretical shift. This must be one which develops the move beyond the tendency of social science to see the physical and biological realm in contradistinction to the human social world. The need to take issue with such embedded assumptions and draw on alternative tales is central to my aim to recuperate the female body within a gender analytics. The dominance of the assumption of fixed, biological foundation of the human body – and particularly the female body – remains troublesome and influential within both foundational and anti-foundational perspectives. For example, Young's (1990) text, influenced by a phenomenological perspective, emphasises the importance of studying the body as 'lived', as socially and historically signifying and signified. However, while this can be seen as a positive challenge and offering the beginnings of an alternative 'body politics' (Birke, 2000), the emphasis on the body as everything other than biology again still fails to embrace the body's interior, suggesting a lived experience which begins and ends *externally*. Adapting work from both feminist and alternative biological perspectives, it is possible to move beyond the surface of the body and develop conceptual tools to aid the understanding and exploration of becoming and being embodied gendered selves. Through this chapter, my aim is to link revised biological frameworks to my conceptualisations of time and temporality as tools for understanding women's embodied experience within the field of infertility and assisted conception.



Chapters Four and Five explicitly link my theoretical positioning to my methodological approach. Through chapter Four, I engage with a number of methodological difficulties and develop my position that a point of access in this field begins with thinking through the body and our experiences using reflexively constructed biographies (Jackson and Scott, 2002). I further ground my methodological position by exploring the predominant epistemological and ontological assumptions and traditions of understanding that inform qualitative inquiry. Supporting more recent narrative and biographical moves, exploration in this field requires a move away from notions of the 'atomised' individual (Miller, 2000) towards an approach that recognises the significance of understanding the individual in process, capturing changing and/or developing experiences as they occur. Chapter Five charts the influence of my positioning and particularly the notion that the 'intertwining of experience and story lies at the heart of individual life ... and understanding' (Widdershoven, 1993: 19). In relation to my conceptualisation of the biological body and gendered embodiment as a 'process of becoming' (Birke, 2000), I discuss the influence of this position in my approach to the exploration of women's experience of infertility and assisted reproductive procedures and the use of life story interviews and solicited diaries in this research. Further, I also explain and justify my use of the virtual realm as a tool of access to participants.

Chapters Six and Seven present my analysis. Firstly, chapter six illustrates my analysis of a series of topically-focused life story interviews with nine women relating their experiences of infertility and presented in the form of

biographical overviews. My aim is neither to test existing theory nor generate further theoretical frameworks in the form of explanatory model-building and display. Rather, my aim is to produce richly detailed narratives of personal experience. My approach underlines the potential of language and interpretive practice to disclose 'meaning' (emerging from within the dialogic encounter itself) and thus enable the exploration of 'being' in all its dimensions.

Through Chapter Six, I raise a number of issues for consideration. My analysis of six participant diaries in Chapter Seven offers a further and magnified dimension for the exploration of experience as it unfolds. I again underline the importance of exploring embodied experience not simply as a linear and directional 'process' with a start and a finish but within both a biographical, temporal and biological context. My argument outlining the potentially relational and emergent nature of experience and understanding is further developed in relation to my analytical strategies. I emphasise the value of multiple methods and concurrent opportunity to explore different facets of experience and data.

Chapter Eight summarises and brings together life story and diary analysis, further contextualising these narratives within the research process itself and recognising the significance of research participation and my own role within this. I consider further my adaptation of Mauthner and Doucet's (1998) relational analytic strategy to effectively access these experiences, translating the notion of a relational ontology into a methodology and concrete method of data analysis. This involved tracing participants' individual voices through a

series of readings and at a number of levels. Firstly, a temporal dimension exploring both diary and life story narratives through a temporal lens. Secondly, an individual dimension emphasising the subjective interpretation of events, encounters and experiences. Finally, a contextual dimension emphasising participants' location within both personal and wider social networks and the related interpretation and negotiation of differing yet located temporal markers. It is through a reworked understanding and exploration of the body, critically using revised temporal and biological conceptualisations alongside notions of biological and social 'becoming' (Birke, 2000; Witz, 2000). that we may begin to more effectively understand women's experiences of their bodies in this field. Indeed, to explore women's experience of infertility, my use of multiple analytical strategies and voices illustrates the *relational* movement between individual embodied experience, biography, structure and between past time, present time and future time.

I also return my gaze to the wealth of 'body work' over the past two decades and the misappropriations and misassumptions within. My adoption and adaptation of more contemporary thinking succeeds in transgressing both the biological and temporal boundaries which have restricted development in this field and the recuperation of women's bodies within a gender analytic. By reconceptualising women's biological capacity through the notion of potentiality, as one both socially and experientially located and transformative rather than as a fixed, independent and static entity, the unease and confusion which has long persisted as a constraint in this field may finally be laid to rest. In this respect, I describe my thesis as a process of exploration,

one moving through the interrelated layers and dimensions of both understanding and experience. It is women's narrated understanding within arguably one of the most contentious arenas of all that both grounds and gives clarity to my revised conceptual framework.

## **Awakenings: Social Theory and the Body**

### *Exposing the body*

In recent years, increasing academic interest in the body within sociology has led to its reconstitution as a legitimate topic of sociological inquiry. As Frank (1990: 131) has long since remarked, bodies are 'in' – a position marked by the proliferation of books, articles, a dedicated journal and debates within the discipline itself. 'Bodies' are now exposed to view where previously they were considered an 'absent presence' (Shilling, 1993) or rendered invisible. This recent 'corporealising' of sociology has typically been explained as the discipline's response to a number of issues – a reflection of changing cultural trends, theoretical intervention and the impact of feminist scholarship (Turner, 1984, 1992, 1996; Frank, 1991; Scott and Morgan, 1993; Shilling, 1993; Watson and Cunningham-Burley, 2001; Williams, 2003).

More recently still, much subsequent 'body work' has illuminated the presence of the body in social, moral and political life (Hancock et al, 2002) and, for example, has provided new dimensions for social policy and the analysis of welfare delivery (Lewis, Gewirtz and Clarke, 2000). Ellis and Dean's (2000) conceptualisation of the body at the centre of welfare regimes provides rich seams of enquiry for both academics and students of social policy. This further underlines earlier commentary (Turner, 1992; Scott and Morgan, 1993) that, far from being another 'specialism' within the constant search for something new, the body is a central strand in modern social

thought. In 1992, Turner coined the term 'somatic society' (1992: 162) to describe how the body has become 'the principal field of political and cultural activity', suggesting the body should serve as an organising principle for sociology and underlining a call for a reformulation of the sociological project itself.

The 'body' has since been explored in a number of forms – as a site, location or standpoint, as an object of power or the product of discourse – and is a point without dispute. A range of methods have been used to explore the diversity of 'body practices' (Turner, 1984) and exposing the power of social processes to both fashion and shape bodies and their uses (Connell, 2001: 14). Many bodies now roam the sociological landscape (Williams, 2003), confirming the undeniable revival of the body within sociology. This is a welcome move which reflects the perhaps common sense understanding that social interaction is facilitated by bodily negotiations (Jackson and Scott, 2001: 9 – 10) and it is the surface of the body which we see in the world, both our own and those of others (Birke, 2000).

However, I do not attempt a comprehensive review here. Despite some welcome moves, the 'body' within the sociological discipline remains as both a site and a reflection of a number of tensions. This is a point which is of particular relevance to the exploration and understanding of women's bodies. To begin the move beyond these tensions the traditions or conventions of understanding at our disposal must first be reviewed. My task here is to highlight the difficulties of both past and current epistemological frameworks

and related ontological positioning governing not just how we understand the body but also how it is explored.

In undertaking this task, I first retrace some familiar ground (see Shilling, 1993; Turner, 1984; 1992; 1996). My purpose is to clear the way for an embodied sociology that includes a more developed engagement with feminist scholarship. Here, and alongside Davis (1997), I problematise the suggestion that feminist scholarship has 'paid off' and that sociology has moved to a more 'embodied' perspective, a position illustrated by Frank's (1991:41) misplaced claim that 'feminism has taught us the story both begins and ends with bodies'.

### *Naming the body*

While I liberally scatter the term 'the body' throughout my early commentary here, I have paid little attention to the definition of the body itself, or how I may conceptualise it. Watson (2000: 44) also highlights the difficulty of this clarification, using the *Oxford English Dictionary* definition as illustration:

*n.* 1. the structure of bones, flesh, etc., of a human being or animal, living or dead. 2. a corpse, a carcass. 3. the trunk, the main part of a body apart from the head and limbs ... 5. a person ... 7. a distinct piece of matter; an object in space ...

As Watson (2000: 44) states, 'to talk of the body is to refer to parts of a whole, or to an abstract whole. In part, this reflects the divided nature of the body in Western culture'. Similarly, Berthelot ([1986] 1991: 155-164) questions how, precisely, the body may be defined: as flesh, a taken for granted physical benchmark or simply as a collection of organs, feelings, needs, impulses,

biological possibilities or limitations? Or something more? The following quotation neatly captures this problematic for sociology as a discipline:

... how can sociology conceptualise this entity which appears to be both present and absent, the necessary precondition for all possible practices yet devoid of theoretical existence? If the body's existence is undeniable ... how is this existence accounted for by sociology? ... what does the sociological interest in the body signify? What are the theoretical and epistemological stakes involved in stressing its importance? (Berthelot, [1986] 1991:391)

In attempting to resolve some of these issues, interest in the body within sociology has both required, and has subsequently seen, a strong research agenda and one turning around the notion of the embodied individual as a central axis. For the purposes of this positioning chapter, one of the early and powerful achievements of much sociological 'body-work' has been the challenge to biological essentialism (Connell, 2001), particularly the direct criticism of Dawkins' (1976) 'selfish-gene' theory. Thus, the appearance of the body has since taken many forms across the discipline. In general terms, this ranges from the body as a 'life of its own' and the flesh and blood of the physical or corporeal form of the body; the body as a metaphor and reflection of control exerted through social processes; the more nuanced notion of 'materiality', or the 'state' or 'quality' of 'being' physical or material and notions of the body as a 'changeling', a performative and permanently fluid substance. I identify and clarify a number of terms here – materiality, corporeality and physicality - which appear frequently throughout the literature. I also employ the term 'embodiment' to denote 'individuals interactions with their bodies and through their bodies with the world around them' (Davis, 1997: 9), the 'ways in which bodily or corporeal processes are intertwined with and moulded by social processes' (Woodward, 1997).



However, bodies have emerged within the sociological discipline as simultaneously 'everywhere and nowhere' (Scott and Morgan, 1993) and some more ethereal than others (Williams, 2003). I will suggest difficulties encountered are partly the result of the inclination towards the social overdetermination of bodies (Connell, 2001). Through this and the remaining chapters, I develop my revised conceptualisation of how we might 'know' ourselves and our bodies; how we might make sense of our experiences, the conditions of this understanding and how these conditions may be bound within interdependent and interrelated space and time parameters. Thus, *how* the body can be explored will also remain central to this thesis.

Central to this problematic is the difficulty of both identifying and negotiating the complex space between 'embodied' as a now presumed conceptual framework, the notion of embodiment (Davis, 1997) as a means of understanding and the extent to which this may be a gendered process. Through my developed conceptualisation of gendered embodiment as a process of becoming, I aim to contribute to both the recuperation of the female body both to a gender analytic and the wider field of the sociology of the body. This gap is, I suggest, surprising yet difficulty here reflects the (unnecessary) predominance of a number of issues.

Firstly, resistance to a developed engagement with the wealth of feminist scholarship in this field. However, I am not suggesting attention to feminist detail offers an immediate corrective. In agreement with Witz (2000), I suggest current tensions may be at least partially the result of the need for greater

reflexivity 'regarding the different ways *gendered* bodies have always been *more or less* of an 'absent presence' in sociology' (Witz, 2000: 8). Yet, within feminist scholarship, difficulties here are illustrated by much work continuing to 'flip' conceptual difficulties back to the *sociality* of gender (Witz, 2000: 8).

Secondly, and relatedly, the nature of the opposition and resistance to biological essentialism or reductionism has contributed towards the development of a conceptual framework which, while moving towards embracing 'embodied' experience, moves the biological body itself further towards the periphery of much social and feminist theory. The emphasis on exteriority at the expense of interiority underlines the need for further exploration in this field. In relation to my proposed identification of a more complex space between notions of 'embodied' and 'embodiment', a more empirically driven exploration may expose the predominance of the ontological assumption that the body always 'is', and is never 'becoming'. This is a point that may bear no little significance to feminist scholarship and the understanding of the female body in this field.

### *Body work and body moves*

The need to explore the growth of 'body work' and the range of traditions from which contemporary debate has evolved remains paramount. My aim, however, is not to suggest a teleological view of sociological thought but, rather, to illustrate the dimensions of inquiry which have informed development in this field. Some commentators (for example, see Shilling, 1993; 2001) suggest a certain amount of inevitability regarding recent 'body

moves'. Far from remaining hidden and overlooked, the body has maintained something of an 'absent presence' within sociological thought (Shilling, 1993). For the purposes of my research, it is my contention that the influence of this type of conceptual framework remains problematic to current thinking surrounding the body, illustrated by persistent notions of the generic body and mirroring Connell's (2001) identification of the inclination towards the social overdetermination of bodies. Further, suggesting a degree of inevitability also suggests theorising within this field is progressing within a designated course and that it is simply a matter of time before the 'body' emerges as a conceptual centrepiece. This is a simplified position that precludes the exploration of differing pathways, which I will draw upon in the following chapters. In particular, the body – and *whose* body (Witz, 2000) – invariably casts a shadow.

Within the following sections, I illustrate the theoretical traditions that represent strong tendencies informing more mainstream theorising and empirical 'body work'. This is followed by an overview of more contemporary approaches. While a number of traditions do (either implicitly or explicitly) deal with the notion of the 'embodied' social actor (Jackson and Scott, 2001: 11), past and current epistemological frameworks and related ontological positioning governing not just how we understand the body but also how it is explored, remain problematic. The theoretical and empirical challenge I outline here is the establishment of a perspective which refrains from the separation of the body from the totality of the self yet, simultaneously, remains focused on the body while retaining an engagement with wider context

(Turner, 1992, 1996; Shilling, 1993; Jackson and Scott, 2001). Conceptual tools are required to account for the experience of the body-subject and, concurrently, the social location of the body-object (Howson and Inglis, 2001: 298). Somewhat ironically, I suggest it is our current understanding of the body itself, the theoretical predominance of the generic body and the concurrent failure to attend to the task of recuperating the body within a gender analytic (Delphy, 1983) and 'embodying gender' (Witz, 2000: 2) which stands before any convincing move forward from this conundrum.

### *The enlightened sleeper: Modernity's Man*

Until recently, sociology has tacitly worked with the image of a split world, revealing an ontological belief in the factually existing division of the world between the body and the mind (Turner, 1992: 55-56). This now 'classic' dichotomy reveals an anti-body bias highlighted by a number of authors (Featherstone, Hepworth and Turner, 1991; Scott and Morgan, 1993; Turner, 1992, 1996; Shilling, 1993; Hughes and Witz, 1997; Witz, 2000, 2001). Of particular significance is the notion of the social actor and social action, a positioning which bears the effects of a Cartesian heritage and which relegates the body to the environmental conditions of social action by approaching the body as an objective, impersonal structure (Turner, 1992). While sociology and the social sciences may be regarded as a science of action, the neglect of the lived, experiential body suggests that sociological responses to the problem of structure and agency failed to address the problem of not only the place of the body but also the place of feeling and emotion in the sociology of action (Turner, 1992). Historically, sociology has

been characterised by a preference of the mind over the body – if society rules us, it does so through our minds rather than through our bodies (Davis, 1997), a positioning that can be more effectively described as rationality on stilts. This rejection or ‘dismissal’ of the body is illustrated by the distinction made by Descartes between the *res cogitans* (the powers of intelligence and site of selfhood) and the *res extensa* (the machine like corporeal substance) (Price and Shildrick, 2000: 2).

However, Descartes’ work is more complex and nuanced than the usual sociological tale would allow. Contextualising Descartes’ writings, Crossley (2001a: 11) argues, his ‘attempt to separate mind and body could be read as an attempt to save the self-image of humanity from the advancement of natural science’. In his later works, his ambition to ameliorate the human condition was dependent on an almost mysterious (and unsatisfying) *fusion* of incorporeal self and mechanical body (Cottingham, 1986). Yet this attempt at fusion founders as Descartes’ ‘body’ here does not rest upon a notion of embodiment but on a conceptualisation of the ‘body’ as a physical system or ‘meat’ (Leder, 1998). Taking the most radical position, a sociologist buying into established dualisms also buys into the most extreme form of individualism – a conceptualisation extremely problematic from a sociological point of view and essentially painting a picture the human mind as dislocated and removed from the world (Crossley, 2001).

In sociological terms, the so-called ‘mind-body’ problem has continued to engage our attention. As Watson (2000: 45) argues, by at least posing this

dichotomy, Descartes gave ethical legitimacy to subsequent developments, particularly deterministic and mechanistic conceptualisations of the body and its functions. This foundation supported a 'mentalistic' portrayal of humanity, an incorporeal consciousness of human thought which conceived of 'man' as standing "outside" the reality given him in consciousness. 'Nature exists for Man, who by means of an objective knowledge of its workings, harnesses it in the service of human needs' (Soper, 1986: 24). Rationality, not sociality, was humankind's distinguishing feature (Archer, 2000: 51). The *primacy* of humanity – and more specifically of male reason – can be considered as a fair encapsulation of the Enlightenment model of the modern self (Archer, 2000).

### *Falling from grace: dichotomies and dualisms*

However, the strength of this influence, and related epistemological and ontological constraints, still problematises current attempts to re-admit the body within sociological thought. Thomas Laquer (1987; 1990) has explored the power of Enlightenment thinking, particularly in relation to the human body. In his historical investigations into the 'making of sex', Laquer has shown that scientific perceptions of bodily differences change over time. The 'one sex/one flesh' model (the long-held assumption that women had the same genitals as men, except that theirs were inside the body and not outside it) had dominated thinking surrounding the body from classical antiquity to the end of the 17<sup>th</sup> century (Shilling, 1993). Women remained 'inferior' yet the body, critically, was not the exclusive ontological support for this inferiority. However, this classical inheritance problematised the Enlightenment model of *male* reason and challenged how this model could be sustained using 'an

original state of genderless bodies' (Shilling, 1993: 44). This dilemma was resolved, Laquer argued, through the articulation of radical physiological difference between the sexes. As a number of commentators suggest, this is a position which had more to do with political and ideological currents and the justification of inequality within 18<sup>th</sup> and 19<sup>th</sup> century gender relations than any 'new' scientific discoveries (Gallagher and Laquer, 1987; Shilling, 1993; Marshall, 2000; Connell, 2002).

Through this radical shift the body, particularly the *female* body, falls from grace, mirroring the tendency to 'focus on the female, reproductive body in contrast to the masculine, rational mind ...' (Sydie, 1994: 118). According to Martin (1989:32) this reasserted the superiority of man, the distinction between nature and culture and the inevitability of female subordination. As Witz (2000: 9 -11) suggests,

... the female body served as a constant foil against which to articulate the concept of 'male sociality' ... the body (dis)appeared in the textual strategies of classical sociology as 'female corporeality' and served as the foil against which 'male sociality' was forged on the bedrock of the social.

Women, argues Marshall (2000: 19) became 'irretrievably embodied. They lay outside of the modern, connected to it through their relation to men'.

However, as both Laquer (1987, 1990) and Jordanova (1989) have demonstrated, this culture/nature distinction is a false dualism, historically dynamic and rendered far from straightforward. Yet, despite this, western thought has remained profoundly influenced by this dichotomy, positing (albeit in various forms) a contradiction or opposition between nature and culture

(Turner, 1991; Leder, 1998). This is particularly illustrated by the oppositional debate between social constructionist and naturalistic approaches to the body. As I have illustrated, these approaches have been first premised on false dualisms. While the Cartesian heritage is more nuanced than I have allowed for here, for the moment, this contradiction, alongside the rejection of the body as an obstacle to pure rational thought and an understanding of the body as a material and unchanging given, has had a direct and prolonged impact on the understanding of the body within sociology. Further, precisely because of these troubled foundations, the dangers of stepping backwards and attributing to the unconscious or the pre-sensual that which proves difficult to conceptualise, for example, remains. This is a point of critique in relation to Shilling and Mellor's recent (1996) work, suggesting 'unconscious embodied dispositions which lie beneath the reach of thought' (1996: 7). Thus, how we conceptualise the body is fundamental, underlining the need for theoretical revision combined with the epistemological challenge of re-embodiment knowledge. Far from being consigned to the margins as a 'specialism', the body may prove to be one of the conceptual centrepieces which may contribute towards a move beyond some of the self-imposed dichotomies within sociological thought.

### *Modern foundations: the disembodied conceptual grid*

The influence of false dualisms and early theoretical prudery with respect to human corporeality can also be seen as firmly established in the epistemological foundations of modern sociology and the predominance of a conceptual grid located within a notion of the disembodied rational agent.



Alongside this, as Marshall (2000: 19) outlines, 'For Marx and Engels, women appeared as "wives and daughters" of the proletariat, the real historical actors'. The heritage of Enlightenment thought can be exposed as labouring under a false illusion, particularly the masculine specificity of concepts of the social, a point further illustrated through a more bodily informed engagement with the works of Durkheim, Weber and Simmel by both Witz (2000) and Marshall (2000). As Marshall (2000: 19) argues, the gendered nature of modernity did not just exclude or marginalise women, 'gender differentiation was explicitly identified as integral to modernity' and, for Durkheim 'gender differences and inequality are the by-products of modernity' (2000: 19). Similarly for Weber, 'the 'gentler sphere' of emotion was for those who 'couldn't bear the fate of the times like a man' (Marshall, 2000: 19).

Witz (2000) turns to the work of Georg Simmel, recognised as one of the few earlier sociologists to directly explore the nature of relations between men and women while resisting the temptation to over-invest women with corporeality and a sense of naturalisation (Witz, 2000; Shilling, 2001). In this respect, Simmel at least explicitly identifies modernity as masculine and

... credits woman with a pre-dualistic, absolute nature, where 'life' and 'spirit' reside together in unity, while men are condemned to a dualistic, dissociated nature where 'life' and 'spirit' have become fractured, one alienated from the other (Witz, 2000: 16).

Witz (2000) argues Simmel's work contains the beginnings of an 'embodied concept of agency'. However, the difficulty with Simmel's work is in man's specific capacity to transcend circumstance, suggesting a less restrictive notion of any *a priori* capacity here, while woman is, and always will be *woman* and thereby, finally, restricted. This in itself suggests an *a priori* fixity

and absoluteness that I have illustrated earlier and which, nonetheless, reduces woman to the corporeal, as the following quotation from Simmel outlines:

It is more essential to her that she is a woman than for the man that he is male. For the man, there is a sense in which sexuality is something he does. For the woman, it is a mode of being. And yet – or, rather, precisely for this reason – the significance of the sexual *difference* is only a secondary fact for the woman. She reposes in her femininity as if in an absolute substantial essence and – somewhat paradoxically expressed – indifferent to whether men exist or not ... The woman lives in the most profound identity of being and being-a-woman, in the absoluteness of *immanently* defined sexuality, the characteristic essence of which does not require the relationship to the other sex (Simmel, 1984).

The body, undoubtedly, is capable of generating much ontological anxiety, a difficulty that has, thus far, precluded more effective conceptualisations. Much recent ‘body work’ has also been informed by contemporary approaches to the nature of social action and agency. While these have informed the sociology of the body and much promising and even ground-breaking work has been achieved, through the following sections I will highlight how these approaches themselves remain influenced by the notion of the social actor as disembodied agent.

### *The contemporary body: body dimensions*

In terms of how contemporary sociologists have conceptualised and analysed the body, the ‘naturalistic’ (Shilling, 1993) or ‘foundationalist’ (Turner, 1992) position can be considered highly influential – in the negative sense. Sociologists (with the exception of some strands of feminism that I will discuss in Chapter Two) have generally reacted against the naturalistic

approach, driven, in part through contempt for socio-biology and social Darwinism. Yet, as Watson (2000: 51) argues, this is also partly

the result of the development of sociology. Durkheim claimed the 'social' (or 'cultural') for sociology, and his descendants still seem to be fighting for autonomy from biological imperialism ... This is fascinating since it ignores the history of the body as a cultural, material and scientifically mediated form.

Despite this, many contemporary theorists prefer the premise that the body is a 'receptor' rather than a 'generator' of social meanings (Shilling, 1993). This is a position that can be usefully described as the conceptual centre ground 'for launching criticisms against claims of universality, objectivity or political correctness' (Davis, 1995: 46). Yet, in agreement with Shilling (1993), fully rejecting the naturalistic approach may at worst keep the corporeal nature of our existence hidden and thus hinder the exploration of how the body forms the basis for, is part of and contributes towards social life. At best, much renewed focus remains at the surface of the body, resulting in social or cultural essentialism and producing unsatisfactory conceptions of social relations (Watson, 2001). As Birke (2000: 2) argues,

If this newly theorised body has interiority, it is one that is explained predominately through psychoanalysis ... What goes on inside the biological body remains a mystery, to be explained (if at all) only in the esoteric language of biomedicine.

Yet, this renewed focus appears only skin deep. Remarkably little theory enters the body and considers 'the body' in terms of its own inner processes (Birke, 2000). Coining Braidotti's (1989: 54) terminology, I describe this position as 'exteriority without depth'.

Central to this persistence rests the notion of the 'constructed' (Shilling, 1993) or 'anti-foundational' (Turner, 1992) body. In brief, this positioning

conceptualises the body as historically dynamic and unstable, opposing the notion of the body as a biological phenomenon and viewing the body as a symbolic system, a metaphor of social arrangements and an effect of discursive power. Social constructionism has become one of the characteristic epistemological approaches to the study of the body and, mirroring Shilling (1993), I use the term as a broad umbrella term to 'denote those views which suggest that the body is somehow shaped, constrained and even invented by society' (1993: 70). This movement must be applauded, particularly the expose of how naturalistic and essentialist notions of the body can be used to legitimate social inequalities. Yet, this move also raises a number of problematic issues. While a broadly constructionist perspective moves away from essentially fixed or determinist positions, biology itself becomes yet another form of discourse (Williams, 2002: 16). A focus on this more contemporary work, the (explicit or implicit) governance of dualistic thought and the difficulties of bridging this divide again reinforces my intention to clear the way for an embodied sociology that includes a more developed engagement with feminist scholarship. This is a position I will outline in the final sections of this chapter and develop through Chapter Two.

To illustrate my points, I refer to the work of Berger and Luckmann (1966), Goffman (1963; 1969; 1977; 1979; 1983), Mead (1964), Elias (1978a; 1978b; 1982; 1991; 1997), Foucault (1973; 1979; 1985; 1986) and Merleau-Ponty (1962). I also stress these sections provide an overview, rather than a comprehensive review, of the main traditions of understanding at our disposal

and dimensions from within which contemporary debate surrounding the body has evolved.

### *Dimension 1: The unfinished body*

One of the seminal influences in this field has been the Nietzschean concept of 'man' as an 'unfinished animal'. Berger and Luckmann (1966) argue that human societies are perpetually involved in the endless task of the social construction of social orders. While there is, so to speak, 'biological freedom', there are correspondingly cultural and social constraints on humans. The concept of self – man *is* a body – distinguishes man from the animal order. Berger and Luckmann (1966) recognise the dialectical nature of the body and the self and begin to produce a theory of structuration that takes the body seriously. Human beings must socially construct their own reality and make sense of their own environment in order to institutionalise their existence and create protection from the threat of meaninglessness. However, in critique Turner (1992: 83) argues the conflation of the need for meaning with the need for order precludes any possibility of the autonomy of the agent. While the sometime difference between 'having' and 'being' a body is recognised, their analysis fails to explore how the experience of 'having', 'being' and perhaps 'doing' a body is experienced in everyday reality and how this may influence the formation of identity (Turner, 1992). To this criticism I would also add the failure to acknowledge the potential for a position which embraces the notion of 'becoming', a position I will develop through the remaining chapters. For the moment, more recent and revised frameworks (for example, Rose, 1997; Birke, 2000) focusing on the unfinished matter of

biology alongside notions of negation and transcendence, conceptualise biology as

a pulsing, moving life force, not an innate, fixed or static entity. Reductionism, in this sense, rests on a series of distortions which effectively place in a straitjacket, both literally and metaphorically, our understanding of biology in these latter, more open, mobile and dynamic terms (Williams, 2002: 24).

### *Dimension 2: The performing body*

A second dimension of inquiry which takes the idea that the body is a physical component of human agency more seriously is illustrated by Goffman's (1963; 1969; 1977; 1979; 1983) dramaturgical approach. It could be considered problematic, if unfair, to criticise Goffman for missing out what he perhaps did not intend (Jackson and Scott, 2001). However, while acknowledging the difficulties of 'placing' Goffman's work in any one theoretical tradition, Goffman has been seen as a symbolic interactionist, interested in the body as a component of *action* (Shilling: 1993:71) and his work still remains influential in informing views of the body as socially constructed.

Goffman provides a multi-faceted series of commentaries on face-to-face interaction, creating a space for the 'embodied' social actor. Far from simply illustrating the social structure in practice or suggesting interaction as a product of behavioural role performance, Goffman's dramaturgical approach provides a new line of analysis, adding to technical, political, structural and cultural perspectives on social interaction (Strong, 1988). Effectively, Goffman names the body as a theoretical space, promoting 'the acceptance of the face-to-face domain as an analytically holistic one' (Goffman, 1983: 2).

In his discussions of gender, Goffman (1977; 1979) was forthright. Sex differences are only significant because the culture makes them so. Nothing 'biological' lies beneath the expressions of femininity or masculinity, although these same expressions 'function socially ... to support belief that there is an underlying reality to gender' (1977: 226).

While much of benefit can be gained from this style of approach there are also limitations. Influenced by Mead, Goffman's work does move towards providing a more explicit theory of the body in society. However, his conceptual focus can again be specifically located on the 'outside' or the 'surface' of the body, mirroring the difficulties of notions of 'exteriority without depth' (Braidotti, 1989: 54) I outlined above. As Mead himself suggested,

We can distinguish very definitely between the self and the body. The body may be there and operate in a very intelligent fashion without there being a self involved in the experience. The self has the characteristic that is object to itself, and that characteristic distinguishes it from other objects and from the body (Mead, 1962: 136)

While Goffman observed the corporeal rules which govern encounters, the body itself retains a 'managed' presence. No sooner than moving onto the central stage, the body is treated as a resource, as a mediator of individual self and social identity. As Jackson and Scott (2001: 11) argue, 'while embodied actors are ever present in Goffman's social stage, he was always concerned more with bodily action and performance than the sensual, visceral body'. Crucially, the significance of the body is determined by sources located *outside* of the body and the mind. Again, the body becomes the site upon which meaning is inscribed – a position that pays little attention to what the

body *is* and how it may facilitate and be an integral component to, human agency.

### *Dimension 3: The mannered body*

In contrast to social constructionists who tend to see the question of material relations 'vexing' and the body as 'determined by external social classifications' (Shilling, 1993: 150), for Elias (1978a, 1978b; 1982; 1991; 1997), the body remains central to his work as a 'vehicle' for the embodiment of morality. While refraining from an explicit focus on the body in his work, his approach suggests a conceptualisation of the body as a biological *and* social phenomenon. Elias introduced the concept of 'figuration' to place 'the problem of human interdependencies into the very heart of sociological theory' (1978b: 134). More specifically, this can be described as a 'civilising process (1978a), where social relations are drawn into the body through practices of hygiene and etiquette, underlining the association between the civilising process and bodily control. Elias' work appears to move beyond dichotomies, beginning to transcend a perceived and essentially mistaken opposition between 'individual' and 'society'.

As the body is subjected to even greater restraints within the developing court societies of Renaissance Europe, the body becomes increasingly concealed behind, for example, elaborate and decorative clothing. This 'closing' of the human body is not, however, its dismissal. Instead, the body is subject to greater erotic investment in the form of the wish-fulfilling 'fantasy' body (Burkitt, 1999: 50-53). As the body becomes 'closed' and 'decorated',



visual perception takes primacy. Knowledge (of others) becomes directly linked to this visual perception, particularly how the body is both presented and performed. In brief, we observe others and ourselves more closely.

Yet, concurrently, the body also begins to appear as an 'object' of the mind in Elias' work, albeit experienced more intensely by the restraints imposed (Burkitt, 1999: 52). Elias suggests a self imprisoned inside the body, looking out from behind the skin (1991: 113) and illustrated by his metaphor of 'thinking statues'. This type of thought suggests an experiential plane, a developing and private world of fantasy that lies deep within the body (Burkitt, 1999). In critique, again the danger of attributing to the pre-social that which proves difficult to conceptualise again becomes apparent here. This position leaves the suggestion of a (albeit embodied) masked disposition which lies beneath surface restraint, a point which I have earlier already problematised in relation to Shilling and Mellor's (1996) work and which again bears the mark of a Cartesian heritage.

#### *Dimension 4: The machined body*

Like Elias, Foucault also conceptualises the body as a political object of power. Knowledge about the body was inseparable from the relations of power. One of the primary effects of changes in the power structures and power relations of the 17<sup>th</sup> century is described by Foucault as 'bio-power' – the power involved in the management of the population, evolving in two forms and constituting two poles of development:

One of these poles ... centred on the body as a machine: its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls, all this was ensured by the procedures of power that characterised the *disciplines: an anatomo-politics of the human body*. The second, formed somewhat later, focused on the species body, the body imbued with the mechanics of life and serving as the basis of biological processes: propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary. Their supervision was effected through an entire series of interventions and *regulatory controls: a bio-politics of the population*. (Foucault, 1979: 139 original emphasis)

Here, the body appears as drawn into, and disciplined by, the machinery of politics. In his earlier works, this position reflects the influence of Weber's 'iron cage' motif, reflected in Foucault's own motifs of body surveillance and panopticism. Developing scientific knowledge about the body had given rise to new ways of controlling bodies:

The human body was entering a machinery of power that explores it, breaks it down and rearranges it... It defined how one may have a hold over other's bodies, not only so that they may do what one wishes, but so that they may operate as one wishes, with the techniques, the speed and efficiency that one determines. Thus discipline produces subjected and practiced bodies, "docile" bodies. (Foucault, 1977: 138)

The body, in Foucault's work, maintains a position as the *link* between external regulation and self-regulation (Burkitt, 1999). For example, sexuality, according to Foucault (1979, 1985, 1986), assumed a discursive existence in a technology of surveillance, creating desires while *also* seeking to control them (Delanty, 2003: 126). Power, in this respect, is not just about overt external or social regulation but also about the movement towards this covert form of *self*-regulation. In his later writings, Foucault challenges the more liberal notion of the autonomous individual, underlining both the priority and predominance of overriding structures of thought and practice – the

'*epistemes*' or '*discourses*' referred to throughout his work (Jones and Porter, 1994). The body, in this respect, appears as a (simultaneous) focus of examination, scrutiny, categorisation, regulation and control.

A more obvious critique of Foucault would be to challenge the absence of women from almost every dimension of his work. However, this is not my aim at this point. Indeed, recent work (Diamond and Quinby, 1988; Sawicki, 1991; Ramazanoglu, 1993) has already outlined points of convergence between the work of Foucault and feminist scholarship and I will discuss this further in the following chapter. My difficulty here, in relation to the more generalised position of the body within Foucault's work, is in his notion of 'governmentality' as the vehicle for the expression of power. More specifically, his depiction of modern society as a disciplinary society, dominated by rationalist structures or discourses of power, offers little possibility of communication or resistance. Despite later commentary concerning sites of resistance, society appears overly characterised by a systemic coherence and order, illustrated by the movement between social/external and self-regulation. The body, in Foucault's work, moves from a separated position within Cartesian thought to a position that suggests the entrapment or confinement of the body within the *epistemes*.

#### *Dimension 5: The actioned body*

In his phenomenological studies, Merleau-Ponty (1962) also rejects the mind-body dualism. However, the body here is the *core* of the ontological problem, never simply a physical object but always an embodiment of

consciousness, an active and relational process. As Burkitt (1999: 74) outlines,

For Merleau-Ponty, thinking was not the product of some disembodied mind located somewhere outside the material world, beyond time and space; nor was it simply the result of the body reacting to its surroundings. Instead, through is part of the active relationship between humans and their world, so that prior to the Cartesian 'I think', there is an 'I can' – a practical cogito which structures not only our relationship to the world, but also the ways in which we think about it.

This declaration of unity between the body, space, time and (located) consciousness alongside the emphasis on the body as the locus of intentionality, suggests a disembodied view of the world is both inconceivable and, finally, amounts to a view from nowhere. As Burkitt (1999: 74) argues, 'we never understand the world from some passive and disinterested spot, but always from within an active and related perspective'. The sense of self here is not based on disembodied thought and neither is it based Lacanian-style in the early visual representation of the self and view from the 'outside'. The body, 'the feel we have of our body and the way it connects us to the world' (Burkitt, 1999: 76) is central.

However, the individualistic nature of phenomenology also reveals tensions, as a number of recent commentators have discussed (Turner, 1996; Burkitt, 1999; Crossley, 2001; Howson and Inglis, 2001; Shilling, 2001). In particular, this reflects the extent to which phenomenology and particularly the work of Merleau-Ponty includes any (convincing) account of power relations, the place of power in the social formation and how it acts on bodies. To talk about the self-governance of bodies *alone* is to 'miss the crucial sociological point,

namely the regulation of the body in the interests of public health, economy and political order' (Turner, 1996: 81).

Despite some difficulties, the phenomenological position partly influences my approach. While the dimensions I have explored above continually flip to the issue of *sociality* at the expense of the corporeal (Witz, 2000), the phenomenological approach arguably achieves the opposite. However, while the body is a medium through which agency is expressed, it is also subject to socially prescribed meaning and forces external to its phenomenological existence. While it may be true *phenomenologically* that we have rulership over our bodies, it is never true *socially* (Turner, 1996). Further, the difficulty of accounting for the effects of power relations and external forces and structures may be as much a problem of approach and is a point I will develop further over the coming chapters.

### *Bridging the Divide: Reconceptualising the body*

The dimensions I have outlined above highlight some of the difficulties encountered using existing conventions of understanding in the rejection of the presuppositions of rationalism grounded in a Cartesian framework. More recent attempts to move beyond such oppositions have also been further problematised by perceived shifts from modernism to post-modernism, between the body as knowable and the body in flux (Frank, 1991). On the one hand, the body is used as the ideal site from which to criticise disembodied rationalism and universalist pretensions. On the other hand, post-modern scholars may use the body as a site for exploring the workings of power and

the construction of difference. Yet, the implied dissolution of the boundaries between the inside and the outside of the body can become 'an extended *surface* upon which, on the one hand, the externality and objectivity of nature and, on the other hand, the unique inner quality of the soul, have jointly condensed' (Ferguson, 1997: 11). As Frank (1996: 56), developing his 1991 text and reflecting on his experience of the 'lived body' during illness, notes: 'To consider the body as pure surface sacrifices too much reality for resulting theoretical convenience'.

The difficulty of moving beyond the surface of the body, resisting the objectification of the body and also conceptualising the body as a simultaneous biological *and* social phenomenon is a difficulty central to more recent debate. While Turner's (1984) theory of bodily order and concern with the corporeal nature of human agency revealed how sociology's dualistic conventions had neglected the corporeal dimension, the body becomes central only in so far as it presents a problem to be *managed* by social systems. As Frank (1991) argues, beginning the equation with the body as a functional problem for society betrays Hobbesian and Parsonian influences and limits this earlier work as a general theory for a sociology of the body.

While Turner's (1984) starting point is order, Frank's (1991) starting point is action, embracing the notion of the body as a corporeal phenomenon that affects how people experience their bodies:

Theory needs to apprehend the body as both the medium and the outcome of social 'body techniques' and society as both medium and outcome of the sum of these techniques. Bodily techniques are socially given ... but these techniques are only instantiated in

their practical use *by* bodies, *on* bodies. Moreover, these techniques are as much resources *for* bodies as they are constraints *on* them (Frank, 1991: 48 original emphasis).

Frank (1991) argues that 'the body' is constituted in the intersection of an equilateral triangle, 'the points of which are institutions, discourses and corporeality' (1991: 49). The body does not simply emerge out of discourses and institutions but is the outcome of social 'body techniques' – combinations of discourses, institutions and the corporeality of bodies – which are simultaneously enabling and constraining. However, Frank's embracement of the corporeal nature of agency appears to be short lived and, at times, leans towards essentialism. The body appears significant only in its response to *external* problems when society is brought into the equation. There is little suggestion of the body as an integral, and not reactionary, component of human agency (Shilling, 1993: 99). Corporeality, again, is constructed as an 'object-state' (Wilton, 1999).

Turner's subsequent (1992) text attempts to move beyond the dualistic tradition by advocating a degree of epistemological pragmatism. His view of the body is as of one unit, but divided into an internal (concerning desires, needs, feelings and emotions) and an external (concerning the control and regulation of the body) space. In his discussion of the epistemology of the hand (1992: 99-119), Turner combines a foundationalist view of the significance of the human hand in the evolution of culture and society, alongside the notion of the hand as a discursive construct, reflected in, for example, the superiority of the right hand. Borrowing from the Nietzschean concept of 'man' as an unfinished animal, Turner argues there is no need to

pose an absolute dichotomy between acquired and innate behaviour or between culture and nature. More specifically, that the body is organically founded does not provide reason to doubt the proposition that the body is socially constructed (1992: 16 – 18).

In a direct critique of Turner's (1992) attempt to bridge these perspectives, Shilling (1993: 102 – 104) argues, firstly, Turner fails to suggest *how* this task can be accomplished or substantiated empirically. Secondly, Shilling argues Turner's works contains the same dualism that it is a reaction against, resulting from the attempt to reintegrate two approaches without adjusting their basic parameters. What the body *is* cannot be discussed without reference to how the body is represented and classified and how these processes both shape, and are shaped by, the organic body. It is not a matter of simply reintegrating the two dominant perspectives but of recognising a new conceptualisation of the body and society as an integral and mutually constitutive process and Shilling (1993) makes three points. Firstly, the body represents a phenomenon that cannot be located exclusively in the social or natural world, thus is neither a pre-social, biological phenomenon nor a post-social, biological entity. Secondly, nature and culture are not separate but intertwine in the development of human bodies. Finally, the body is not only affected by social relations but forms the basis for and enters into the construction of social relations.

Shilling's more recent work (2001) returns to the work of Durkheim and Simmel. While the classical sociological vision of the embodied subject may



be (accidentally, according to Shilling) blurred, Shilling argues 'the discipline's concern with social context illuminates rather than obfuscates the varieties of human experience' (2001: 328). In a direct critique of more contemporary voice and particularly the current utilisation of resources previously classified on the margins (for example, Foucauldian, feminist and phenomenological resources), Shilling criticises contemporary ambivalence towards classical sociology. For example, Shilling (2001: 341) argues 'if ... studies of the body have failed to explore human experience adequately, it is because they have ignored, rather than followed slavishly, the directions and suggestions laid out in the writings of the "founding fathers". As I have discussed, while I agree with Shilling's argument that the separation of the sociology of the body from 'a corporeal sociological concern *with* the body as a lived subject' (2001: 341) institutes a false dualism, his recent argument remains troublesome on a number of levels.

Firstly, the influence of over four decades of feminist scholarship and the problematisation of the relationship between biology, gender and sexuality has been acknowledged as a major component contributing to the recent 'body revival' in sociology (Davis, 1997) and is attributed by all the recent commentators above. Yet, the subsequent marginalisation and limited appraisal of feminist scholarship is an ironic point. Frank's (1991) claim that 'feminism has taught us the story begins and ends with bodies' conflates feminist scholarship with the body, underlining Davis' (1997:4) argument that 'many of the 'new' male body theorists seem somewhat reluctant to draw upon feminist scholarship of the body'. However, I do not suggest attention to

feminist scholarship offers a corrective remedy. The difficulty both 'naming' and exploring the female body and continuing debate regarding the relationship between biology, gender and sexuality illustrates conceptual grappling with the status of the body within feminist theorising itself. Yet, Turner's later (1996) work illustrates the prevalence of dominant thinking in this field. Turner (1996: 34) makes deliberate use of the philosophical expression 'we are ... always and already embodied' to support his argument that the physicality of the body needs little sociological development 'since the 'natural body' is always and already injected with cultural understandings and social history'. While there are biological differences between men and women, Turner argues (1996: 58), these are culturally mediated and historical characteristics that can be radically changed by social and political intervention.

However, the lack of engagement with feminist scholarship and particularly the issue of gender in relation to the body contributes to the assumption of the generic body that subsequently disengages with a central problematic. Feminist theorising can equally be seen as an attempt to devalorise the body while moving towards an exploration of the wider operations of gender and power in society (Witz, 2000). This reflects a dualism within feminist thought itself which has, thus far, been misread, resulting in a premature disengagement with the concept and process of embodiment itself and leading to the sense of inevitable progression in this field which Shilling (1993; 2001) promotes.

Alongside Witz (2000), my suggestion is that the movement towards an embodied perspective must encompass an exploration of not just how the body has been treated within the sociological tradition but also *whose* body has been brought back in and *whose* body has been mistreated, both historically and currently. As Rich (1986: 215) has previously suggested, 'When I write 'the body', I see nothing in particular. To write 'my body' plunges me into lived experience'. This suggests embodied theory requires a more developed interaction between theory and practice (Davis, 1997; Nettleton and Watson, 1998), between theories about the body and analyses of the

particularities of embodied experiences and practices. It needs to explicitly tackle the relationship between the symbolic and the material, between representations of the body and embodiment as experience or social practice in concrete social, cultural and historical context (Davis, 1997: 15).

In opposition to Shilling (2001), I suggest difficulties accomplishing this have little to do with the move away from the writings, directions and suggestions of the 'founding fathers'. Central to my argument has been the presupposition of a false premise, a lingering Cartesianism which, when exposed, illustrates the epistemological challenge of re-embodiment knowledge. Although the Cartesian split is, as I have discussed, more nuanced and complex than I have allowed for here, 'there is little doubt that the notion of embodiment – that is the irreducible imbrication of being-in-a-body is foreign to it' (Shildrick and Price, 1998: 2). It appears to be an erroneous route to suggest a return to this arena.

Further, my suggestion here is that the epistemological muddles which have arisen are the product of a lack of clarity as to what our most fundamental

assumptions are. Recognition that the uses of dualistic conceptions of the social world are no longer viable options for social theory is not sufficient alone. This mirrors Adam's (1989) earlier call for a theoretical shift and a move beyond the tendency to understand the physical and biological realm in contradistinction to the human social world. This theoretical shift must include a re-engagement with feminist scholarship, which I will outline in Chapter Two. Further, this must also include learning to see and think in a new way about women's bodies within a gender analytic. This move must resist the objectification and the recreation of dichotomies and take account of biology without reducing social and personal experiences to biology. That this cannot be achieved within existing frames of meaning underlines Adam's (1989) focus on time as both a theoretical and conceptual framework, which will be developed further through the remaining chapters.

## Awakenings: Other bodies

The influence of now four decades of feminist scholarship and the problematisation of the relationship between biology, gender and sexuality must be seen as more than simply a 'component' contributing to the resurrection of the body within the discipline. The inattention to feminist detail exposes a 'premature' celebration of the 'body revival' (Jackson and Scott, 2001). Further, this illustrates resistance to recognising the full significance of gender, particularly in relation to feminist theory (Maynard, 1990) and current 'body-work'. As Price and Shildrick (1999: 9) argue, 'to forefront the notion of the body as sexed is not just another consideration to be taken into account, but a factor that changes everything'.

### *Contextualising the unfinished body*

As I have discussed in Chapter One, much recent commentary, with perhaps the notable exception of Burkitt (1999) resists a *full* engagement with the problematic status of the body within the feminist project itself and the potential significance of the lived, experiential and gendered body. If the depth of feminist work has been included at all, a developed interaction is restricted (Davis, 1997; Witz, 2000). For example, as Witz (2000) argues, despite some of merits of Shilling's (1993: 43-99) work, his analysis of feminist contributions appears to abandon the (variable) feminist approach within a critique of 'naturalistic' views of the body. Further, by restricting his focus in this

discussion to solely women's bodies, Shilling maintains a binaristic conceptualisation of the body, privileging the male body as healthy through the pathologisation of female bodies (Annandale, 1998).

Shilling argues that 'the body is most profitably conceptualised as an unfinished biological and social phenomenon which is transformed, within certain limits, as a result of its entry into, and participation in, society' (1993: 12). The suggestion that it is impossible to grasp what the body *is* without reference to how the body is represented and classified is a move forward. For Shilling, this is based on the premise that once we grant the body a physical/biological existence, it is possible to see how it is worked on, and by, society. Further, this underlines the notion of a reciprocal relationship between the body and society in an attempt to move beyond the restrictive dualistic conceptualisations within a discipline long since organised around a number of perennial contrasts, as I have outlined in Chapter One. To underline, such dualisms generally occlude the exploration of the relationship between bodily processes and social relations.

However, moves forward cannot be made by assuming a generic body or a pathologised female body. Moving forward must also include a power dimension and lead to an inevitable and *developed* engagement with both feminist theorising and gender work. Much current body-work has drifted away from some of the core and still active debates within feminist theory, a mistaken assumption which also suggests feminism is an internally coherent body of thought. Undoubtedly, this is an effect partly due to a process of

*dissipation* (Annandale and Clark, 1996:17), whereby previously marginalised theoretical positions begin to lose currency.

My point that feminism has remained deeply concerned with the body is made in opposition to Frank's (1991:41) suggestion that 'feminism has taught us the story both begins and ends with bodies'. To suggest feminist work is primarily about sexual differences and bodies serves to erase other equally important markers of difference, for example, race, class, disability and their intersection with gender, as more recent empirical work has shown<sup>1</sup>. The need to highlight the specific contextual materiality of the body must therefore remain and include the differing experiences of the body dependent on position (Price and Shildrick, 2000: 5).

However, while I distance myself from the suggestion that feminist work is *only* about bodies, difficulties remain. The current emphasis on the 'new' theoretical paradigms and the mobilisation of postconventional or postmodern modes of inquiry in this field (Shildrick and Price, 1998) leads to the assumption of linearity, an 'exam passing' story of contemporary feminism and a reluctance to question, go back and retrace steps.

In agreement with Hughes and Witz (1997) this has led to a crucial oversight. From Wollstonecraft to de Beauvoir to Butler, the body has maintained its position as a theoretical passenger, at times abstracted, implicit and in differential forms yet a fundamental conceptual focal point.

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<sup>1</sup> See, for example, Holland et al, 1998

The co-option of feminist thought outlined within my overview of more contemporary body-work in Chapter One underestimates the precarious and contested positions that both gender and the body have occupied within modern feminist thought. Until recently, questions of embodied sexual difference have been almost universally ignored or elided. This is a position influenced by the predominance and persuasiveness of the modernist view of the body as 'a natural and immanent given that finds a place in the western logos only as the devalued term of the mind/body binary' (Shildrick and Price, 1998: 2).

Further, a number of gaps can be exposed which suggest a residual ontological anxiety and, at times, I would suggest an over-eagerness to embrace theoretical positioning which strides too quickly beyond such binaristic limitations. This leads to a reluctance to engage more fully with the *capacity* and *potentiality* of the female body itself or provide a more effective theorisation of it. As Delphy (1983:24) has argued, gender has been useful within the variable feminist project yet the body must somehow be recuperated. At a wider level, this may be symptomatic of a much deeper problem within not only feminist thought but also within the discipline as a whole and suggests the need for consideration of new ways of embodied thinking and re-directional conceptual tools.

### *Gender and the body in feminist thought*

My aim, in this chapter, is to provide an overview of the variety of approaches informing the variable understanding of the body within feminist



thought and, subsequently, contribute to the development of some new conceptual spaces through which the female body can be 'thought' (Hughes and Witz, 1997; Witz, 2000; 2001; Jackson and Scott, 2002).

Central to this is the need to move beyond binary oppositions yet also resist the relative and restless positioning of postmodernist thought within this field. I maintain scepticism about any pre-given materiality and agree that body materiality remains strongly influenced by social and cultural processes. However, as Scott and Morgan (1993) earlier suggested, there is a sense of something missing, or lurking, within the complex space between sociality and corporeality. That this point remains relevant today is, firstly, the product of the persistence, either implicitly or explicitly, of the perceived dangers of belief in the foundational facticity of existence. This is a persistence that reinforces the notion of a generic body and also incessantly encourages the premature move beyond such presumed limitation, restricting the development of new conceptualisations. Secondly, this reinforces my suggestion that we step back from the presumption of a now embodied discipline, retrace our steps and bring to the fore the gendered experience of 'embodiment' itself. Prendergast's (1992) work on the experience of menarche and menstruation in schools serves as a useful precedent here, illuminating how biological processes may be mediated within specific social environments. In this respect, it is critical to move from the singular focus on the social components of the body in isolation to one that explores the female and gendered body, and its varying capacity and potentiality in interaction. That this exploration must also include a temporal perspective is a position that recognises, firstly,

that there are stages in the female lifecourse (for example menstruation, menopause, pregnancy and childbirth) where culture defines the biological (Martin, 1989). Secondly, and relatedly, I do not posit cultural determinism as the opposition to biological determinism here. While the embodied lifecourse may be positioned and given meaning within structural circumstances, this should not preclude the exploration of how individuals create, make sense of and sustain their sense of self (Watson, 2000: 7).

I aim to develop my understanding of this interaction within more theoretically fruitful ontological, epistemological and methodological frameworks. This is a position also informed by my earlier research (Illingworth, 2000; Illingworth, 2001) in the reproductive field, the distance between feminist and scholarly perspectives and the complexities of women's everyday and lived experience. As Davis argues, a new project is required and one which attempts to reintegrate existing theories about the body with 'analyses of the particularities of embodied experiences and practices' (1997: 15). However, before developing my position, I first illustrate the variable dimensions of feminist scholarship and the tensions within the field of gender and the body.

### *Contested arenas*

The differing forms of incorporeal abstraction emanating from the substantial corpus of feminist theorising, remains a contested arena and illustrates the difficulties of juggling the social construction of gender with the body. Feminist theorising can equally be seen as an attempt to devalorise the

body, moving towards the wider operations of gender and power in society (Witz, 2000). The more recent positions I will explore unveil more oppositional poles which, while pulling the body into view and retrieving the body from its 'naturalised state', subsequently devalorise gender. While I concur with those who suggest the sex/gender distinction as unsustainable (see for example, Delphy, 1984; Butler, 1990; 1993; Grosz, 1994; Gatens, 1996), abandoning gender in its entirety is problematic. While the more recent theorising of post-structuralist and deconstructivist perspectives neatly skips past the paralysis of the essentialist/constructivist divide, it is important to recognise that the possibility of differences between male and female bodies is being increasingly written out of feminist theory, echoed in the generic form of more mainstream body-work. Alongside Witz (2000), this is a situation which I regard as premature and a reflection of the dualism of feminist thought which Shilling (1993) misreads and which more recent perspectives (Burkitt, 1999; Connell, 2002; Davis, 1997; Jackson and Scott, 2001; 2002; Watson, 2000; Witz, 2000; 2001) attempt to move beyond.

### *Troubling the body*

Until the late 1980's, two archetypal approaches to the question of the body can be discerned. Firstly, naturalist, or determinist notions, work with the category of sex (as a matter of biology) and take for granted that sexual differences are the universal and inherent qualities of the corporeal in an attempt to establish a set of powerful gendered norms. Secondly, the notion of constructionism works with the sex/gender distinction – a set of culturally defined characteristics (Squires, 1999). The central tenets of the sex/gender

distinction focus on the notion of 'gendering' as a productive *social* process (Hughes and Witz, 1997). In denying biologically determinist arguments credence as explanations of women's total situation, this positioning stressed the role of tradition and culture in conditioning women to adopt inferior roles under the gaze of the 'male' normative view of the world. In replacing the language of sex roles with new concepts – socialisation, gender and patriarchy – investigations moved towards explorations of the processes by which we become gendered (Oakley, 1972). The template of gender thus exposed aspects of culture and history that had previously served to conceal a repressed or hidden body – the 'other' or 'second' body and challenging philosophy's objectivist icon of a 'view from nowhere'.

De Beauvoir's (1972 [1949]) inspirational analysis of how one is not born but *becomes* a woman armed feminism with a perceived new and powerful conceptual distinction (Oakley, 1972) and can be regarded as one of the principal enabling moments of feminist sociology (Witz, 2000). Subsequent debate stands on the shoulders of this work and the concept of gender was adopted in order to emphasise the social construction of masculinity and femininity and the social ordering of relations between men and women. The demarcation of gender as a conceptual variable reoriented established fields of sociological investigation, as illustrated by the wealth of work exploring differing aspects of social relations as central to the construction of gendered identities<sup>2</sup>.

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<sup>2</sup> For example, the family (Rubin, 1975), production (Hartsock, 1983), the mode of reproduction (Delphy, 1984), the public and the private (West and Zimmerman, 1987), caring (Gilligan, 1982) and sexuality (Mackinnon, 1989).

De Beauvoir's analysis appears optimistic, embracing a picture of the constructed body that is mutable (Moi, 1994; Gatens, 1996). However, one of the effects of the sex/gender distinction was reluctance by feminists to either engage specifically with the female body or to provide a more positive theorisation of it (Price and Shildrick, 1999: 1015). Underneath the optimistic picture presented by de Beauvoir, the body appears as one *essentially* and inevitably in trouble and again illustrates two oppositional discourses of the human body (Hughes and Witz, 1997). According to Butler (1990: 12), the body is separated from freedom in de Beauvoir's work and is seen as a trap. This is, Butler suggests, a position dangerously indicative of the essentialist and determinist discourse that de Beauvoir appeared keen to move beyond and counter and one that uncritically reproduces the ontological distinction between the mind and the body. If gender is the cultural interpretation of sex, this suggests that bodies are neutralised and passive recipients awaiting inscription. Culture, not biology, is our destiny.

Oakley (1972) and Rubin (1975) elaborated the distinction further and much subsequent work (for example, Barrett, 1980; Delphy, 1984; Walby, 1986, 1990) utilised the notion that if gender is social rather than natural then change is always possible. If change is possible, persistent continuities – for example, the predominant hierarchical relationship between men and women require explanation. Romito (1997) underlines the importance of a gender analytic as an essential condition for creating epistemological breaks with 'common-sense' knowledge. As illustration, she observes the shifting ground that has taken place over the last twenty-five years in reconceptualising

women's work as hard labour, in showing how cultural ambivalences about pregnancy have informed and distorted the medical treatment of childbearing women and making it plain that there is no natural bond that yokes women to motherhood.

Other more explicit analyses of the body again take a constructionist starting point by exploring the control exerted *over* the body *through* social processes. For example, the power of cultural imagery (Orbach, 1978), the power of the disciplinary messages of diet (Bordo, 1993) and related cultural proscriptions and prescriptions controlling and managing what the body consumes (Lupton, 1996; Falk, 1994). While I do not suggest belittling or understating the achievements of these analyses, for the purposes of this thesis, the distinction between sex and gender remains problematic and predicated upon an uneasy relatedness, yet separateness, from biological processes (Jackson and Scott, 2002). In particular, 'social constructionism tends to perpetuate dualisms of nature/culture, body/mind in the very process of its disavowal of the material' (Birke, 2000: 34) and remains still suggestive of a residual biologism left under theorised and treated as given, a point raised by Stanley and Wise first in 1983 and developed further in 1984. As Hird (2003) argues, the culture-nature dichotomy is seen as a precondition to the functioning of social constructionist arguments.

That these assumptions have been called into question is illustrated by further dichotomies within feminist thought. For example, Irigaray (1985a; 1985b), Kristeva (1980; 1986) and Cixous (1976) remain central to the

development of theories of sexual difference. Irigaray (1985a; 1985b) asserted women's 'difference' on the basis that the sex/gender distinction denies the specificity of women's bodily experiences. Sexual difference was the fundamental parameter of the sociocultural order. Alternatively Jackson (1995) and earlier Butler (1990; 1993), for example, question the sex/gender distinction on the basis that it fails to challenge essentialism far enough.

I avoid the temptation to group together or categorise the wealth of feminist thought here, a useful conceptual device but one that also runs the risk of concealing differences between individual writers. My central point is that the differing approaches outlined above both operate and remain located within the same paradigm that assumes the mind/body dualism. I suggest that proponents of the sex/gender distinction in starting with the specific conceptualisation of the 'gendered' body as the central mode of analysis have started their analysis of the equation too late. Further, this reinforces the persistence of the mind/body dualism, a positioning partially explained by the ontological reluctance to engage more directly with the fleshy body itself.

In response to these oppositional poles, I underline the need to resist seeing the world in binary terms and move away from positioning torn between the oscillations and demands of equality versus difference debates. This has contributed towards the negative categorisation, misrepresentation and subsequent co-option of feminist work in terms of (mainly) an oppositional debate between nature and culture by the persuasive and predominant body-work I have outlined in Chapter One. To reiterate, this leads to an inattention

to the breadth and intricacy of feminist debates and related missed opportunity to move this debate forward.

*All that's solid ... The trouble with influence*

Thus there are implications for sociology as a discipline of how it thinks about the body, is a point no less relevant for feminist thought. Differences within feminist thought may at least partially answer recent questioning (Davis, 1997; Witz, 2000) why, until only comparatively recently, feminist sociologists have not taken up the 'theoretical body-building' with the same degree of enthusiasm as their more 'mainstream' contemporaries. Critically, differences in the way in which feminist theories conceptualise the relationship between sex and gender have a number of implications for the way in which we may both understand and explore the female body and the way in which we conceptualise gendered embodied experiences.

Possibly the largest and most recent mobilisation of feminist theorisations of the body and gender has been in response to the insights of poststructuralism and postmodernism (Jackson and Scott, 2001: 18-20). This is a partially ironic position given its arguably masculinist form and one which initially occluded the potential for an exploration of the lived experience of gender, underlining a methodological dictum that forswears talk of male and female realities (Bordo, 1990: 142). However, it is this positioning which has proved influential and appears most easily adaptable to attempts to move beyond the binaristic stasis I have outlined. My aim here is not to attempt a concise overview. Indeed, suggesting a definitive perspective in this area risks 'violating some of



it's central values – heterogeneity, multiplicity and difference' (Flax, 1990: 188). However, development in this field underlines an important juncture in feminist thought and I outline the crux, and deficiencies, of this positioning below.

*... melts into air: Deconstructing oppositional boundaries*

Central to the postmodern challenge is a reconsideration of the prior conceptualisation of the individual 'subject' as the prime agent of social transformation. In the rejection of the essential subject, the focus is inverted from the exploration of how the individual shapes the world to how subjectivity is shaped (Annandale and Clark, 1996). Subsequent emphasis shifts from an exploration of cultural and linguistic structures towards more fluid notions of the discursive constitution of subjects (Jackson and Scott, 2001). Thus there are only multiple bodies, marked not only by the difference of sex alone but by a vast array of differences, and variability of, for example, race, class, sexuality, age and disability. More specifically, any 'truths' that do exist are discursive categories created through the use of binary logic. For example, equal versus difference, nature versus culture represents a false dichotomy (Scott, 1997: 758-768). Rather than being 'simply' a language or a text, 'discourse' is a 'historically, socially and institutionally specific structure of statements, terms, categories and beliefs' (Scott, 1997: 56). Discursive fields serve to overlap and establish 'truth' or objective knowledge beyond dispute, acting in turn as a legitimating function.

Scott (1997: 759-760) further argues that while Western philosophy is characterised by a concern with binary oppositions, crucially, one term is dominant, depending on and deriving its meaning from the second and therefore highlighting its constructed nature. Critically, the body of 'Man' is taken as central and as the norm (Birke, 1999: 34). This suggests that these terms are not simply antithetical to each other but are both independent and misleading. Perhaps Scott (1997: 766) best describes the problematic thus,

Placing equality and difference in an antithetical relationship has a double effect. It denies the way difference has long figured in political notions of equality and it suggests that sameness is the only ground on which equality can be claimed. This puts feminists in an impossible position ... as long as we can argue within a discourse – not invented by ourselves – and set up by this opposition – we grant the conservative premise that because women cannot be identical to men in all respects, we cannot expect to be equal to them.

It is this dichotomous and binaristic thinking (constitutive of a language deeply signified within patriarchal discourse) which is problematic and which Scott (1997) exposes as open to slippage and uncertainty. Thus, the way the body is understood and classified can also be seen as a cultural process, clouded by language and its constructed meanings. This would further suggest that the way we experience our bodies is at least partly restrained and dependent upon the meanings given to them and how we understand them – suggesting we cannot distinguish our body from its social meanings, symbolism and social management (Bordo, 1993a: 246-457). From this perspective, the body becomes signified by biological, physiological, medical and demographic discourses, becoming a corpus of both achievement and discipline. As Gatens (1996: 132) argues,

The sexed body can no longer be conceived as the unproblematic biological and factual base upon which gender is inscribed, but

itself must be recognised as constructed by discourse and practices that take the body as their target and vehicle of expression.

Thus, one of the central thrusts of more contemporary work is, after Foucault (1979), that the body itself has a fluid and changeable history. By granting the body a history (Gatens, 1996) the traditional associations between the female body and the domestic sphere and the male body and the public sphere can be acknowledged as *historical* realities, the product of *historical* processes. What is required is a means of articulation, of exposing these historical realities and the ways in which social lives are lived in material bodies. As Foucault argues, what is needed is,

An analysis in which the biological and the historical are not consecutive to one another ... but are bound in an increasingly complex fashion in accordance with the development of the modern technologies of power that take life as their objective. Hence, I do not envisage a 'history of mentalities' that would take account of bodies only through the manner in which they have been perceived and given meaning and value; but a 'history of bodies' and the manner in which what is most material and most vital in them has been invested (Foucault, 1979: 130).

Adopting this perspective, the body, and particularly the female body, becomes a site of political control and increasingly subject to surveillance. For the purposes of this thesis, feminist engagement with Foucault might be considered a useful way of highlighting the relevance of gendered experience and, critically, allows for a discussion of how perceived 'truths' about the body come into being. Foucault's methodological emphasis on historical analysis and understanding exposes the ways in which legal, medical and social scientific discourse have intertwined to make problematic the issue of the female body (Smart, 1992), a point echoed within the more recent works of

Moscucci (1990) and Jordanova's (1989) and, in a related field, Illich's (1986) suggestion that bodies are 'epoch specific'.

For this project, a historical analysis usefully highlights both the changing role of women and the conflation of sex with gender, arguably resulting in, for example, the appropriation of the reproductive field from the hands of women into a male-dominated medical profession<sup>3</sup>. The more radical feminist critiques of assisted reproductive technology (Corea, 1985; Corea and Duelli Klein, 1985), for example, argue this can be traced to this discursive construction of an idealised notion of both 'woman' and 'motherhood'. As Bailey (1993: 123) argues, 'Women's bodies are tailored, by women, to conform to social ideas which are historically specific. This is not an essential femininity but an expression of power relations'.

In extending Foucault to embrace patriarchy, much productive work has been achieved in this field, linking the everyday lived experience of the body within disciplinary structures and regimes (Jackson and Scott, 2002). Sawicki (1991) also moves beyond the limitations of Foucault's disciplinary conception of power by challenging the notion that reproductive procedures act as a repressive mechanism. According to Sawicki (1991) these processes are the result of a myriad of changing practices which have resulted in the transformation of the process of childbirth and motherhood over the years. Rather than seizing control over the body, they simultaneously make it more useful and powerful.

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<sup>3</sup> See Keller, 1985 and Bleir, 1984 for a more developed discussion here

*Butler's trouble: Bodies that matter and the expense of gender*

Butler (1990; 1993) provides one of the most comprehensive analyses influenced by this approach (Jackson and Scott, 2002: 19). That Butler's work is influential is without doubt yet this position is emblematic of a number of difficulties, which I will outline further below.

Butler's earlier (1990) work moves the body beyond the status of a limiting materiality out of which gender is culturally interpreted to a position where the body represents that which gender works through and constitutes. Gender is 'the repeated stylisation of the body, a set of repeated acts within a highly regulatory frame that congeals over time to produce the appearance of substance, a natural sort of being and persistent impersonation that passes as real' (Butler, 1990: 33). Further, if 'sex' is continually understood as more ontologically 'fixed' than gender, and we thus fail to understand sex as generated by political structures, feminist discourse will ultimately remain trapped within the tired and unnecessary binary of free will and determinism (Butler, 1990: 147).

In deconstructing the 'subject' of feminism, Butler appropriates Foucault's method of genealogy – a stance which contests the reification of gender implicit in binary conceptions of masculine and feminine and thus refuses to search for the origins of gender (1990: ix). Notions of 'feminine identity' for feminist politics are mistaken and constraining, serving to obscure the field of power through which the subject is constituted (1990: 6). Further, Butler argues that if there is something right in de Beauvoir's claim that one is not

born but *becomes* a woman, then it must follow that the term 'woman' itself is a term in continual process, the product of ongoing discursive practice and neither originating nor ending (1990: 33). The 'task', therefore, 'is to investigate the political origin and cause of identity categories that are the *effects* of institutions, practices, discourses ...' (1990: 136-9) and expose them as performative categories, as illusions of gendered selves. If gender, therefore, is an effect of performance, the feminist strategy is to disrupt the performance through parody – 'sex' in Butler is as culturally constructed as gender.

In her 1993 work, Butler responds to the criticism raised by her notion of 'gender performativity' (1990). Her initial reconceptualisation challenging the body as possessing an existence prior to the mark of gender dissolves under a preoccupation with gender as a fabricated bodily performance. In this earlier work, there appears little prospect of agency and little hope of breaking the cycle. Butler (1993) responds to this critique, arguing discourse does not *cause* sexual difference. The fact that discourse needs continual reiteration is testament to the fact that bodies never quite comply with the norms and, critically, that sex is never stable. If notions of sexual difference require continual reiteration and reinforcement, this suggests that the body is unstable and gender may be a performance. Referring to the sex/gender distinction Butler argues that the degradation of the natural as 'that which is before intelligibility' (1993: 5) contains the inherent suggestion that 'sex' is merely a site of inscription. Further, this problematises the more conventional constructivist debate in the sense that this proposition produces a premise

that both refutes and confirms its own enterprise. If we cannot take account of sex as the site upon which constructivism acts, then this presumes sex itself as the 'unconstructed' and *a priori*. Opposing this, if sex is fiction, gender then cannot presume a sex which it acts upon and 'everything descends into being only and always language' (1993: 6).

Butler's re-association of the categories of gender and sex and repositioning of the body as central to an understanding of gender does present a new mode of radical 'bodily thinking' (Hughes and Witz, 1997: 55). The rethinking of constructionism from the standpoint of sex rather than gender, alongside the notion of the body not as a site but as a 'process of materialisation that stabilises over time' (1993: 10), attempts to embrace agency in the form of potential resistance or 'parody' available when we grasp the instability of sex and collectively *disidentify* with the normative dimension.

Hughes and Witz (1997) identify points of criticism against Butler, which I draw on here. Butler ultimately falls back into the structure versus agency debate. While the body appears to have a material existence, this 'existence' is only apparent through the lens of regulatory norms and is thus a position of infinite variability and instability, dependent upon the gendered matrix of conditions under which it emerges. Further, the 'subject' is expected to resist and parody these norms, a difficult position when the subject has, according to Butler, already been produced by those very norms. Butler's radical rethinking of constructionism and conceptualisation of the materialised body does move away from the limitations of the idea of essence as a totalising

model. This offers much by way of the potential to explore the reinforcement of particular 'sexed' (and heterosexual) identities and the exclusion of the abjected body marked as 'other'. Yet, as Hughes and Witz (1997: 56 - 57) suggest, this leaves little room for the exploration of 'gender-inflected' embodiment.

... Butler exhorts us to remember that 'the "body" comes in genders' (Butler, 1993: ix). This fact, however, is something that she herself seems in the end never to fully address ... Butler ... seems keen to imply that in her most recent theoretical schema, gender, sex and the body remain 'in touch' with each other. How, though, can this actually be the case within a framework which addresses the 'matter of bodies' in such a way as to occlude the 'matter of gender' behind the overarching regulatory citationality of the heterosexual law?

The tendency towards voluntarism (the theory that the will rather than the intellect is the ultimate principle of reality) is a further central difficulty within Butler's work. In the preface to the second edition of *Gender Trouble* (1999) and recognising how her views have changed over time, Butler returns to the issue of gender performativity and begins to embrace (post-Lacanian) psychoanalytic explanations 'to curb the occasional voluntarism of my view of performativity without thereby undermining a more general theory of agency' (1999: xxv). As Weedon (1999: 80) suggests, 'the psychoanalytic presupposition that gendered subjectivity is acquired rather than inborn accounts for much of the attraction of psychoanalytic theory for feminists'. Moving beyond Butler and while again wary of grouping together the variety of feminist scholarship, I follow Felski (1997) and Hughes (2002) in identifying first (Irigaray, 1985 Kristeva, 1980 and Cixous, 1976) and second (Braidotti, 1989; 1994a; 1994b; Grosz, 1990; Cornell, 1997) generations of difference feminists paying attention to the purpose of language in the construction of



self-hood, emphasising a social, rather than a biological, construction of identity (Hughes, 2002: 72).

Yet, this exposes potential tension or confusion between how we 'know' (as a political and cultural/social process) and the possibility of some bodily reality which we may feel but have no language (as yet) for knowing. This is a debate which is continually being played out within the philosophy of social science and it is within this discourse that much recent feminist 'body-work' has remained restrained.

While the focus on duality can be exposed as more enslaving than liberating, promoting universalised discourse within sociological work and homogenising the female experience (Annandale and Clark, 1996), the move beyond this is, as I have illustrated, problematic. With particular reference to post-structuralist work, moves forward should not be founded on notions of same or different. The benefits of a deconstructive perspective have shown that this choice is a pseudo-choice and one that has already been framed by a gendered narrative (Di Stefano, 1990). Neither term can escape the other, underlining a frame of reference which demonstrates the persistence of philosophical dualisms.

Butler's work has been influential and this is reflected in a shift in attention in this field away from more sociologically grounded theories towards more philosophical conceptualisations of the body (Jackson and Scott, 2001). Post-structuralist analyses seek to explore the relations between discourses,

subjectivity and power. Language is central and, as language is multiple and varied with no guarantee of transference of intended meanings, subjectivity too is multiple. The post-structuralist view of the subject is thus very positive for feminist thought, giving rise to the possibility of creating new gender discourses and, by implication, new subjectivities and ways of being and doing (Hughes, 2002: 66). Yet, while postmodern and post-structuralist theories of the body and concurrent celebrations of multiplicity, fragmentation and flux may offer relief from the ever present threat of slipping into essentialism, the corporeality of the body remains a sensitive and disputed issue. The more recent moves towards increasingly abstract theorisation reflect the difficulty of developing a non-reductionist material ontology of the body and, at the same time, overcoming dualistic frameworks which trouble thinking in this field. The Foucauldian influence is productive in highlighting the relevance of *gendered* experience, yet analyses rest solely on an exploration of the meaning mapped *onto* the body (discipline, regulation, normalisation and production) rather than the materiality of the body itself (Ramazanoglu with Holland, 2002). As Watson (2000: 54) argues, 'the physical body has ... been appropriated as a theoretical context for either the explication of symbolic representations of the body or the fashioning and inscribing of the body through discourse'. My point here is the difficulty of again conceptualising a 'hidden' body, awaiting inscription.

Further, the postmodern proclamation of the 'death of the universal subject' may seem attractive in the face of 'radical feminism's appeal to the unchanging essence of woman, liberal feminism's aim of making women like

men and humanist Marxism's concept of a true human nature' (Weedon, 1995: 127). The hurried move away from a view from 'somewhere' and its perceived negative connotations, towards a view from 'nowhere' and more fluid, permeable and changeable conceptualisations illustrates the attraction of the philosophical tradition. Yet sociological and philosophical dualisms (agency/structure, mind/body) may parallel each other but they cannot be unproblematically mapped onto each other (Crossley, 2001). Inattention to structural features and, in particular, the source of regulatory norms underlines the difficulty of incorporating a philosophical position in our understandings of the body.

Further, that feminist scholarship should continually check theories against experience is a point long since made (Duelli Klein, 1983: 95) and prevents theory that is more concerned with abstractions than being grounded in living experience (Stanley and Wise, 1983: 201). However, I suggest that this aim has been more recently dissipated by the influences I have outlined. Throughout my commentary so far, the body, in all its precariousness, is exposed by paying attention to the constitutive *outside* and is a position that loses sight of and moves away from the significance of the body as both a biological and lived entity.

In this respect, and as Witz (2000) suggests, the body has been as much an absent presence within feminist sociology as it has been within the wider discipline as a whole. To make further sense of this, it is useful to understand this 'absent present' as sitting uneasily alongside feminist politics and activist

campaigns for women's bodily self-determination<sup>4</sup>, feminism as a theoretical enterprise and the differing relationships to the body. Both historically, and during the early years of contemporary feminism, many feminists saw equality as predicated on the need to go beyond biology and/or saw the corporeal in a negative light (Price and Shildrick, 1999). Yet, in contradistinction, more positive theorisations (see Boston Women's Health Book Collective, 1976) urged women to reclaim their bodies in an early celebration of women's 'bodyliness'. This stressed the impossibility of a separation of the body from the mind and the particular body that underpins a series of hierarchical oppressions (Price and Shildrick, 1999).

I suggest that the influence of this tension is still visible within current debate and is illustrated by the variety of approaches to gender and the body illustrated through this chapter. Firstly, the body as something to be reclaimed as the very essence of the female, incorporating the search to find new ways of exploring women's embodied specificity. This echoes Connell's (2002) metaphor of the 'body as a machine' (2002: 30) – the idea that natural difference provides the basis for the social pattern of gender. Secondly, the body is something to be rejected, incorporating the refusal to contemplate any account which links women's social being to pre-given bodily attributes or experiences. Finally, the more recent postmodernist and poststructuralist influenced perspectives - the 'body as a canvas' (Connell, 2002: 36) - develops the notion of the body as fluid, permeable and changeable, underlining a more radical form of constructionism. A number of recent

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<sup>4</sup> For example, reproductive rights (Jackson and Scott, 2001)

commentators (notably Butler, 1990; 1993; Jackson and Scott, 2001; 2002; Lindemann, 1997) position themselves within the latter camps.

Davis (1997) makes a number of critical points here. Firstly, feminist theory on the body provides, up to a point, 'an essential corrective to the masculinist character of much of the 'new' body theory precisely because it takes difference, domination and subversion as starting points for understanding the conditions and experiences of embodiment in contemporary culture' (1997:15). This challenges the notion of the body as a generic system and moves towards recognition of the differing experiences of the body, dependent on position. Secondly, Davis argues 'conditions of embodiment are organised by systemic patterns of domination and subordination, making it impossible to grasp individual body practices, body regimes and discourses about the body without taking power into account' (1997:15). This underlines the need to explore embodied experience as socially located. However, echoing my earlier point, in the development of an embodied theoretical framework, feminist scholarship still grapples with a number of difficulties. Central to this is the influence of theoretical positioning which strides too quickly beyond presumed binaristic limitations. As Davis (1997) argues, attending to the 'deconstruction' of the mind/body dualism has been at the expense of 'attending to individuals *actual* material bodies or their everyday interactions *with* their bodies and *through* their bodies *with* the world around them' (1997: 15, my emphasis). Moving beyond this difficulty is a problematic which must include the deconstruction of the body as the bedrock of difference while at the same time validating difference to do justice to

gendered embodied experiences. For the purposes of this thesis and specifically in relation to the female body, this must also develop alongside a focus on power and systematic features of domination (Davis, 1997).

Attention to this move underlines the difficulties of remaining influenced by attempts to retrieve the body within feminist philosophy (Butler, 1990; 1993; 1999; Braidotti, 1989; 1994a; Gatens, 1996; Grosz, 1994). As Witz (2000: 6) argues,

... if the new sociology of the body over-valorizes the body in feminism, and overlooks the ways in which feminist sociologists have de-valorized the body in explanations of the gendered social, then the new feminist philosophies of the body de-valorize gender ... either as a surface given meaning through discourse (Butler, 1990; 1993; Grosz, 1994) or as a corporeal ground of subjectivity (Braidotti, 1991) but devalorized gender.

The task, according to Witz (2000) is to worry away at the influence of feminist philosophy and pull the body into view in such a way that resists the de-naturalisation of sex or de-valorisation of gender. However, I suggest apparent reluctance here is a positioning which still remains underpinned by the fear of suggesting a potentially dangerous and underlying volatility that marks the female body, a point I will develop in the following sections and continue through chapter three.

### *Embodying gender: new starting points*

While Scott and Morgan (1993) earlier suggested that little work in this field has taken embodiment as a starting point, there is now a growing corpus of work which has begun to examine the lived experience of embodiment, starting from a sociological as opposed to a philosophical position (for

example, Backett-Milburn and McKie, 2001; Connell, 2002; Crossley, 2001; Nettleton and Watson, 1998; Watson, 2000; Watson and Cunningham-Burley, 2001).

Ironically, women's experience within arguably one of the most contentious arenas of all – the reproductive arena – may effectively critically engage with the issues I have raised for discussion and exploration. The immense significance of the 'maternal' body in both material and theoretical configurations is illustrated by the diversity of work and tension within this field (for example, Corea, 1985; Corea et al, 1985; Firestone, 1971; Hanmer, 1985; Irigaray, 1985; Kristeva, 1982; Rich, 1979, Sawicki, 1991). Yet, somewhere amidst the tensions between differing political and feminist agendas, combined with the more recent influences rooted in philosophical, cultural and psychoanalytic traditions, the need to continually problematise conceptual foundations and explore the *potentiality* and *capacity* of the female body has lost currency. The question of how the process and experience of reproduction can be both theorised and explored without succumbing to a negatively defined, ahistorical state of being in nature or abstracting to the point of both material insignificance and invisibility, exposes this difficulty within feminist thought.

To return bodies to the sociological gaze and to their gender (Witz, 2001) and moving away from the free-floating imagery I have discussed, Jackson and Scott (2001) suggest the notion of an embodied social self, a conceptualisation of the body as interactive and socially located to material

relations. This conceptualisation encourages the move back to an engagement with practice and with embodied actualities in a sociologically grounded manner. Further, 'gender' is re-admitted into this conceptualisation but not as a privileged category of analysis in its own right. Rather, gendered subjectivity is recognised in both a material (the state or quality of *being* physical) *and* ideological sense. In acknowledging Butler's (1993) suspicion of an autonomous, pre-social 'I' (the 'I' is only ever fleetingly mobilised and formed through gender) Jackson and Scott (2002: 21) suggest,

A sociological understanding must go beyond merely recognising differences and consider the social contexts in which identities are forged through interaction with others and through reflexively constructed biographies.

However, in their earlier commentary Jackson and Scott (2001) suggest there must be a space for conscious, reflexive thought and action in the space between unconscious depths and surface appearances. Yet here the suggestion of unconscious depth echoes Shilling and Mellor's (1996) problematic of attributing to the unconscious 'embodied dispositions' that prove difficult to conceptualise (1996: 7). Despite this, I concur with Jackson and Scott's (2001) emphasis on the need to 'put the bodies feet back on the ground', a position which is simultaneously contextual, interactive and socially located.

Connell (2001; 2002) also moves towards an embodied conception of agency. Bodies have agency in social practice yet are also the objects of practice:

'... bodies toil, labour, age, become sick, give birth – bodies cannot be understood just as the objects of social process, whether symbolic or disciplinary – they are active participants in



social process ... bodies must be seen as sharing in social agency, in generating and shaping courses of social conduct ... ' (Connell, 2002: 40).

Connell (2002) outlines his concept of 'social embodiment' as a conceptual tool for understanding the relationship between the body and society in gender, restating the earlier work of Maccoby and Jacklin (1975) and arguing the huge body of sex difference research has failed to acknowledge sex *similarity* findings. Connell argues there are many other differences between bodies (small, large, old, young, broken, poor and enriched) each with its own trajectory through time. Material practices (the capacity to engender, to give birth, to give milk and to give and receive pleasure) are significant and, I suggest, this significance rests within the complex space between corporeality and sociality (Scott and Morgan, 1993).

However, Connell's implicit suggestion (in both his earlier, 1987, and current, 2002 work) that biology may be both negated and transcended specifically focuses on the *exterior* of the body – age, size, health, for example. However, in opposition, I suggest that biology may be reconceptualised and in a way that removes the negation of biology and the resultant focus on only the exterior of the body. Connell (2002), for example, has little to say about the experiences (and challenge) of illness, disease and discomfort. I also add here the challenge of assumptions surrounding the specific nature of *different* bodies' capacities and potentiality. This again suggests the need to readmit gender, not as a privileged category in its own right but to recognise an embodied and gendered subjectivity in both a material, corporeal and social (ideological) sense.

### *Hanging on to the body: gendered embodiment*

While acknowledging feminist thought has directed much attention towards the gendered fabric of the social, Witz (2001) argues little has been said about the gendered fabric of social *becoming*. This is a critical point and relates back to my earlier suggestion concerning the need to problematise the conceptual space between understandings of 'embodied' and the process of embodiment itself.

Witz (2001) underlines the need to embed a more robust sense of gender as 'gendered embodiment' through the notion of 'embodied sociality'. This process of becoming and being gendered selves awaits more systematic exploration and is a point echoed in Connell's (2002) work: 'Bodies as agents in social practice are involved in the very construction of the social world, the bringing-into-being of social reality' (2002: 51). Witz (2001) draws on Crossley's (1996) notions of a 'fabric of social becoming' and 'intersubjectivity'. These notions capture the co-production of the materiality and sociality<sup>5</sup> of gender. By embedding the term gendered embodiment through the notion of embodied sociality, Witz pulls the inter-subjective and relational weight of gender into our understanding of the body, reflecting the more recent (Crossley, 1995; 1996; 2001; Nettleton and Watson, 1998) phenomenologically-inflected use of the term 'embodiment' and the location of the body within networks of social, moral and cultural orders (Finkler, 1994). As Finkler (1994) argues, contradictions within the social are lived in the body and are marked on bodies as 'life-lesions'. This also potentially overcomes

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<sup>5</sup> Witz (2001) defines these terms as: the work of gendering on lived bodies (materiality) and the constitution of gender subjectivity, intersubjectivity and intercorporeality (sociality)

some of the perceived structural deficiency of phenomenology by hanging onto the effects of the social.

Crossley's more recent work (2001) is illuminating. His notion of the 'social body' draws on the influence of Merleau-Ponty, Mead and Bourdieu to develop the basis for an embodied approach to sociology which is sensitive to such issues as 'agency', 'structure', 'identity', 'difference' and 'reflexivity'. In relation to the body, particularly the embodiment of difference, Crossley argues the characteristics of the embodied agent are always relational and comparative: 'one does not feel one's body to be intrinsically male or female since each term only has meaning relative to the other' (2001: 150). Drawing on Mead's (1967) great emphasis upon the human capacity for choice and reflection (Crossley, 2001: 145), this capacity is acquired through experience in the form of habit – a familiar theme, argues Crossley, but one which Mead *embodies*. The split between the 'I' and 'me' is not between the unsocialised and socialised aspects of the self, as has been suggested (see Giddens, 1991) but between a sensuous and socialised bodily agent and the image which the agent is able to form of itself. Underlining the important of reflective and reflexive habit, Crossley (2001: 148 – 150) argues the individual 'comes to see their own perspectives on the world as one amongst others. Moreover, they can begin to reflect upon their self; upon their past, their futures and their habits ...' Drawing on Merleau-Ponty (1962) Crossley (2001: 142) argues consciousness is not, in the first instance, unconsciousness. Conceptualising this consciousness in the form of a relational and comparative ontology (a stance echoed by Witz, 2001), is a positioning which begs further exploration

in this field and in relation to women's embodied experience within the field of infertility and which I will draw upon in subsequent chapters.

### *Time tools*

The need to 'put the bodies feet on the ground' (Jackson and Scott, 2001), move away from more abstract theorisations and pay greater attention to the lived, fleshy experience of embodiment has been a call more easily made than answered (Jackson and Scott, 2001). However, the more recent moves I describe above may prove critical to the recuperation of the body within a gender analytic and the development of a theoretical framework which pulls the body into view in such a way that both resists the reactive 'de-naturalisation of sex or the de-valorisation of gender' (Witz, 2000).

However, room for further development remains, particularly in relation to the significance of a temporal framework and the difficulties of the exclusion of the interior of the body. Connell's (2002: 47 – 48) conceptualisation of the 'reproductive arena of social life' is useful here. This notion may be incorporated to explore women's embodied experience at a number of levels: family relations, social relations, the public and the private alongside temporal and spatial understandings of the female body. The notion of the 'reproductive arena' is not just about reproduction itself but is about the body as both part of, and because of, wider social processes. Acknowledging the suggestion that we need to embed a more robust sense of gender as 'gendered embodiment through the notion of embodied sociality' (Witz, 2001), this should also integrate an understanding of not just what bodies 'mean' but also

what they can do (Budgeon, 2003). In an earlier text, Martin (1989: 197 – 198) raises the issue of time in relation to women's embodied experience. In a related field, James (2000) suggests the concept of temporality may offer a theoretical account of the process of embodiment itself. This is a position that directly relates to one of the central questions of this project: how we may 'know' both ourselves and our bodies as women. Reproduction can be considered a source of insight into the difference gender makes (Ramazanoglu, 1995) and, within this, the experience of infertility offers a critical site for exploration. As Ramazanoglu (1995) has suggested, it is possible to take account of biological existence in this field *without* assuming biology or people's bodies do or must rule behaviour. I suggest incorporating notions of capacity, potentiality and temporality into this account may further resolve some of the tensions I have outlined and may begin to answer Davis' (1997:14 – 15) question as to whether feminist scholarship, which has introduced gender/power relations to the analysis of the body, may also create theoretical frameworks which are truly embodied.

In the following chapter, I begin to further develop my theoretical framework alongside notions of capacity, potentiality and temporality. My aim is not to dismiss physiological reality but to rework it from within a temporal perspective. While it is not true to say that time has been neglected in empirical studies (Nowotny, 1992) the centrality of time as a theoretical, methodological and analytical resource, particularly in relation to embodied experience, has yet to be fully explored. I explore in more depth a number of biological and temporal assumptions which, firstly, have contributed to the

reluctance or persistent fear of accounting for the interior of the body and, secondly, bear direct relation to my empirical exploration of the experience of the female body in this field.

### Awakenings: The body becoming

My review thus far underlines my position that resistance to the recreation of dichotomies, abstractions and objectification in this field entails learning to see and think in a new way about the body and gender (Crossley, 2001; Connell, 2002; Hughes and Witz, 1997; Jackson and Scott, 2001; Nettleton and Watson, 1998; Witz, 2000; 2001). That this move cannot be achieved within existing frames of understanding and meaning (Adam, 1989) is a point I will develop further through this and the following methods chapter.

My concern, thus far, has been with the development of a theoretical and empirical framework which may recuperate the body within a gender analytic and one which will enable the exploration of women's experiences within the field of reproduction and infertility while stepping away from the perceived dangers of a foundational facticity. Witz (2001) and Crossley (2001) provide the beginnings of a conceptual framework that begins to effectively capture the co-production of both the materiality and sociality of gender. This provides a mode of bodily thinking which begins to resist the tendency to over-corporealise female embodiment while over-socialising male-embodiment or de-valorising gender. However, while I acknowledge the need to explore the gendered fabric of social becoming, as Witz (2001) suggests, this need not rest on the exterior body at the expense of the interior. Indeed, it is the reluctance to account for or acknowledge the interior of the body – and

particularly of the female body – which may partly explain some of the difficulties encountered by feminist scholarship in this field. My previous research (Illingworth, 2000; 2001) raised a number of issues and particularly women’s perception of their interior physiological and bodily processes while undergoing treatment. My reluctance, until the beginning of this project, to fully acknowledge and explore these issues has also been the result of the misconceived fear of foundational facticity I have outlined. Central to this chapter is the suggestion that a number of gaps and difficulties can be exposed which illustrate persistent biological and temporal assumptions. The shifting body imagery I have illustrated alongside subsequent attempts to develop revised theoretical and conceptual frameworks still sits uneasily against ‘the backdrop of an internally controlled inner body, the body of physiology’ (Birke, 2000: 135).

My focus on reproduction and particularly infertility as a field of exploration also partially echoes Annandale and Clark’s (1996: 18) argument that ‘reproduction could be viewed as a paradigmatic case since it may embody the contrasts between modernist and postmodernist perspectives in accentuated form’. Further, if there is one process in particular which has compelled people to distinguish bodies across culture and through time, it is reproduction (Keller, 1985). While the reproductive body has been at times the overriding concern of some eminent writers<sup>6</sup> in this field (Annandale and Clark, 1996), the assumption of the fully functioning body, the potential significance of the challenged reproductive body, alongside the understanding

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<sup>6</sup> See Bleier (1984); Chodorow (1978); Martin (1989) and Oakley (1980; 1984)



of bodily capacity as a temporal potentiality, remains as a site for further exploration and one that moves away from the limited dualistic notions of the body as fixed and knowable or the body in flux.

Initial early feminist writings have displayed the inability to both write and think their way out of existing dualisms, subsequently illustrating firstly the consequences of making reality dependent on the logic of theory and secondly apprehension of the physiological interior. Yet as Birke (1999: 154) suggests, 'theorising embodied experience while leaving the biological body to get on with its own work merely perpetuates old dualisms'. Grounding the assumption that physiology belongs solely to the realm of biology further precludes more direct and sociological exploration and understanding. By beginning with the field of reproduction as a point of access and exploration and by offering revised biological and temporal frameworks for both understanding and exploring women's embodied experience in this field, I aim to move currently developing theoretical and conceptual frameworks further out of the (popularised) biological shadow.

The voice of experience also remains absent from these accounts and my review so far, a point made by Menzies (2000) in a study exploring what happens to the body when its time zones are forgotten. My previous research (Illingworth, 2000) also illustrated the potential significance of the perceived 'challenged body' as a 'residual category' (Parsons, 1937: 17) in this field. Narrated experience pointed towards a related and developing bodily awareness linked to time, available technology, expectation and finitude,

suggesting the need to explore other powerful motivational factors in this field. To my revised biological and temporal framework, I also include a revised technological dimension for the development of new metaphors for our understanding in this field, which I will discuss towards the end of this chapter.

The potential for research on the subjective aspects of temporality is already evident in early symbolic interactionist literature on illness and dying (for example, Glaser and Strauss, 1968). More recently, Frank (1991) and Charmaz (1991; 1994; 2002) have begun to illustrate the temporal aspects of experience in this field. 'Being ill', suggests Charmaz 'gives rise to ways – and often new ways – of experiencing time' (1991: 4). Further, and in relation to women's embodied experience in this field, this points to the potential to explore a dynamic relationship between our environment, our history, our bodies and ourselves. As Flaherty, drawing on the work of Heidegger ([1927] 1962) argues, human beings are unique in that they

make time by sifting the fragmentary dynamics of experience through the reflexive "unity of consciousness". On its most basic level ... temporality is an aspect of subjectivity ... human beings are aware of their own endurance, and this reflexivity gives human existence an intrinsically temporal character (Flaherty, 1999:2).

For the purposes of this research, development in this field may not just be complemented by such a focus on time but may be dependent on it (Adam, 1989). First, however, I outline more recent biological developments which may illuminate and complement this temporal perspective.

### *Exteriority: the shadow of biology*

Achieving the move away from a position that views the body in isolation to one that pays greater attention to the lived, fleshy experience of embodiment necessitates a further theoretical shift. This must be one which must develop the move beyond the tendency of social science to see the physical and biological realm in contradistinction to the human social world. The reaction to both the more popularised biological accounts (for example, Dawkins, 1976) alongside the persuasion and limitation of organicist philosophies developed in the 19<sup>th</sup> century (Fuller, 2000) has ensured development in this field rests firmly on the bodily exterior. The effects of this can also be seen through resistance to the notion of a 'reflexive self' as a sociological alternative to the exploration of subjectivity previously grounded in the psychoanalytic tradition (Jackson, 2000). This notion is often resisted on the grounds it 'presupposes a pre-social or pre-discursive 'I' which does the work of reflexivity' (Jackson, 2000: 99) suggesting misplaced ontological anxiety. The need to take issue with such embedded assumptions and constraints and explore how we may draw on alternative tales is central to my aim to move more recent development in this field further forward. As I have outlined, my earlier research raised more questions than I could answer and aroused my curiosity further, particularly in relation to women's temporal awareness through treatment (Illingworth, 2000; 2001), suggesting the need to explore embodied experience in terms of day to day change *alongside* historical lived experience (Birke, 2000).

With reference to cultural versus biological dichotomies, more recent feminist theorising *has* begun to move away from earlier limitations in an effort to transcend dualisms. For example, Young's (1990) text, influenced by a phenomenological perspective, emphasises the importance of studying the body as 'lived', as socially and historically signifying and signified. However, while this can be seen as a positive challenge and offering the beginnings of an alternative 'body politics' (Birke, 2000), the emphasis on the body as everything other than biology again still fails to embrace the body's interior. While I do not fully dismiss a phenomenological approach, which I will discuss further in the following chapter, this suggests a lived experience which begins and ends *externally*.

#### *Transgressing biological boundaries: fixity and foundation*

Despite a number of attempts to overcome limitations, the assumption of a fixed, biological foundation of the human body – and particularly the female body - remains strong and troublesome. A useful example of this is Turner's (1992: 81) deceptively illuminating suggestion of understanding the body as a 'potentiality' yet at the same time suggesting the need to bridge voluntaristic theories of human action and notions of biological foundation and constraint. The notion of potentiality is, in Turner's text, haunted by the shadow of a fixed and constrained internal body.

Omitting areas of biology from such analyses is, as Birke (1999) suggests, surprising. The work of a number of authors has explored the related history of science, its shaping by social forces and the notion of science as a tool

used to explain cultural differences between men and women (Lacquer, 1987; 1990; Jordanova, 1989; Russett, 1989; Moscucci, 1990; Oudshoorn, 1994; Haraway, 1995; Roberts, 2002). In work on sex hormones, for example, Oudshoorn (1994) demonstrates the 'production' of hormones within networks that also involve the incorporation of cultural ideas. Earlier still, the equation of the biological with reductionism was challenged by Benton in 1991. As Benton (1991: 18) argues, the choices,

no longer have to be seen ... as limited to an intellectually imperialist, politically conservative biological reductionism on the one hand an idealist or dualist anthropocentrism, on the other. The state of biological science is fluid, there are numerous competing conceptualisations within biology, and there are several well-articulated alternatives to reductionist materialism available for use as philosophical means in an attempt to re-think the biology/society relationship.

Yet continued assumptions of fixity and foundation illustrate the sustained persuasiveness of more traditional scientific and biological doctrines and the need to question 'scientific embodiment' using a more robust and sociologically informed conceptualisation. Further and as Fuller (2000: 176) argues, sociology's recent return to the body has yet to fully open the door to biology, a position based in part on the assumption of biology as an aspiring physics of life and the difficulties this suggests<sup>7</sup>.

To move beyond these constraining assumptions, it is critical to open this door a little wider. While 'science' has not been left out of feminist critique, the interior body remains invisible. In rebuking the phallocentrism of Lacan, Irigaray's work (1985a; 1985b) does reconceive the spatiality of women's bodies in terms of internality rather than externality. As Battersby (1996: 262)

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<sup>7</sup> As illustration, an example of the misappropriation of this assumption can be found in the work of Murray (1990; 1994).

notes, the 'Speculum as a whole reverses the direction of the gaze, using woman's body as the apparatus through which to regard the philosopher's accounts of being'. However, my reference to the body's 'interior' here underlines the need to consider the significance of bodily development and how we get to *become* the bodies we are through our lives (Birke, 2000: 34) and what significance this may have for understanding women's embodied experiences in this field. Attention here may complement Martin's earlier (1989) timely questioning, Witz's (2001) call for a more systematic exploration of the gendered fabric of social *becoming*, Crossley's (2001) relational, reflective and reflexive characteristics of the embodied agent and Connell's (2002) conceptualisation of the reproductive arena.

Recent work from feminist biological perspectives provides revision to prominent ideas concerning what is meant by 'biology'. By re-examining the persuasiveness of the predominant reductionist language of biomedicine, it is possible to move beyond the surface of the body and develop conceptual tools to aid the understanding and exploration of becoming and being embodied gendered selves. Birke (1999) provides a useful analysis here and I outline a number of central tenets below. In subsequent sections, my aim is to link these revised biological frameworks to revised conceptualisations of time and temporality as tools for an understanding of both the female body and women's embodied experiences in the field of infertility and assisted conception.

### *The biological gendered dichotomy*

Central to Birke's (1999) argument is the persistence of a gendered dichotomy etched deep into biological narratives. This is a point I began to develop in Chapter Two (Lacquer, 1987; 1990; Jordanova, 1989; Moscucci, 1990) and it is useful to re-familiarise at this point. The substantiation of sex as an ontological category from the 17<sup>th</sup> century informed the relative explosion of scientific accounts of bodily differences during the 18<sup>th</sup> and 19<sup>th</sup> centuries, conceptualising the body as the foundation of gender and using metaphors of the body as a production process (Martin, 1989). Further, this contributed towards a new focus on the development and application of scientific models of normality and health – a process subsequently termed 'biopower' by Foucault (1986).

During the early 20<sup>th</sup> Century, the focus of this concern becomes molecular, including the tracing of inherited gene patterning and the *naming* of sex chromosomes to further distinguish between the sexes. Developing Oudshoorn's (1993; 1994) work outlining the categorisation of sex hormones as sexually specific and 'the chemical messengers of masculinity and femininity' (Oudshoorn, 1993: 18), Birke (1999) argues this is illustrative of particular biological assays and is a position ultimately limited by the pre-assumption of two different bodies, serving different roles. The 'naming of hormones as gendered makes assumptions about the relationship between hormones and bodies' which, in turn 'underwrites how biologists have developed ideas about gender' (1999: 38). This position is echoed in Haraway's (1995) earlier emphasis on the importance of understanding

science as 'situated knowledge' – an approach which posits such knowledge as always embodied and coming from a specific and marked position. Far from being innocent, this practice is active and selective. For the purposes of this research, this practice has also been pervasive, as I will discuss below.

### *Science, persuasion and the transformative body*

If, as I have outlined, the assumption of sexual difference is first premised as the beginning of the equation, subsequent discovery will be mapped on to this difference, suggesting qualitative confirmations of sex differences which, according to Birke (1999: 41) are not absolute<sup>8</sup>. Such assumptions reinforce notions of fixity and stasis within the biological body and preclude the exploration of alternative and transformative ways of thinking about the body itself. As Birke argues,

... it matters that we think about the biological body as changing and changeable, as transformable rather than as a 'tedious universal' machine ... by insisting on thinking about 'the biological' in terms of transformation and change, rather than fixity and stasis, we might be able to develop a conceptualisation of the biological that is not rooted in determinism' (1999: 44).

However, the difficulty of assuming fixity and constraint, synonymous with mechanistic notions of the body, has been its impact on thought out with the biological discipline, reflected in the general absence of an explanation of the interior body within much feminist theory. However, Birke (1999) highlights two areas where alternatives to reductionism are developing and which have received attention from the work of Haraway (1991) and Martin (1994). These alternative narratives may contribute towards new metaphors for

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<sup>8</sup> Connell's (2002) conceptualisation of social embodiment draws on the findings of (widely disbelieved) sex similarity research, highlighting the strength of dichotomous gender symbolism in Western culture.



understanding the body which both resist reductionism and more recent moves conceptualising the body as a more fluid and permeable assemblage. Further, the narratives of transformation and becoming which I discuss below also point toward the need to explore women's embodied experience through time and as a temporal and interactive space.

### *Immunology and the promises of monsters*

Both Haraway (1991) and Martin (1994) outline the development of thought concerning the immune system as the site of a marked discursive shift and cultural imaging. Revised understandings outlining how immunity can now be acquired or even worked at, moves development within this field away from the passive language of immune defence to a focus on the more active and responsive system. From Haraway's (1991) position, the changeability of the immune system challenges reductionism and more holistic organistic views, implying fluidity and an information system 'emphasising rates of flow across boundaries rather than bodily integrity' (Birke, 2000: 146). Haraway (1991; 1997) argues feminist notions of women's experience needs to be rethought in line with the 'cyborg' metaphor (1991: 180). Haraway uses the image of the 'cyborg' – a machine/human hybrid – and its transgressive nature as a way of moving beyond dualisms, problematising the sex/gender distinction as a principle organising agent for social relations and feminist thought. Rather than understanding experience as distinctly gendered, Haraway argues that 'there is nothing about being 'female' that naturally binds women' (1991: 155). Further,

... bodies are maps of power and identity. Cyborgs are no exceptions. A cyborg body is not innocent; it was not born in a

garden; it does not seek unitary identity and so generate antagonistic dualisms without end (or until the world ends); ... One is too few and two is only one possibility ... The machine is us, our processes, an aspect of our embodiment. We can be responsible for machines; *they* do not dominate or threaten us. We are responsible for boundaries. We are they (Haraway, 1991: 180).

Information 'flows out' of the 'permeable body', underlining an understanding of bodies as dissipative systems and of identity as emerging out of patterns of potentialities and flow (Battersby, 1998: 53). Using recent technological advance as illustration of how bodily boundaries have been blurred<sup>9</sup>, Haraway's work problematizes not just the category of the female but also, somewhat radically, of the human form itself – suggesting the 'promises of monsters' (Haraway, 1992). As Hughes (2002: 165) outlines, the cyborg has 'no fear of merging the boundaries of the social, technological and natural'. The metaphor of the cyborg here underlines both a rhetorical and political method, a specific project of 'queering what counts as nature' (Haraway, 1992: 300) in an attempt to transgress the perceived stability of the norm. Thus, 'The cyborg is ... both a politically motivated device and an alternative story about women's experiences' (Hughes, 2002: 164).

However, in critique, Haraway's (1991) suggestion that the 'permeable body' may somehow be escaped is arguably a romantic vision and one which again reproduces dichotomies between the cultural and the natural. Haraway falls into a 'hollow body' (Menzies, 2000: 84) trap, where the body becomes an artefact, the result of which is closure in an entirely symbolic universe. The metaphor of the 'cyborg' is ultimately a position that plays into the loss of the

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<sup>9</sup>For example, transsexual surgery, cloning and genetic implantation

body in social theory, positing a revised 'information system model' whereby the more holistic conceptualisation of the organism has been broken down and replaced with flows of information. While this may challenge notions of the body as fixed and determined this does so in a way that denies the fleshly boundaries of the organism. In relation to my more specific focus, Haraway's vision also assumes a fully functioning body. In so doing, her observation fails to account for lived reality and, for example, the reality of physical suffering, illustrating the consequences of dichotomising human knowing from biological being. As Birke (1999) suggests, organisms are not so fluid.

However, on a more positive note, Haraway's position does serve as a useful reminder of the 'impossibility of separating our insides from what goes on outside ... or of separating that internal body from our culturally mediated understanding of it' (Birke, 2000: 146). My aim later in this chapter is to suggest a more useful metaphor for exploration in this field.

### *Genetics: From phenotype to genotype to mutual re-engagement*

In the field of genetics, Birke (1999) illustrates the predominance of both genetic and molecular reductionism, outlining recent moves which further underlines the disappearance of any sense of the organism as a whole from the discourses of biology: 'Where once the phenotype – the bodily and behavioural characteristics of the organism – was pre-eminent, now it is the genotype, the sum total of the genes' (Birke, 2000: 147). Birke argues that it is a reductionist strategy which emphasises the primacy of the gene yet fails to tell much about the lived organism and the physiological self – a pertinent

point considering 99% of human DNA is shared with the chimpanzee. More recent debate has also questioned the simple and passive replication of DNA, illustrated by Rose (1997) outlining how cells and DNA make and remake themselves in mutual re-engagement – an ongoing process of the engagement of the organism *in its own life history*, as Birke (1999: 156) illustrates:

Adults, of course, may appear to be already formed, those formative fields no longer influential. But to assume that is to fall back into fixity. On the contrary, our bodies are constantly being made and remade; bones, muscle, connective tissue – all are constantly in flux. Such a view insists on seeing organisms, and their ‘biology’ as transformative and in which parts are generated *by* the wholes. Form thus emerges out of complex processes not coding in genes. In particular, this view refuses any simple collapse onto genetic determinism and relocates the organism (and hence the biological body) back from the margins.

My point here is that an understanding of the organism and biology as transformative aids the move beyond foundational facticity by embracing both process and becoming. The issue is not that there are no constraints at all but to problematise the assumption embedded in notions of the dominant preconceived constraints which have contributed to sociology’s flight from the body explored through my early chapters. Critically, the challenge to more conventional biological discourse I have outlined above suggests that there are alternative and more interactive details to draw upon, including the capacity to embrace, rather than ignore, the interior body. Using this conceptual framework, any sociological exploration and understanding of lived, embodied experience may also usefully address the body as an interactive site, exploring bodily-potentiality rather than limitation and concurrent with changing embodied experience throughout the life course. Further, this may also begin to successfully address the conceptual space I

have earlier identified between the assumptions of a now 'embodied' sociological discipline, the process of embodiment itself and the significance of the female body.

### *Women and time: revising temporal frameworks*

The challenge to more conventional biological discourse which Birke (1999) has outlined partly mirrors Adam's (1989; 1990; 1995) timely exploration of the biological and physical sciences and call to move beyond the tendency to understand the physical and biological realm in contradistinction to the human social world. While notions of 'time' have remained central to the sociological discipline (Adam, 1990; 1995; Nowotny, 1992), the level of theoretical conceptualisation is problematic. Few have drawn out the implications arising from the significance of time as a tool to understand embodied experience. This is partly based on mistaken assumptions underpinned by the notion of separation between physical and biological realms and the human social world. Further, conventional understandings of time are rooted in outdated and inappropriate conceptions of time in the natural sciences which, critically, insist on the distinction between natural and social time (Adam, 1990; 1995).

Scientific discoveries have transformed understandings of time in nature in the 20<sup>th</sup> Century, a point now self-evident within the scientific community<sup>10</sup>.

However, out with the scientific community, the classic conceptualisation of

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<sup>10</sup> Einstein demonstrated that there is no fixed time which is independent of the system to which it refers; that time and space are fused and that this fused space is curved under the influence of mass. Chronobiologists have demonstrated that *rhythmicity* is the crucial principle of nature. Humans are not just affected by clocks but are composed of a myriad of internal clocks working in co-ordination with the circadian, lunar, cicannual and life-cycle rhythms (diurnal, seasonal, menstrual and metabolic cycles) of the external world (Adam, 1990; 1995).

the time of nature is that of the clock, a measurable time characterised by invariance and quantity, suggesting 'time' must be understood objectively through the application of causal frameworks not applicable to the study of human society (Adam, 1990: 151). Critically, the conceptualisation of *social* time (our time in the social world) is understood directly in contrast to that of natural time, embracing complexity, mediating knowledge and quality over quantity. The laws of nature are considered true in an absolute and timeless way whereas the laws of society are, in contrast, historically developed (Adam, 1990: 152). This temporal assumption acts as a further accompaniment to the active persuasions of the biological conventions reinforcing understandings of biological fixity and outlined above. As I have illustrated, these positions have been dominated by Cartesian dualisms – the separation of not just the mind from the (fixed and constrained) body but also the separation of the myriad of times that exist (Adam, 1995), of cyclical from linear time and traditional from modern conceptualisations and structures of time (Adam, 1990: 152).

Further, attempts to embrace time which fail to acknowledge development beyond more restrictive and routinised conceptions of the natural and social world as separate, or that (explicitly or implicitly) reinforce dualistic oppositions (for example, opposing male time with female time), critically miss the opportunity to utilise time as an effective theoretical framework and methodological resource to move beyond such dualistic frameworks.

Adam uses Giddens' (1984; 1990) work as illustration here, particularly his imagery of 'reversible time'. Giddens (1984) suggests that daily life has a flow

or duration - the tasks, chores and endlessly recurring phenomena of everyday life. Yet this 'flow' does not lead anywhere, suggesting that what has been will come again and what is past will also be the future. As Adam (1990: 27) argues, we can never step in the same river twice<sup>11</sup>. Between yesterday and today, or between this year and last year, we have grown older and both the world and the context have changed. Acknowledging Mead's earlier commentary<sup>12</sup>, Adam argues Giddens' conceptualisation of reversible time is an inappropriate representation of the social world. If physicists have disregarded the notion of repetition within the cycles of the earth, biologists have challenged notions of fixity and constraint, as I have outlined above, then it must be safe for social theorists to regard the concept of reversible time as an inappropriate representation of the social world (Adam, 1990: 169). Further, while Giddens (1984: 228 – 243) has explored the biological dimension of human time, this is largely associated with the ageing process of the body. The potential for exploring the gendered experience of this process is notable by its absence. By suggesting the body may be 'reflexively mobilised', Giddens again perpetuates a generic and dualistic perception firstly by suggesting the self seeks to 'construct and control the body' (1991: 7) and secondly by viewing people as 'minds' who 'happen' to occupy bodies (Shilling and Mellor, 1996: 7).

My discussion above has underlined a number of omissions within current thought and suggested alternative transformative narratives of becoming in

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<sup>11</sup> For interest, a similar point is made by Heraclitus *c.500BC* 'People step into the same rivers, and different waters flow on to them' (Honderich, 1995: 352)

<sup>12</sup> 'emergent life changes the character of the world just as emergent velocities change the character of the masses' (Mead, 1959: 65)

our understanding of the biological realm. I suggest Adam's (1989; 1990; 1995) work can be used to build on these narratives and further ground my argument that a more effective understanding of women's embodied experience is one which explores this experience as a dynamic relationship between our environment, our history (temporality), our bodies and ourselves.

Adam (1989) earlier suggested an explicit bond between women and time, a point echoed by Martin (1989), Menzies (2000) and suggested in my previous research (Illingworth, 2000). Further, 'time' is not new within feminist scholarship, for example, Nicolson's (1996) research focusing on the differing temporal linearity of male and female career models; the time implications of caring and motherhood (Ribbens, 1994) or the differing perceptions of the 'right time' to have a child (McMahon, 1995). Yet, drawing on Adam's (1995) commentary, Hughes (2002: 133) argues the majority of feminist research adopting a temporal framework has stayed within the dualistic tradition opposing male time (linear, commodified, clock time) with female time (cyclical, reproductive time). Exceptions are relatively few<sup>13</sup> yet, as Adam (1989) has suggested, recognition of the complexity of time may facilitate a move away from dualistic thinking.

While I agree with Adam in suggesting that a temporal understanding in relation to the understanding of embodied experience would not necessarily provide a better theorisation of the social construction of gender (Adam, 1989), it may open up the possibility that there may be a 'gendered

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<sup>13</sup> Towards the end of her (1989) text, Martin does begin to point towards the significance of a temporal standpoint: 'The concrete incidents of women's everyday lives can evoke glimpses of other ways of living, other ways of using time ...' (1989: 201).



corporeality worthy of exploration' (Hughes and Witz, 1997: 58). A temporal perspective, concurrent with my revised transformative and dynamic biological framework, may also further develop the theoretical structure that can encompass 'being' and 'becoming' without losing sight of the effects of externally imposed structures (Adam, 1995: 33), exploring experiences of being *in* the body concurrently with *living* the body. This is a point critical for my part phenomenologically informed approach.

### *The body: time, technology and leaky boundaries*

Once we start from the premise that first questions and begins to transcend dualistic thinking and embrace revised conceptualisations in the biological and physical sciences, the invisibility of time and temporal assumptions may be uncovered. Yet, paradoxically, Ingold (1986) suggests we can only recognise the significance of time once we transcend dualistic thinking. One of Adam's central tenets is that we have lost our awareness of time in a world of clock-time bound by years, hours, seconds, time budgeting and time pressure (1995: 27). These, in turn, have become reified and the significance of human authorship lost. Menzies (2000) also expands on this through the notion that 'we know the world (thus far) only in ways that alienate us from the natural world as something alive and in which we are deeply implicated' (2000: 83). Likewise, the impact of technological advance is central to Adam's conception of the indivisibility of time and explanation that technological advance affects the way we relate to social time as both human beings and social analysts (1992a: 161). Menzies (2000) moves on to argue her slip from health to disease and diagnosis of infertility exposed the separation of the biological

body and the rhythms of the natural world from the social world. Somewhat paradoxically, her experience coming to terms with 'diagnosis' and of treatment procedures, also operated as a means of 're-experiencing her forgotten body' (Menzies, 2000: 77). Here, I add a further technological dimension to my developing framework. Ironically and for the purposes of this project, it may be through encounters with technological advance within the field of infertility and assisted reproductive technology that the importance of revised biological, temporal and technological<sup>14</sup> frameworks for the understanding of women's embodied experience may be illuminated.

### *The hologram: a layered framework of understanding*

My aim, in this section, is to draw further from Adam's work and develop the potential of new metaphors in relation to understanding and, critically, my exploration of embodied experience in this field. Adam (1990; 1995) expresses what has thus far been separated in academic disciplines – the times of different realms of being (1990: 161). This is the suggestion that,

There is no single time, only a multitude of times which interpenetrate and permeate our daily lives. Most of these times are implicit, taken for granted and seldom brought into relation with each other, the times of consciousness, memory and anticipation are rarely discussed with reference to situations dominated by schedules and deadlines. The times expressed through everyday language tend to remain isolated from the various parameters and boundaries through which we live *in time*. Matters of timing, sequencing and prioritizing stay disconnected from collective time structures, and these in turn from the rhythms, the transience and the recursiveness of daily existence (Adam, 1995: 12)

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<sup>14</sup> The point that the technical is inextricably mixed up with the social is not a new or original discovery. See Law (2001) for a discussion of the earlier work of Karl Marx and Thomas P Hughes in this field. For the variable feminist positions, see Wacjman (1991); Sjoö and Mor (1987); Lykke (1996); Haraway (1991; 1992).

In developing her argument, Adam first utilises Mead's (1959) conceptualisation of the social world in terms of 'levels'. More specifically, applying (fluid) 'levels' as a mode of description (as opposed to dualism or duality), allows for 'everything to be implicated without a claim for pre-eminence of any one' (1990: 162). This suggests any implied hierarchy or division (for example, sex/gender, mind/body, cultural/biological) is nothing more than a product of the framework of observation, points which I have demonstrated throughout these early chapters. As an alternative to the dualistic frameworks outlined, Adam (1990; 1995) argues Mead's position rests upon his principle of 'sociality' – the 'capacity of being several things at once' (1959: 49) – and 'temporality'. In brief, these concepts act as both the source, and the essence, of consciousness.

Again in contrast to Giddens' (1984) conceptualisation of *reversible* time I outlined above, Adam argues Mead's conceptualisation is of time as *irreversible*. Thus the past becomes unknowable since any intervening day (and knowledge that comes with it) continually changes the meaning of the past and, it follows, the future. Critically, the ability to understand and reflect thus becomes a spatio-temporal activity, a point I will draw upon in the following chapter.

While the notion of levels is promising, the principle difficulty with Mead's position is the emphasis on the continual deconstruction of the self in a social world where meaning is constantly in flux, a position which sits uneasily alongside Mead's delineation of hierarchical time levels. The suggestion here

is also that time does not exist independently of us but all that we can say understand or even think about time is cultural and language based, points that are constantly being played out within the philosophy of social science<sup>15</sup>. My point here, which I will develop further below, is that if a new framework of observation is employed which resists these tensions, this may expose some aspects of experience which are not solely linguistically constituted in the first instance, or in the present alone, but that may emerge over time and as part of the reflexive and reflective process which Crossley (2001) suggests. This further aids the move away from conceptualising the body as solely that which thought rests upon.

Adam (1990; 1995) suggests an alternative metaphor for our understanding – moving from notions of hierarchical levels and networks<sup>16</sup> to the more holistic ‘hologram’. This holistic view is in contrast to the more functional holism of more traditional sociological perspectives, where parts are understood as being causally connected to the whole. This metaphor recognises the potential of *mutual implication*, that everything is connected without being totalising or presenting a new metanarrative:

The hologram is ... an excellent metaphor for the whole, encoded and implicated in the ‘parts’, since the information it stores is not located in their individual parts but in their *interference pattern*’ (Adam, 1990: 159).

Further, ‘the concept of implication is dynamic and time-based. It is historical, non-determinist and can accommodate contradiction as well as non-linear,

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<sup>15</sup> See Wittgenstein (1961)

<sup>16</sup> Fournier (2002) draws upon ANT (Actor Network Theory – see Callon, 1986; Latour, 1987) to explore the notion of a relational materiality embedded in networks of relationships and connections. However, for a critique of this position, including notions of hegemony, collusion and functionality, I direct the reader to Law (2001)

networked relations. In this holism, reality is created in the present, affecting all pasts and futures' (Adam, 1995: 160). While I do not suggest that this perspective is *entirely* new<sup>17</sup>, employing the metaphor of the hologram in relation to the exploration and understanding of women's embodied experience is promising and one that requires further exploration.

### *Being and becoming: a sense of time*

My aim is to develop the potential of Adam's (1989; 1990; 1995) temporal perspective and metaphor of the hologram in relation to the understanding of embodied experience in this field, concurrent with conceptualisations (Birke, 2000; Witz, 2001) of the body as a transformative process and one of becoming. As I have discussed and in agreement with Adam (1989), feminist social theory may not just be complemented by such a focus on time but may be dependent on it. Feminists have rightly asked that 'theoretical understanding be kept in touch with and checked against, our ongoing experience and consciousness in their social, historical, natural and artefactual context ... all those aspects that make up the totality of our everyday living' (Adam, 1989: 461-462).

Critically, applying Adam's metaphor to the understanding of embodied experience suggests as a first premise that the body can neither be viewed nor explored in isolation, moving away from a position whereby mutually exclusive choices have to be made. By changing the metaphor of understanding from that of the lens to that of the hologram, my theoretical

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<sup>17</sup> See C Wright Mills (1959: 158) and the emphasis on biography, history and their interactions with social structures as the coordinate points of the proper study of man.

framework in this field begins to strengthen. Likewise, my move away from biological distortions resting on notions of biology as a fixed entity towards revised biological and temporal understandings incorporating more dynamic and mobile notions of being and becoming supports my framework of observation. This is a position that encourages me to both expose and explore the multitude of relations, connections and continuum of phenomena and events that make up the complexity of our embodied, everyday experiences and choices. In relation to this project and the experience of infertility, treatment choice and associated procedures, this underlines a position and approach that is not static, linear and dichotomising and recognises that experience of time, of ourselves and our bodies, of being-in-the-world is multi-faceted. No part of our experience can be excluded if its complexity – and particularly its embodied and transformative complexity – is to be effectively explored. This suggests the exploration of embodied experience within the ‘time of infertility’ as bound within an intersecting and interdependent relationship with the environment, context, structure and time. This further grounds the suggestion that we may think *through* the body (Jackson and Scott, 2001) and explore the experience of the body as both a temporal and interactive site.

While I am not suggesting diluting or ignoring power dimensions or the significance of structural influences and constraints, this conceptualisation, through time, allows for the exploration of women’s experience in this field as both an embodied and, more specifically, a multi-layered and temporal process. Hepworth (2000) also makes a related point applicable to my

exploration. Encounters with birth and death may take those involved *beyond* the realm of everyday time and problematic conceptualisations of it and bring to the fore consideration of times that are normally disattended. This points towards the need for a methodological approach which will embrace both being and becoming, how this is both experienced and perceived through time *alongside* the effects of structural influences. In this respect and in agreement with Battersby (1998), I am developing a framework for conceptualising ontology

... that would allow us to retain a notion of sexual difference whilst also theorising difference *amongst* women ... a radicalised ontology ... The identities I describe emerge out of patterns of movement and relationality, including 'resonance' and 'echo' in which the past is taken up into the present in ways that do not simply 'copy' a neutral 'real' (1998: 13-14).

That this demands a specific line of inquiry is a point I will develop throughout the following chapter. I take the opportunity here to briefly summarise my position so far.

It has been my contention that the wealth of body work over the past two decades has been largely theoretically driven. Further, the misappropriation of (variable) feminist scholarship and suggestive of a generic body, the reactive positioning within feminist scholarship, the emergence of a 'situated' woman and the influence of the postmodern notion of multiple voices, has increasingly made attempts to explore women's embodied experience problematic. Yet, despite theoretical limitations explored in this and previous chapters, feminist work has been promising in this field and requires revised conceptual and methodological tools to move further forward and which I have developed throughout this chapter. My aim here goes beyond simply

redressing the 'knowledge balance' and also underlines a shift of perspective from one resting in the present to one that also exposes our experiential continuities with both the past and the future (Chamberlayne, Bornat and Wengraf (2000: 5). It is the individual negotiation of complex lives, the emphasis on life review and events within that will be the centre point of my approach. As I have discussed, bodily explanations have long privileged the individual or the social. What is required is an understanding of how the body is negotiated as an interactive site and how critical moments are experienced (Thomson et al, 2002). As Watson (2000: 59) argues,

... although in the sociology of health and illness ... the exploration of health through lay perspectives has been addressed, the sociology of the body has yet to come to terms with lay understandings of the body or embodied experience ... In this respect, the abstract claims of sociology of the body may, or may not, become more corporeal if they are grounded in the lived experience of 'real people' as opposed to those of absent theorists'.

That this approach may also expose aspects of experience which are not linguistically constituted in the first instance but which may emerge over time is also a methodological point which points towards a hermeneutic approach and understanding of narrative self-identity as a way of mapping this ebb and flow of experience (McNay, 2000). These are points I will develop in the following chapter.



## Methodology: the time of our lives

'Like a castle made of sand, every theoretical model is provisional; eventually it is washed away by the tide of continued research. Either new observations arise which do not fit within the theory's explanatory framework, or new conceptual developments emerge which enable us to construct a more parsimonious model. Put differently, new research continuously challenges the efficacy of extant theories' (Flaherty, 1999: 177)

I suggest that, thus far, claims to feminist knowledge in this field have failed to disentangle themselves from 'tensions between knowledge of gender relations that take the existence of women for granted, and theories that take apart the grounds of feminist claims to knowledge, and treat 'women' and 'gender' as products of ideas rather than of embodiment, patriarchy and social construction' (Ramazanoglu and Holland, 2002: 57). This, combined with my quasi-historical exploration of the place of the body within sociological thought suggests the difficulties encountered are also part of wider debate concerning how we can know, and how we can specify the links between ideas, experience and reality.

The problem here necessarily becomes one of method. How we conceptualise the body affects how we might explore it and vice versa. As the above quotation illustrates, my argument supporting a shift of perspective from one resting in the present towards one that exposes potential embodied and experiential continuities with both the past and the future (Chamberlayne, et al, 2000), challenges existing explanatory frameworks in this field. However, I do not suggest an 'add body and stir' recipe. Questions of

knowledge and truth, themselves contested areas within the discipline, remain central to my methodological approach. For example, within the qualitative paradigm, Lincoln and Denzin (2000: 1048) note,

Qualitative research embraces two tensions at the same time. On the one hand, it is drawn to a broad, interpretivist, postexperimental, post modern, feminist and critical sensibility. On the other hand, it is shaped to more narrowly defined positivist, postpositivist, humanistic and naturalistic conceptualisations of human experience and its analysis.

Differing approaches reflect differing responses to how, and whether, the knowledge people produce about social life can be connected to any social reality (Ramazanoglu and Holland, 2002). A focus on the individual is, in itself, far from straightforward. Despite recent attempts to overcome the subordination of the individual within sociology (a position which is at least partially reflected in the 'emergence' of embodied debate) and contemporary theories arguing modern society gives a new importance to individuals (Beck, 1992; Giddens, 1991; 1992), debate between structure and agency remains as a defining polarity (Rustin, 2000). As Rustin (2000: 45) suggests, it seems almost definitional for sociology that the social comes first. Given this position, it is perhaps not surprising that the position of the body within sociological thought has both caused and still troubles much debate.

The purpose of this chapter is to link my reconceptualisation of gendered embodied experience as a process of becoming to my methodological stance, choices of method, approach and analysis procedures. The early form of this chapter will therefore move between critical explorations of the differing yet interconnected layers of the qualitative approach. One of my contentions has been that the 'problem of the body' within sociology, and specifically the

female body, is as much one of method and methodological approach as theoretical positioning. Within more contemporary work, difficulties encountered may again be due, alongside the influence of postmodern and poststructuralist perspectives, to the failure to retrace steps and fully explore the differing frameworks of understanding that underpin qualitative research and their potential relevance to the exploration of embodied experience. Again, underlining Watson's (2000: 59) approach, the more abstracted claims of the sociology of the body may become more corporeal if they are grounded in the lived experience of real people.

### *Talking about the body*

My methodological framework is also framed by an ideological position. I firstly embrace feminist critique which points to the knowledge and truths excluded from more mainstream knowledge production (Harding and Hintikka, 1983; Harding, 1987; Smith, 1988; Stewart, 1994). This is an exclusion which is reflected in the misappropriation of feminist scholarship within the sociology of the body and has contributed to the assumption of the generic body, as I have discussed. Secondly and consequently, I embrace a feminist position which underlines the need to 'lift' the voices of women. Many of the questions feminists' pose relate to the (contested) centrality of gender in the shaping of consciousness. Thirdly, and relatedly, feminist critique that certain 'knowledge' and 'truths' have been excluded from knowledge production necessarily suggests a need to dismantle and reframe the questions surrounding knowledge production. This underlines the recent and growing emphasis on the question of knowledge itself (Olesen, 2000) and movement

away from a 'reactive stance' (Stanley and Wise, 1990: 37) towards the consideration of critical and complex issues. This is also a movement which requires further development in relation to our understanding of gendered embodied experiences.

### *Revisiting time: turning points*

If feminist sociological thought is concerned with how we 'know', that this is not separated from context, biography, belief and values, then a temporal focus in this field may complement both feminist social theory (Adam, 1989) and further develop understandings of embodied experience within the discipline as a whole. As Adam suggests, what is required is a theoretical and methodological framework

'that can genuinely connect experience, context, pattern, process and events; one that can simultaneously account for continuity and change, the influence of the past, the visions and intents of the future and the constitution of the present without losing sight of the social relations of power' (1989: 463)

I also return here to the notion of the 'isolated' individual problematised in the preceding chapters. More specifically, I refer to the notion of the 'solitary individual divided from other human beings by deep walls and barriers: a self-contained being whose social bonds are not primary to its existence but only of secondary importance' (Burkitt, 1991: 1). In relation to women's experience, this view is at odds with subsequent relational theorists who argue that 'women experience themselves fundamentally as caught up in a web of intimate social relations' (Mauthner, 2002: 32).

Further, if we take as the supposition that there is no fixed, definitive and foundationalist body and instead view the body as an experience of process,

context, becoming and transformation, then this points to more specific understandings of how we can 'know' and explore the body. In relation to my empirical exploration, if this is taken as an initial premise, then there may be areas, encounters, or more specifically 'turning points' (Charmaz, 1994) which may be worthy of exploration. In relation to youth research, for example, Thomson et al (2002) identify 'critical moments' as central to the understanding of key moments of biographical change in young people's lives. Opposing Giddens' (1991) conceptualisation of 'fateful moments' and conceptualisation of the abstracted individual, making consequential decisions and facing risks, Thomson et al (2002: 339, my emphasis) argue 'young people were sometimes *living through* experiences that they may *subsequently* come to understand as critical moments. The majority were able to identify critical moments, but their ability to do so was inevitably facilitated by hindsight.' In this respect, the significance of 'critical moments' or 'turning points' may emerge within the unfolding of a story itself. Relatedly, Plummer (1995) also underlines the importance of the story and suggests a number of criteria for the successful telling of a story – including the importance and ability to articulate and the presence of an audience prepared to hear what is being said.

My previous chapter has underlined my position that more effective exploration in this field is one which centres on the exploration of experience not necessarily linguistically constituted in the first instance but which may emerge over time. I underlined this as a methodological tool pointing towards a hermeneutic approach and understanding of narrative self-identity as a way

of mapping this ebb and flow of experience (McNay, 2000). This also points towards the use of a biographical approach as a tool to capture events over time (Denzin, 1970) and is a position I will explore further below.

### *Qualitative inquiry: frameworks of understanding*

Before I move on to discuss the benefits of a biographical and hermeneutic approach in more detail, it is necessary to first clarify my particular approach in relation to the wider qualitative tradition and relevance to the exploration of embodied experience within a temporal framework.

Within the qualitative tradition itself, a number of approaches can be discerned, each underpinned by particular philosophical assumptions that speak to a developed understanding of how knowledge can be generated (Cresswell, 1998). Critically, my previous chapters have begun to problematise this positioning in relation to the understanding of the body within sociology. My conceptualisation of embodied experience as a process of becoming thus informs the choices I make in relation to methods chosen to explore this field and how I wish to live the life of a social inquirer or researcher (Schwandt, 2000). Within this chapter, I explore the differing frameworks of understanding that hold qualitative research together in more detail. Difficulties encountered in making informed choices and designing more rigorous and sophisticated studies are a reflection of what Schwandt (2000: 190) describes as 'the turmoil over what constitutes the appropriate goals and means of human inquiry'.

A number of authors (Cresswell, 1998; Flick, 1998; Marshall and Rossman 1998) provide a more basic formulation of the qualitative research project. At this fundamental level, the qualitative approach suggests human action cannot be understood without understanding the meaning that participants attribute to action – their thoughts, feelings, beliefs and assumptive worlds (Marshall and Rossman, 1998: 58). By emphasising the importance and value of context, setting and the participants' frames of reference, the qualitative researcher stresses the unique strengths of this approach for searching for a deeper understanding of the participants' lived experiences of a 'phenomenon' – the 'how' and 'what' as opposed to the (generally) causal and explanatory focus of more quantitative approaches. However, a range of ontological and epistemological assumptions characterise the qualitative approach and underpin this more basic description (Cresswell, 1998: 73-91).

*The atomised individual: ontological and epistemological assumptions*

Ontological assumptions refer to existence in general and how the nature of being is understood. As Cresswell (1998) argues, reality is understood as constructed by the individuals involved in the research situations. Thus, *multiple* realities exist – those of the researcher, respondent and audience. Accordingly, one of the aims of the researcher is to design a study which effectively reports these realities, presents themes that reflect the words used by informants and advances evidence of different perspectives on each theme. The researcher's ontological perspective is thus necessarily related to epistemological positioning, requiring an account of how knowledge of a given subject can be obtained.

My ontological position partially embraces the notion that a sociological perspective in this field is one that, firstly, emphasises the placement of individuals within an ongoing and evolving social structure. Secondly, this position also stresses the processual, emergent and transformative nature of experience, the relational movement between individual experience, history and structure and a point long since raised by C Wright Mills:

Social science deals with problems of biography, or history and of their interactions with social structures ... these three – biography, history and society – are the coordinate points of the proper study of man (Mills, 1959: 158)

In this respect, individual experience, the social setting and the situated activities that take place within cannot be understood separately (Layder, 1998: 156). However, it is also important to illuminate the *connections* between biography, history and structure (Reinharz, 1992: 131) and resist the temptation to merge these areas, or see them as fused. As Layder (1998: 146) argues, 'merging the two dissolves everything into a seamless, synthetic unity, inevitably providing a lopsided analysis unable to trace the interconnections between the subjective and objective features of social life'.

To explicate my position further, my previous research (Illingworth, 2000) highlighted participant perceptions of the notion of 'continuation', illuminating the significance of past experience and future expectations within the decision making experience of the present. This is a point also echoed in Sandelowski's (1988) study of 48 'infertile' women. Participants experienced the effects of an acute sense of time running out, living in a potentially imminent and feared confrontation with the end of time (1988: 156). Thus, effectively understanding these experiences further reinforces the need to



employ methods which attempt to explicate, rather than amputate, the totality of personal and everyday experience, employing a creative approach to these problems to break new ground and extend research horizons.

In relation to this project, this underlines the importance of exploring and understanding embodied experience within this field not in terms of the 'atomised individual' (Miller, 2000) or reliance on present perceptions and activity alone but by embracing an approach that also explores the significance of past experiences and future expectations. In this respect adopting a biographical approach moves the research enterprise away from a focus on the 'atomised individual' or solely the present situation of an individual's life, to adopting a perspective that covers movement through the lifecourse or a significant proportion of relevant topical areas. However, as Miller (2000:2) suggests, this approach necessarily leads to 'profound methodological deliberations about the nature of social reality and the kind of knowing that is possible for a social researcher', a point that entails more detailed consideration of the dominant epistemological assumptions behind the qualitative paradigm.

As I have outlined, my ontological position is one that embraces the premise that the advance of sociological knowledge in this field is contingent on utilising a methodology that takes subjectivity and lived lives as its cornerstone (Plummer, 1983: 11). Further, as Plummer (1983) argues, if this is taken as a first premise then documents of life have a central role to play. For example, when combined with a biographical perspective, written words in

the form of, example, solicited or unsolicited texts or documents, are meaningful constituents of the social world in themselves (Mason, 1996: 72).

However, my intention is not to reify the biographical approach as in any way more meaningful *per se*. What I am suggesting is that a revised conceptualisation of embodied experience as both a temporal and emergent process suggests the use of alternative tools for the development of understanding in this field. These must incorporate both the 'internal' and subjective point of view while simultaneously appreciating that such activity takes place in the context of wider social settings and contextual resources (Layder, 1998: 3) where the issue of time comes to the fore. In relation to respondents' understanding of embodied experience, my aim is to access this understanding not through the exploration of solitary instances or momentary thought but to illuminate changing or developing experiences *as they occur*. To expand, what cannot be said in one moment may become clear, and emerge, over time. In relation to infertility and the experience of assisted reproductive procedures, the experience, impact and understanding of diagnosis and related procedures may be a gradual process, emerging over time (Menzies, 2000). A temporal biographical perspective may provide a more effective means of examining these interconnections.

However, taking this position also underlines the importance of the research encounter, the dialogic process and, more specifically, the matter of interpretation itself. Again, further debate within the qualitative framework reflects a number of differing stances concerning how knowledge of a given

phenomena, process or experience may be produced and interpreted. It is important here that I position my methodological stance in relation to these dominant approaches. Rather than attempting to resolve contemporary debate, the purpose of my appraisal here is to expose the dominant epistemological tenets of each in order to both illustrate and justify my approach.

Within the qualitative arena, Schwandt (2000: 189-214) highlights three dominant epistemological stances, each embracing specific philosophical assumptions concerning how 'understanding' can be achieved and which vie for attention as potential justifications for embracing a qualitative approach: interpretivist philosophies, philosophical hermeneutics and social constructionism. Before I move on to develop my own position, these positions are outlined briefly below.

### *Interpretivist philosophies*

Generally, the interpretivist turn can be seen as a response to positivism and the desire to 'understand' human action as opposed to offering causal explanations. In explicating the idea of a mind-independent and permanently fixed reality, the notion of interpretive understanding highlights the move away from foundationalist epistemological assumptions<sup>18</sup>. According to Schwandt (2000), within this framework human action is understood as both *meaningful* and with *intentional content*. The purpose of the interpretive project is to understand this process, to interpret in particular ways what the actors are

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<sup>18</sup> For example, logical positivism, logical empiricism and the Cartesian 'knower'

doing. Schwandt (2000) proceeds to outline several approaches whereby the notion of interpretive understanding is differentially defined. These include the approach of phenomenological sociology, the influences of Cicourel and Garfinkel and the 'language games' of Winch and Wittgenstein. However, my purpose here is not to outline the intricacies of debate but to outline the common epistemological underpinning of each. As Schwandt (2000: 193) argues, the broadly interpretivist position suggests

... that it is possible to understand the subjective meaning of action (grasping the actors beliefs, desires and so on) yet do so in an objective manner. The role of the researcher or interpreter is to employ methods to allow them to step outside their various frames of reference (for example, the 'bracketing of experience', assuming the role of the 'uninvolved' or 'disinterested' observer) and, in so doing, acquire an 'inside understanding' of the actors' definition of the situation'.

### *Philosophical hermeneutics*

In critique, a Cartesian epistemological frame can be discerned within the above approach, particularly the notion that it is possible and indeed desirable to step outside our individual frames of reference to acquire an 'insider understanding'.

Firstly, according to a hermeneutic position, 'understanding' is precisely the very condition of being human. Understanding *is* interpretation and cannot be subjected to procedure or approached as a rule-governed undertaking. Secondly, it is impossible to 'step outside of ourselves' in our efforts to understand. If we are able to step outside of our selves, as this approach suggests, then this also implies that once the shackles of tradition have been shaken off, the 'truth' or 'true meaning' simply waits to be revealed (Schwandt,

2000). The point here is that, within the hermeneutic approach, meaning, rather than existing 'externally' or waiting to be discovered is instead something that is produced within the encounter itself, through dialogue and through conversation. Essentially, meaning is *participative* and thus cannot be reproduced by the interpreter. In this sense, a hermeneutic position refrains from presenting rules for, or a theory of, interpretation (Schwandt, 2000: 194).

Schwandt (2000: 196) outlines two points of criticism here. Firstly, if tradition governs interpretation then any interpretation is simply a re-enactment of tradition and knowledge gained therefore rests within a specific paradigm. Secondly, and taking this logic to relativistic extremes, a 'dead end' to understanding is reached which suggests there may never be a finally correct interpretation as each and every interpretation is the product of a specific context and interpretation.

In response to the first criticism and suggesting how understanding may be reached, the researcher or interpreter must engage with the effects of tradition, with the bias, pre-judgments, assumptions and standpoints in which they are situated. This is more than a simple confessional process and requires that the researcher both recognises and moves from the familiar to the strange and engage in a dialogical encounter with what is not (already) understood (Schwandt, 2000: 195; 207), a skill not easily acquired.

In response to the second criticism, Schwandt (2000) argues that the suggestion that there must be a finally correct interpretation is to miss the

point. The point is not to reveal the 'truth' (which surely cannot exist) but to clarify the conditions in which understanding may take place and emerge.

### *Social constructionism*

Sharing an affinity with the philosophical hermeneutic approach, Schwandt (2000) argues a (loose) social constructionist position affirms that nothing exists independently of our construction of it. Yet, this does not suggest that 'knowing' is a passive procedure whereby data and information is simply imprinted on the mind. Rather, as human beings, we do not *find* knowledge – we make it and make sense of it. Likewise, 'we do not create meaning. We construct meaning. We have something to work with ... As Heidegger and Merleau-Ponty repeatedly state, the world is 'always already there' (Crotty, 1998: 44).

Similar to the discussion of the effect of 'tradition' mentioned above, the broadly constructionist approach argues that there can be no unmediated grasp of the social world which exists independently of the interpreter and that all claims to knowledge take place within a particular conceptual framework – a pertinent point I have already explored in relation to the understanding of the body within sociology. Schwandt (2000: 198) further suggests while both these positions agree that 'language makes possible the disclosure of the human world' (Taylor, 1995) and both share an affinity with the notion of a 'coming into being of meaning', the similarity ends here. Philosophical hermeneutics trusts in the potential of language and interpretive practice to disclose meaning (emerging from the dialogic encounter) and thus enable the

exploration of 'being'. In opposition, a constructionist account argues there is no single truth, or meaning, to the matter of interpretation. However, according to this position, knowledge can never be separated from experience and thus remains mute on matters of ontology (Schwandt, 2000: 199-200). While advocates of the constructionist approach may position themselves along a continuum of weak to strong constructionism, the problem of this approach and particularly the difficulty of distinguishing between better or worse interpretations, or the relativist view that any interpretation is as good as any other, remains.

#### *Understanding the body: a hermeneutic and biographical approach*

The contemporary debate I have highlighted above leads to two differing sets of consequences (Schwandt, 2000: 200-202). Firstly, 'strong holism'. The fact that there are multiple realities does not mean an inevitable exhaustion of understanding and thus knowledge. In brief, there are multiple realities, many different, acceptable views (which require no comparative evaluation) and it is these which must be explored and/or deconstructed. Secondly, 'weak holism'. The point here is that relativistic conclusions advocated by 'strong holists' are neither necessary nor desirable. The *contexts* of understanding, the traditions which constrain thought, are not powerful enough to place a limit on interpretations or the ability to decide normatively between interpretations. It is this normative dimension which influences my position and which is also reflected in a growing trend over the past decade away from the rejection of the human subject, combined with a concern to link macro and micro levels of analysis (Chamberlayne et al, 2000). At this point, I would agree that we can

never *decisively* determine the correctness of an interpretation – and this surely should not be the aim. What counts as a better interpretation is one that justifies the move to another interpretation by exposing the weaknesses of a previous interpretation. My previous research (Illingworth, 2000; 2001), combined with my exploration of both past and recent ‘body work’, has exposed deficiencies of thought within this field and the significance of temporal understanding as a central axis. I suggest the chance to move forward rests within a position that moves beyond the ontological silence inherent in a broadly social constructionist approach. For the purposes of this research, I adopt a hermeneutic and biographically influenced approach.

A preoccupation with the individual account and the story is arguably a mainstay of the biographical approach. In the following sections, I explore these developments in more detail and outline their potential relevance to the understanding of embodied experience.

According to Chamberlayne (et al, 2000), this positioning reflects a wider shift in thinking currently shaping the research agenda. Loosely characterised as a subjective, narrative or cultural turn<sup>19</sup>, the recent burgeoning interest in biographical methods has been influenced by a number of areas of change contributing to a general shift in perspective: the rediscovery of ‘culture’ and understanding that the social order is not just transmitted but experienced and explored; gerontological narrative work, the recognition of the *social* function

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<sup>19</sup> While I make use of common terminology here, it is important to acknowledge the more extreme version of the ‘cultural turn’ and recognition of the cultural variability and relativity of understanding. For example the structuralist and post-structuralist approach to the analysis of language and other symbolic systems in fact contributed to the ‘death’ of both the subject and the author (Rustin, 2000:40).



of the narrative act and that both story and narration play an important role in adjustment in later life; empowerment narratives and the emergence of practices utilising talk of past experiences in social care services; and new 'philosophies of care', including a focus on the holistic conception of the 'whole' individual, requiring knowledge of a person's past as well as their current needs and preferences (Chamberlayne et al, 2000: 8-10).

At a broad theoretical level, interest reflects the recognition that 'social science, in its *longues durees* of positivism, determinism and social constructionism, has become detached from lived realities' (Chamberlayne, et al, 2000: 2), finally culminating in the 'end of the human subject' (Plummer, 2001: 4). While attempts have been made to bridge the gap between the individual and the social (see Giddens, 1984; Mouzelis, 1995), debate has remained abstract or, as Rustin (2000) suggests, embraces an agency which is more of a collective than one of the individual actor. Indeed, the history of the biographical approach is long within the humanities yet has been one of fits and starts within social science, a positioning which generally excludes a biographical approach from the methodological canon (Plummer, 2001). I suggest this disciplinary heritage has, at the very least, contributed to the subordination of the individual, the effect of which makes it 'difficult, within this discipline, to do justice either to the particularity of human lives or to their actual and potential agency' (Rustin, 2000: 44). As I have discussed in relation to the conceptualisation of the body within sociology, this positioning is not one aided by the more recent post-modern conceptualisation of, on the

one hand, the free-floating individual and multiple identities and, on the other hand, the discursive constitution of the social.

Thus, the essential problem for a biographical sociology is to 'demonstrate that original knowledge of social structure and process can be derived from the study of individual life stories' and, further, that this can *aid* social theory 'by demonstrating that a life trajectory, or individual mode of being which is socially representative' (Rustin, 2000: 44-45). In this respect, and critically for the purposes of this project, a biographical approach does not make the case for sociology without structure nor a pre-occupation with individualism. 'What it does suggest is that the human cannot be divorced from the social, cultural and historical moment' (Plummer, 2001: 5). At this point, it seems ironic that despite attempts to overcome the structure-agency polarity within sociological theory and the current emphasis on individualisation and reflectivity that there has so far been only limited interest in studying forms of 'being' as they are experienced by the individual (Rustin, 2000; Plummer, 2001).

I have already outlined the partial influence of a hermeneutic approach within my methodological stance. This is a position which remains influential within a biographical approach and I spend time here further explicating my position.

Firstly, I embrace this position not to solve the problems of understanding itself (as this would be contrary to the central tenets of this approach) but to clarify the conditions in which understanding takes place. Secondly, and

relatedly, meaning may be uncovered but this meaning is necessarily a product of the dialogic encounter and interpretive act itself. In relation to my research, rather than suggesting the need to uncover a 'hidden truth', a hermeneutic approach may contribute to a developing awareness of how we might understand our embodied experiences. Further, this may also be used to explicate the *conditions* of this understanding, and the significance of this in relation to my notions of time, emergence, process and transformation. As Josselson argues,

... we live life forwards but understand it backwards. In understanding ourselves, we choose those facets of our experience that lead to the present and render our life story coherent. Only from a hermeneutic position are we poised to study the genesis and revision of people making sense of themselves ... Narrative models of knowing are models of process in process ... personal narratives describe the road to the present and point the way to the future ...(1995: 35).

Further, from a hermeneutic point of view, human life is a process of narrative interpretation, implying the meaning of life does not exist prior to interpretation or independent of the stories that are told about it (Widdershoven, 1993). For the purposes of my research, this again underpins my suggestion that there is no foundational female body but, instead, an embodied specificity and embodied experience that may emerge over time. In brief, narrative interprets experience, making meaning explicit. This position also reveals the phenomenological influence within a biographical approach and particularly the work of Merleau-Ponty (1962 [1945]). As Widdershoven outlines,

A story about life presents us life as it is lived, and as such life is the foundation of the story. In presenting life, however, the story gives life a specific sense, and makes clear what it is about. Thus a story is based on life but is not determined by it because it is an articulation of life that gives it a new and richer meaning (1993: 6).

Again, there are a number of differing positions within a hermeneutic approach. Widdershoven (1993) provides a useful summary which I draw on below.

Firstly, Collingwood's (1946) theory of re-enactment borrows from a historian's perspective and attempts to understand the past by rethinking the thoughts of historical actors. By virtue of the historian's distance and position in the present, ideas can be rethought more easily and the meaning or intent behind past actions can be rearticulated.

Secondly, and in contrast to Collingwood, Gadamer (1960) holds that there is no original meaning that can be uncovered. While Collingwood argues temporal distance makes it easier to distinguish the essential from the inessential, Gadamer argues that meaning is never fixed and changes through interpretation. Here, both narrator and interpreter roles are critical, culminating in a 'fusion of horizons' whereby both participants try to come to grips with the truth via a process of mutual understanding. This 'fusion' results in the horizons of both the narrator and the interpreter taking part in a process of 'blending' (Hazzard, 2000). In the respect, the story listener is not in the business of being an expert in someone else's life (Kenyon and Randall, 1997). Rather, there is no 'true' story apart from a particular context or biographical encounter – a process referred to as the 'hermeneutic circle'.

Finally, while Collingwood (1946) and Gadamer (1960) both stress the transference of text or narrative to the present, where it is either re-enacted

(Collingwood) or enriched (Gadamer), Derrida (1972) stresses the text or narrative is simply transferred to a new context. Here, new meanings are both created and produced. This moves away from Collingwood and Gadamer's suggestion of 'made' meaning to one where no unity or meaning exists and where each text or narrative is open to an infinite number of interpretations.

My discussion here is necessarily brief. My aim is not to attempt to reconcile these positions but to outline a commonality which may be used in relation to the exploration of embodied experience. As Widdershoven outlines,

... all share the idea that life and the story are internally related ... life is both more and less than a story ... more in that it is the basis of a variety of stories and less in that it is unfinished and unclear as long as there are no stories told about it. The intertwining of experience and story lies at the heart of individual life ... and understanding (1993: 19).

In the following chapter, I discuss the influence of this position in my approach to the exploration of women's experience of infertility and assisted reproductive procedures and particularly the use of life story interviews and solicited diaries as methods of access. Further, I also explain and justify my use of the virtual realm as a tool of access to participants in this field.

## Methods: Time Tools and Temporal Markers

The preceding chapter has outlined the hermeneutic, narrative and biographical influence within my approach towards the exploration of women's experience in this field. I argue understanding this experience must take place within the dialogical encounter over time, as part of the interpretive act itself and as part of the *ongoing* development of the participants viewpoints during the telling of their experiences. This is a critical longitudinal component to my approach which may capture temporal markers and episodes as the stories of women's experiences unfold, reflecting my earlier suggestion that 'how we know' may be both an emergent process and one caught up in a 'web of intimate social relations' (Mauthner, 2002: 32). 'Time' here infiltrates my entire research design, as an early conceptual device and as a critical component of my methodological position.

Further, the understanding of gendered embodiment as a process of becoming and of emergence must reside in the exploration of the web of meanings created which allow the individual to negotiate their way through the ordinary events and encounters of their lives with others. 'Meaning' in this sense, does not exist externally waiting to be grasped but is there to be understood and reached through time. This is a point of view that bears some relation to Schutz's (1970) notion that participants possess a stock of knowledge that is simultaneously substantive, reflexive and emergent.

Relatedly and in reference to the stories of the chronically ill, Charmaz (2002) illustrates the link between the story and the emerging experience:

By understanding both stories and silences – what lies between them – as well as when, why and how they emerge, social scientists gain a nuanced, processual analysis of how their research participants and they, themselves, construct meanings about self and subjective existence (2002: 306).

Charmaz (2002: 304-306) argues addressing both the stories *and* silences of the chronically ill brings bodily experiences into analytic purview and opens the window to views that are frequently suppressed. This partially reflects Goffman's (1963) earlier suggestion that stories and silences are strategies to 'manage' experience. The task, therefore, is to portray participants' lives in all their complexity. I aim to illustrate how women both talk about their bodies and make sense of their experiences.

This is a position reflected in my choice of method, incorporating life story interviews and researcher-solicited diaries. The life story provides a longitudinal tool, illuminating the encounter between the self, the life course and society (Bellaby, 1991) and is, critically, a viewpoint both aware of and centred upon the passage of time (Miller, 2000). Further, utilising this perspective also succeeds in moving beyond an atomistic perspective (based only on the present) or a solely historical perspective (moving from the past to the present). Significantly, this perspective acknowledges that individuals have both past experiences and future aspirations that are part of their decision-making processes of the present. As I have underlined, my narrative and hermeneutically influenced biographical position shifts the methodological process away from information gathering (and emphasis on asking the 'right'

questions) to the interaction itself 'where the focus is in the process, on the dynamic unfolding of the subject's viewpoint' (Anderson and Jack, 1991: 23). McRae (1994) underlines the way in which a story serves to uncover and construct a personal identity. Significantly, this personal identity is not made up of solely autobiographical description. The point McRae (1994) makes is that it is not just the stories people tell about themselves but also the stories that people tell about other people, other experiences and their moral and social universe, which may serve to reveal their own selves. In this respect, the life story may lead us beyond the meaning in the story itself to possible greater meaning for some stories – new ways of understanding how people see and experience their own lives and what is important in them (Atkinson, 1998: 73). In the following sections and subsequent chapters, I aim to develop this point in more detail in relation to the exploration of the female body, embodied experience and the conceptualisation of gendered embodiment as a process of becoming. In particular, I will illustrate the sense and process of meaning-making and embodied becoming through participants conceptualisation of the experience of infertility as a 'turning point'.

#### *Time tools: the life story and the diary*

Particular types of data pertinent to the life story approach are suggested by a number of authors (Denzin, 1970; Plummer, 1983, 1995, 2001; Geiger, 1986; Dex, 1991). These include: autobiographies/biographies, journals, diaries, letters, poetry, novels, oral histories and the life interview. For the purposes of this research, I am concerned with the solicitation of data in two forms: life story interviews and researcher-solicited diaries. My adoption of the



life story as a method of approach acknowledges Miller's (2000: 139-144) distinction between the life *history* as the recollection of the empirical facts of a lifetime and the life *story* – a *depiction* of the events of a lifetime, or active construction of the participant's view of their life. There is no single 'best' or 'correct' construction here. In the following sections, I explore the advantages and limitations of these techniques.

### *Approaching the life story: past, present and future*

As Bellaby (1991) suggests, the life history provides a longitudinal tool which illuminates the encounter between the self, the life course and society. For example, Dex (1991: 1-15) found life, employment and work experiences are bound together – life could not be understood without the experience of work and vice-versa. This underlines the need to pay attention to wider contextual factors (Bowes, Dar and Sim, 1997), recognising the importance of the overlap between individual lives and wider social forces. As Dex (1991: 1) argues, 'the past, or the lapse of time, is a crucial factor in understanding the present'. This is perhaps an obvious, yet often overlooked observation and a point underlining my approach which aims to 'weave between biological body needs, immediate social groups, personal definitions of a situation and historical change both in one's own life and in the outside world' (Plummer, 1983: 67). For the purposes of my research, a more effective exploration of gendered embodiment must be located within the exploration of the web of meanings created which allows the individual to negotiate their way through the ordinary events of the life course and encounters with others.

One of the key strengths of this approach is the provision of a substantial picture of a person's life and, from my perspective, both the narrator, reader and researcher enters into those same experiences. My aim is to use this approach as a means of exploring the experience of infertility and the impact of perceived bodily dysfunction both on and through participant's perceptions of their movement through both the life course and treatment choices. This also echoes Atkinson's (1998) sentiment that,

We become fully aware, fully conscious of our own lives through the process of putting them together in story form. It is through our story that we gain context and recognise meaning ... Telling our story enables us to be heard, recognised and acknowledged by others. Stories make the implicit explicit, the hidden seen, the unformed formed and the confusing clear (1998: 7).

The life story interviews will focus on a number of areas of interest developed chronologically and loosely related to specific conceptual areas of interest<sup>20</sup>. While I utilise Atkinson's (1998) thematic framework, the potential significance of these areas has also been suggested by my previous research (Illingworth, 2000; 2001). However, these areas are not considered as definitive, allowing for digression, new themes and underlining the strength of a grounded and emergent approach. Further, my early contact with participants will utilise a 'time line' approach, requesting participants to outline what they consider as the most significant experiences and areas of their lives thus far<sup>21</sup>.

A naïve understanding of the biographical perspective is to suggest that the entire biographical experience should be reconstructed and analysed. A 'biographical life' does not have to incorporate a review of every event in a

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<sup>20</sup> See Appendix IV

<sup>21</sup> See Appendix II

person's life but, instead, should search for a 'general pattern of orientation' (Rosenthal, 1993: 63) and the relation of a single event, actions and experience to other events, actions and experiences (Rosenthal, 1993: 64). This also echoes Josselson's (1995: 27-45) argument that we must refrain from reducing people to their parts and recognise, in the interplay of parts, the essence of wholeness – a conceptual position which also underlines and relates to my earlier discussion of the significance of 'turning points' (Charmaz, 1994). The areas focused upon<sup>22</sup> can be considered as potential transition periods during the participant's life course which may highlight the 'the interplay between actor and social structure – how the individual has negotiated a path through a changing social structure' (Miller, 2000: 75). Again, this underlines my primary argument that the significance of the female body and the gendered experience of embodiment as a process of becoming may be more effectively explored at a temporal level, through periods of influence, change or transition and through the connection of these parts. As I have suggested, the reproductive arena, and within this women's experiences of infertility as a site of exploration, may prove critical.

In fashioning these areas of exploration chronologically, I aim firstly to explore how participants make sense of their lives, negotiate the transitions between differing stages of the life course and explore what is significant within these transitions or 'turning points' (Charmaz, 1994). Secondly and in relation to the body, I aim to explore how participants select, from an unlimited array, moments or experiences that are deemed significant and link them

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<sup>22</sup> See Appendix IV

together, a process which moves beyond the simple chronological review and can be best described as potentially establishing some of the 'main lines of the plot' (Ochberg, 1994: 119). In so doing, I underline the point that a biographical perspective does not necessarily imply that every single event that ever took place in an individual's life should be reviewed. As Wengraf<sup>23</sup> (2000: 145) outlines,

1. The 'lived life' is composed of the uncontroversial hard biographical data that can be abstracted from the interview material and any other helpful source. This is seen as a long chronological sequence of 'objective' historical facts about the person's life, the life-events as they happened, independently of whether or how they are referred to in the interview.

2. The 'told story' is the way that the person presents him or herself – both in their initial narrative and in their answers to specific questions – by selecting certain events in their life (and omitting others) and by handling them in a certain way (and not in another).

Likewise, I do not suggest that interviews will be conducted or will finally emerge in a neat and chronological fashion and, indeed, are more likely to be a process of reflexive and reflective stepping backwards and forwards. What I aim for is the 'gestalt sense of biography as a comprehensive, general pattern of orientation' (Rosenthal, 1993: 63) in which biographically relevant experiences are linked up in a temporally and thematically consistent pattern (Fischer, 1982). It is the *connection* between events, actions and experiences which is of interest to my research and the exploration of women's embodied experience in this field. The life story is not about what has escaped forgetting, it is about what has *survived* the process, *what* has been chosen, highlighted and enshrined (Wiener and Rosenwald, 1993).

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<sup>23</sup> The 'biographic interpretive method', Wengraf, 2000.

### *Solicited diaries: context, process and time*

The use of the diary suffers from relative invisibility within the research tradition, although there are some notable exceptions (Douglas, 1967; Burgess, 1983; Finch, 1983; Coxon, 1996; Corti, 1997; Denzin, 1970; Elliot, 1997; Bell, 1998; Miller, 1998). However, the use of the diary in social research has a contribution to make which differs from life story accounts or in-depth interviews. As Plummer (1983: 17) argues, the diary chronicles 'the contemporaneous flow of public and private events that are significant to the diarists'.

Coxon (1996) has undertaken substantial work employing the diary, using a range of methods in his exploration of gay men's sexual behaviour<sup>24</sup> and it is useful to explore some of his points in relation to my own research. One of the primary issues informing Coxon's choice of method was the perceived danger of sole reliance on interview data. Differences between inferences obtained from interviews and the picture revealed from the sexual diaries were more than trivial (Coxon, 1996: vii). In relation to sexual behaviour, Coxon argues this highlights the shortcoming of sole reliance on the most usual context of data collection – the interview setting – and gave grounds for scepticism. Further, much of the information obtained about sexual activity in the interview context itself could be considered 'atomistic', of the part as opposed to of the whole and thus out of context. Much was learnt about how often something was done but little was learnt about the context in which it took place and the sequence in which it occurred (Coxon, 1996: 20). These were factors which, if

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<sup>24</sup> These include diaries, sexual playbooks and observing and participating in 'cottaging' and 'cruising' behaviour.

not known, seriously impinged on understanding the meaning of sexual behaviour.

At a more general level, the more practical advantages of solicited diary techniques are, firstly, as an alternative to the conventional interview method, particularly when events are difficult to recall accurately, are easily forgotten or difficult to voice. The diary may be potentially adaptive to gathering reliable information on the temporal and contextual nature of experience so that change, reflection and reassessment may be more easily charted. Secondly, the use of the diary may act as an aid, or alternative technique, in overcoming some of the problems associated with collecting sensitive information by personal interview. For example, asking women to speak about their experiences is not necessarily a straightforward issue, a point particularly applicable to this field. Miller's (1998) research on the process of becoming a mother underlined the use of the diary as a means of illuminating the interweaving of the 'public' (professional/medical knowledge), 'private' (informal/lay knowledge) and 'personal' within participant commentary. The importance of time and the transition between differing temporal markers in this process is one that bears direct relevance to this project. Finally, the diary provides a means of accessing phenomena which are not amenable to observation, for example, responses to illness or, for the purposes of this research, response to diagnosis and subsequent treatment choices and experiences. The diary acts as a useful and flexible tool when there is a need to record and track events and experiences in detail, as closely as possible to when they occur and exploring the movement of narrative commentary

*through* the process. For example, During Elliot's (1997) research, the use of diary-keeping served to bring to the foreground issues about illness which were commonly at the back of people's minds.

Bell (1998) identifies several themes underlying the use of diary methods in social research. Relevant to this research are notions of time, of the public and the private, the inter-relationships between these themes and connections between the researcher and the researched. The 'diary-interview' technique<sup>25</sup> has earlier been described by Zimmerman and Weider (1977) somewhat strongly as a means of the 'interrogation of the informant'. Moving away from this position, I suggest that the diary-interview technique also provides the opportunity for advanced diary analysis, giving participants the opportunity to reflect and expand on issues raised within the diary itself, a form of 'participant validation' suggested by Morrison and Galloway (1996). Further, Bell (1998: 79) argues that 'using diary materials as an unobtrusive observation by itself does little to unravel the private meanings applicable to each women' participating in her research. More specifically, meanings *emerged* during the course of her research and as a product of the combination of interviewing, use of diary methods and participant observation.

In relation to my exploration of embodied experience within this field, my adaptation of the diary-interview technique<sup>26</sup> (Zimmerman and Weider, 1977) may prove useful as an instrument of agency and one, critically, where both observation *and* interaction is possible. Further, the (researcher solicited)

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<sup>25</sup> The 'diary-interview' technique combines participant diary-keeping with a post-diary interview.

<sup>26</sup> My adaptation includes continued researcher-participant diary feedback sessions during the course of diary-keeping.

diary potentially gives access to experience which crosses the boundaries between the personal and the public and may act as a way of avoiding the epistemological difficulties involved in the researcher's observation and interpretation of participant viewpoints (Bell, 1998: 76-77; Morrison and Galloway, 1996).

A number of limitations have been raised by several authors concerning the use of the life story technique (Plummer, 1983; Burgess, 1991; Bowes et al, 1997) and the use of diaries within the research process (Gibson, 1995; Elliot, 1997; Bell, 1998). My intention here is to illustrate how my ontological and epistemological positioning accommodates these perceived difficulties, a point which also bears relation to my method of access in this field, which I will discuss in the following section.

In relation to the life story technique, I am concerned with issues of bias, distortion or deception. Plummer (1983: 103) outlines three potential sources of bias which may be encountered. Firstly, participant bias, including the rehearsal of stories and preconceptions of what the 'interviewer' wants. Secondly, 'researcher-respondent' relations. Difficulties here include, for example, potential prejudices, the influence of social characteristics and the encouragement or distortion of more 'sensational' episodes. Finally, Plummer (1983) underlines the effect of the interview itself as a form of interaction.

In response and in relation to the problem of bias, to remove this completely would serve to anaesthetise the individual's subjective experience (Plummer,



1983). Such a concern with bias also points towards the possible attainment of an underlying 'truth' (Bowes et al, 1997: 113), a point I have problematised above in relation to my hermeneutically-influenced approach. Further, the suggestion of bias is not solely confined to the respondent. One of the most obdurate problems suggested here is the replication of the researcher within the analysed views of the researched. This is a question of the degree to which the accounts reflect or depict what the researcher is looking at. In agreement with Bowes (et al, 1997), the route to overcoming these problems is not via the decontamination of research but by contextualising data within a reflexive view of the research process.

My point here is not the attainment of a 'pure' story but an awareness and understanding that the factors and processes which influence accounts reflect world views which 'draw both on a shared fund of ideas, or a culture, and on the individual teller's life experiences' (Bowes et al, 1997: 116). In relation to the research process, understanding the individual account requires *engagement*, a point again influenced by both feminist and hermeneutic approaches. More specifically in relation to solicited diaries, Gibson (1995) problematises the use of the solicited diary as a tool to reveal private accounts, questioning whether diaries commissioned for research purposes can be considered private documents. Diaries need to be acknowledged as constructed by *both* the writer and, through research and analysis, by the soliciting researcher (Bell, 1998: 82). Again, this is a point in keeping with my hermeneutic and narrative approach, embracing these perceived difficulties not as problems to be overcome but as part of authentic social interaction in

itself. To reach an understanding requires the engagement of, for example, bias and preconceptions. The point is not to free ourselves of preconception but to examine them within the dialogical encounter (Schwandt, 2000), a reflective practice that impacts upon the power relations at times inherent in the research process and makes the researcher, as well as the researched, the focus of critical appraisal. To underline, the 'self' is not necessarily a troublesome element to be eradicated but, rather, can be seen as a set of resources (Olesen, 2000). As Charmaz (2002) argues, the narrator's trust in the interpreter or interviewer permits an exchange or flow of ideas to emerge. Further, 'the person reaffirms self and moral status through forming the story and articulating the moral message within it. The presence of the responsive interviewer further affirms the view of the self in the story' (Charmaz, 2002: 317). As I explore below, the application of a relatively 'new' medium in this field – the virtual realm and computer mediated communication (CMC) – may complement my support for this position.

#### *The internet matters: the internet as a research tool*

Mann and Stewart (2000) argue that in most conventional qualitative research, data in text form is 'obtained via face to face interaction in a real world social context' (2000: 181). As computer mediated communication (CMC) bypasses the face to face stage of this process, much recent debate centres on the effectiveness of CMC as a medium of information exchange. Central to this debate is the potential for CMC to offer a new dimension to longstanding debates about the quality of data that can be collected using face to face as opposed to solicited or unsolicited written materials – the 'oral-

writing dichotomy' (Mann and Stewart, 2000: 182). For example, in relation to the written text, Good (1996) argues,

Spontaneity is lost; the communication is impoverished in terms of its social and emotional content; and the precision of the written page can exert its own form of pedantic tyranny as the prospects for negotiating meaning are reduced (1996: 82).

Alternatively, Temple (1994) argues,

The written account is an interaction between author and reader just as the oral is an interaction between speaker and listener. Moreover, the written account can also serve to evoke emotion, tension, and irony by its interactive qualities (1994: 38).

However, Mann and Stewart (2000: 182) argue that the importance of CMC is in its capacity to offer a new dimension to this debate and one which combines the characteristics of both oral *and* written communication. CMC offers the opportunity to overlap this dichotomy as 'writing that very often reads as if it were being spoken – that is, as if the sender were writing talking' (Davis and Brewer, 1997: 2) and it is this feature which may usefully complement my methodological position.

However, while the use of the internet as a research tool is becoming increasingly widespread (see Cornick, 1995; Sproull, 1996; Coomber, 1997; Chen and Hinton, 1999; Jones, 1999; O'Connor and Madge, 2001), I argue the temptation to see this development as a new, fertile and potentially irresistible research terrain must be both resisted and countered (Jones, 1999; Illingworth, 2001). Of primary importance to the research community must be the issue of justification and the extent to which this type of investigation benefits and is applicable to the methodological stance

embraced. This is an issue I have highlighted above and which I will develop further below and through my analysis sections.

The computer/user relationship has been described as the apotheosis of post-enlightenment separation of the body from the mind, 'a supremely post-modernist position, which denies any 'reality' to fleshy bodies that are not constructed through culture' (Lupton, 1995: 100). This is a dualism already problematised in relation to our understanding of the body within sociology yet which still perpetuates within the discipline and is again reflected in the conceptualisation of the internet as a form of disembodied interaction. I argue against this stance, underlining my position that online research may offer new possibilities. In the case of my earlier research (Illingworth, 2000; 2001), the virtual realm opened the door to a previously hidden world of experience<sup>27</sup>. Nguyen and Alexander (1996) and Matheson (1992) also refer to a general awareness that people are more willing to interface with a computer screen than talk directly, feel less inhibited by the evaluation of others and appear more aware of their private selves online. As Mann and Stewart (2000: 95) argue,

The ability of the computer to reflect a person back to themselves opens up the possibility that for some individuals, computer mediated communication ... may be an ideal method to generate rich data about the subjective self, a self accessed in what may be experienced as an almost transparent process of relating to one's own consciousness.

While I refrain from suggesting that the internet or the virtual realm can be considered as a research setting *par excellence*, this counters the suggestion that the internet exposes multiple personas and varying presentations of the

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<sup>27</sup> See also Sveilich, 1995

self (Turkle, 1995; Bromberg, 1996). Identity *may* be fluid and potentially multiple on the internet but people similarly engage in these practices in other arenas of everyday life and did so prior to the introduction of the online forum (Kendall, 1999). As Bromberg (1996: 148) suggests, while the character and anonymity of the internet does have the potential to act like a mask, it may also have the effect of 'bringing out what you're really like deep down inside', a point of relevance to this project and which I will develop further in subsequent chapters.

It has been well documented that disadvantaged and marginalised groups may use the internet as a means of social contact and support (Jones, 1997). The potential of the internet as a research tool lies not just in 'group' accessibility but in its potential to reach individuals who do not necessarily fully participate in an offline group or social setting. This becomes more applicable when the primary aim of the research project is not necessarily to research a particular and defined group of internet users *per se* but to use the internet as a doorway to, for example, difficult to access individuals. During my previous research (Illingworth, 2000; 2001), difficulties encountered accessing individuals in the more conventional research field reinforced my reliance on and support for the virtual realm as a point of access. Firstly, online participation offered personal anonymity in a very emotive field. Secondly, a number of respondents emphasised their reluctance to participate had the research been conducted within a more conventional and face to face setting. Finally, respondents also highlighted the potentially detrimental effects of power relations in this field through unwillingness to participate in research

conducted in a clinical setting, particularly within a designated assisted conception unit.

However, a cautionary point must be added here. The use of CMC does not automatically entail self-disclosure and its effectiveness is much dependent on the context, content and purpose of the research itself. The appropriateness of this method as a current point of access was underlined by the opinions of my earlier participants. Further, this is enhanced by my privileged position in terms of prior experience, further justifying my decision to continue to explore and research in this field. In this respect, the virtual realm presented a more neutral and hence egalitarian space for communication within a research setting.

However, the notion that virtual communication and participation fosters a 'democratisation of exchange', promoting non-coercive, anti-hierarchical dialogue and thus underlining its potential as an ideal medium for conducting unbiased research is one promoted by many 'cues filtered out' theorists (see Spender, 1995). Yet, as both Kendall (1999) and Mann and Stewart (2000) highlight, the potential for diffused power relations emphasising the apparently egalitarian nature of computer-mediated communication cannot be presumed. While this medium may eliminate the visual social cues which arguably inform power relations in the conventional research setting (Mann and Stewart, 2000: 162), anonymity and the lack of visual cues online does not necessarily equal an 'absence of identity' (Kendall, 1999: 66). Nor should it presume an equalisation of power relations in the setting. The *lack* of visual cues may

contribute to the development of alternative power relations and increase aural and tactile awareness (Mann and Stewart, 2000; Illingworth, 2001), providing a potential set of 'assumed identity facts' (Kendall, 1999: 66). As Kendall (1999: 70) suggests, this necessitates spending time online learning to interpret participants and recognise nuance, a requirement which is built in to my research design.

### *Research Design*

Any qualitative study is designed differently depending on the type of qualitative research and the tradition of inquiry that frames it. My emerging theory has been generated through earlier data collection and analysis (Illingworth, 2000; 2001), exposing new areas that require exploration and forming an initial theoretical schema, broadly in keeping with the notion that the process of data collection should be an inductive one and guided by emerging theory (Glaser and Strauss, 1967: 45; Strauss, 1987). One of my central concerns has been developing a theoretical and empirically driven framework that can be used to effectively explore women's embodied experiences, focusing on the potentially temporal, emergent and contextual nature of embodied experience and the form this takes. However, this is not without difficulty, as the following sections illustrate.

Sampling decisions have been conceptually driven, progressively, in a (loosely) grounded theory mode (Miles and Huberman, 1994). At the centre of this framework are the experiences of women both reflecting upon and living through infertility. Research participants thus typify certain conceptually based

'types'. I utilised purposive and snowball sampling procedures to identify cases on the basis of their relevance to my research questions, theoretical position, analytical framework and the account I am developing (Patton, 1990; Miles and Huberman, 1994; Mason, 1996; Flick, 1998; Marshall and Rossman, 1998). Therefore, in this research, the relationship that exists between the participant group and the wider population is not one that can be defined as statistically representative and, instead, remains theoretically defined. My target group, by definition, remains representative of the phenomena of interest as opposed to the wider population.

### *The participant group*

This position, alongside the emergent nature of my approach, suggested the final number of participants necessarily remained unspecified at the beginning of fieldwork, a process driven by conceptual questions and the *conditions* of understanding rather than a concern for representativeness (Miles and Huberman, 1994: 27; Miller, 2000).

My sampling decisions, using purposive and snowballing strategies and based on choosing women who typified certain conceptually based types, reflect my movement around the empirical field and include: women recently diagnosed and experiencing treatment options and choices for the first time; women previously having had successful infertility treatment and who were undergoing further treatment; women who had experienced previously unsuccessful treatment and who were undergoing further treatment; women who had previously had successful treatment and who had no plans for



further treatment and women who had experienced earlier diagnosis and/or unsuccessful treatment and had made the decision to remain childfree. This process ceased when 'theoretical saturation' (an indicator when fieldwork can cease) was reached, a process which can be likened to Lincoln and Guba's (1985: 202) criterion of 'redundancy' – fieldwork is terminated when no new information is forthcoming.

### *Data Collection*

Four potential online support groups were identified. Two of these groups were known to me previously (Groups 1 and 2) and a further two groups (Groups 3 and 4) were identified by members of Group 1 and Group 2 either passing my details on or advising me of an active group to contact.

### *Access*

Group 1 was initially contacted August, 2001. I forwarded details concerning the nature of my current research and previous experience/research in this field. Research access was confirmed via the site moderator. Following Rosenthal (1975), I posted a series of repeat calls for research participants via the site Bulletin Board. These messages were posted December 2001, January 2002 and February 2002.

In February 2002, Group 2 confirmed research access via the site moderator. Again, I posted a series of messages via the site Bulletin Board and topic-focused discussion groups. While I had accessed this site previously (Illingworth, 2000), I attracted far less response than I had anticipated (5

responses). However, a search of related discussion sites revealed several negative comments towards later research conducted using the site, which I attributed as a contributing factor.

Group 3 was accessed February 2002. I had been advised of this group by several members of Group 1. Access was approved by the group moderator, alongside a request to participate and a request to pass my research call on to another active discussion site – Group 4. I posted repeat research calls to the discussion site over a period of 2 weeks.

Group 4 was initially informed of my research via the moderator of Group 3. This forum is related to Group 3 in the form of a ‘progression’ site (termed ‘graduation’ by a number of forum members). Members of the forum comprise those having experienced ‘successful’ infertility treatment. Again, I posted repeated research calls to the discussion site over a period of two weeks.

### *Responses*

I received the largest response from Group 3. Although Group 4 comprised a similar sized group and related discussion forum, the comparative lack of response from this group may highlight the importance of the notion of ‘graduation’ described by a number of Group 3 and Group 4 members. Initial explorations suggested ‘moving on’ as both an experience and a process was central to this group. By comparison, topics for discussion suggested both infertility and related treatment experience remained in the background. This

discussion forum maintained a direct focus on the present – pregnancy, early parenthood and related concerns.

By the end of February, 2002 I had received 36 responses to my research calls.

### *Research Communications*

The importance of prolonged introductory contact should not be understated, particularly applicable within the virtual field and the absence of face to face communication. Providing a mass of early information may contribute to 'information overload' and potentially, a lack of consideration of the full extent of participation.. A stage by stage and gradual introduction process allowed time for a more considered response, a point relevant given the nature and sensitivity of my research and methods employed. The stages and time frames of research contact are described in sequence below:

- December 2001 – February 2002: Discussion/Forum/Bulletin Board research calls posted, outlining research and advising contact points.
- February – March 2002: First Response Reply: Once contact was received, I issued replies introducing myself further, outlining my research area in more detail, types of participation (life story interviews or participant diaries), information regarding anonymity/confidentiality (and alternative secure server access) and approximate time commitments. At this point, I also requested confirmation of interest in participating in either the life story interview or diary keeping.

- March 2002: Confirmation responses. Once I received participant responses and confirmation of interest in life story interviews or diary keeping, I forwarded more detailed information regarding either diary or life story interview participation (see Appendix 1) and confirming mutually agreed start dates.

### *Participant diaries*

Of the 36 responses to my research call, 14 respondents confirmed interest in keeping diaries through treatment. Of these initial 14, 1 respondent experienced a last minute cancellation of her treatment cycle; 1 respondent, after further consideration, advised she was both unable and *'unwilling to open a cupboard full of skeletons'*; a further two respondents commenced diary-keeping for a period of two weeks but contact subsequently ceased. After receiving my initial communications, a further 4 respondents did not contact me again. Of the remainder, 6 participants maintained diaries through treatment periods ranging from 7 – 28 weeks (March – September, 2002).

### *Diary keeping: time commitments and researcher contact*

For diarists (see Appendix 1) and in response to participant queries, I advised there should be no limit on either the time spent completing diary entries or the length of entries. Further, I confirmed I would re-contact periodically to acknowledge safe receipt of diary entries, provide the opportunity for feedback and clarification of issues raised within the diary.

### *Participant Life Story Interviews*

Of the 36 responses to my research call, 22 respondents confirmed interest in participating in life story interviews. After first contact information was forwarded and further information requested, 12 participants maintained interest at this stage. After mutually agreed starting dates for each interview were confirmed, 9 participants continued participation. Interviews were conducted consecutively, with a minimum completion time of 12 days and a maximum completion time of 5 weeks, between March – August, 2002. Initial stages of participant involvement included the development of a ‘time line’ (see Appendix II for example time line) to accustom participants to the process of the life story interview itself (Atkinson, 1998).

Using asynchronous email, interviews commenced with some general and exploratory questions (see Appendix IV). Email communication generally continued on a daily basis. After several communications, feedback sessions were arranged to reflect on the interview process, issues arising and, where necessary, raising further issues for clarification. After the interviews had finished, I forwarded collated transcripts of the interview to participants for further comment.

### *Data analysis, strategy and interpretation: a grounded approach?*

In this section, I describe my analytic strategy. In relation to my conceptualisation of embodied experience, I was, as Atkinson suggests, ‘trying to understand how this sense of self has evolved over time, perhaps as a result of key transitional experiences, how change and continuity interact in

a person's life, or how the self is defined in relation to the collective ...' (1998: 63). Further, the nature of experience in this field is one that may be emergent, relational and one to be explored within the dialogic encounter and interpretive act. This is a stance which necessarily required a more specified approach to the process of analysis itself.

During early analysis stages, I embraced, if loosely, grounded theory as an analytic strategy, developing coding techniques for both data reduction and data complication and potentially allowing me to expand, transform and reconceptualise the data (Coffey and Atkinson, 1996). However, my initial attempts at data analysis foundered almost immediately, resulting in my concern that I was failing to explore effectively the issues at hand. This was also informed by concerns over my methodological approach, influenced by feminist and hermeneutic positions, alongside the difficulty of reconciling issues of power within data analysis itself. To illustrate this, I initially began to develop core analytic files, extracting and coding recurring themes emerging from the data, building on these themes and coding data segments into thematic files. Towards the end of this process, I was left with a series of files, effectively, as I thought, illustrating participants experience and dominant issues arising to guide my subsequent analytic progress. In particular I had developed a large file containing a series of data segments relating to the experiential body. However, my feelings of unease grew and I felt further removed from my project, and the potentially the processural and emergent nature of experience, as illustrated by Josselson (1995: 35):

‘ ... we live life forwards but understand it backwards. In understanding ourselves, we choose those facets of our experience that lead to the present and render our ... story coherent. Only from a hermeneutic position are we poised to study the genesis and revision of people making sense of themselves ... Narrative models of knowing are models of process *in process* ... personal narratives describe the road to the present and point the way to the future ...’

My concerns also revolved around the difficulty of exploring not just what was said but also what remained absent from the narratives. I subsequently time-tracked the texts, using a manual time-tracking procedure where each line of text was identifiable in terms of both source (diarist) and time (position within the treatment process). This procedure revealed that, while still a dominant thematic issue, the voicing of ‘body concerns’ emerged primarily at specific points during the treatment process. Thus, in the absence of a time centred method, an issue critical for understanding experience in this field may have remained at best, dormant and at worst, hidden. The point which I reiterate here is that an understanding of narrative content and subsequent thematic development, should not be developed out with an understanding of context (both context of treatment, movement through treatment, wider social/structural/cultural context, interaction with others and research participation), voice (the narrative as voice) and form (the narrative as function). For the purposes of this project, this can be seen as a continuous and intersecting movement between these different levels.

However, my discomfort reflected a need to question the full applicability of a grounded approach to this project. The issue of reflexivity – the reflection upon and understanding of our own personal, political and intellectual

biographies and making explicit my location in relation to participants – also necessarily remained a central concern as I sought an approach which foregrounded the participants voice while acknowledging my voice as ‘researcher’.

Grounded theory, introduced by Glaser and Strauss (1967) as a sociological method for empirical research, is appealing and particularly its embedded focus on human action and interaction. As Lomborg (2003) argues,

‘From a symbolic interactionist perspective, Glaser and Strauss provided a critique of the overspecialised deductive use of pre-established grand theories in sociology, and from this pragmatic position, combined with a rigorous, systematic approach, they developed their constant comparative method’.

However, as Mauthner and Doucet (1998) argue, issues of reflexivity, power, voice and authority, specifically within data analysis stages, remain of central concern. Further and as Morley (1997:140 cited in Letherby, 2002) argues, ‘no feminist study can be politically neutral, completely inductive or solely based on grounded theory, as all work is theoretically grounded’. Underlining my narrative and hermeneutic approach, special emphasis must be placed within my research design, analysis and subsequent thematic development on the interaction between researcher and participant through the entire research process. More specifically, my analytic strategy also required a process of self-examination, acknowledging how my own perspective may influence not only what is learned but also how it is learned (DePoy and Gitlin, 1994). Data collection itself can be considered an invasive procedure and perhaps more so than the bumps and grinds of everyday life



(Miller, 2000). However, in keeping with my methodological stance, my analytic and interpretive strategy required an approach which embraced these dimensions as not problems to be overcome but ones which offered further 'grist' or 'authentic social interaction' for the narrative mill (Miller, 2000: 129).

A return to the literature was needed and I explored a number of current analysis texts (Miles and Huberman, 1994; Coffey and Atkinson, 1996; Denzin and Lincoln, 2000). However, I found few examples (with the exception of Strauss and Corbin's 1998 text) of step by step analysis *in practice* and therefore little guidance on the translation of conceptual ideas to the research field. Further, within a qualitative approach, the influence of grounded theorising as an analytic strategy remains strong. As Charmaz (2000) notes, this stems from its position at the front of the qualitative revolution at a critical point in social science history. The following sections explore this and related analytic positioning in more depth.

### *A grounded silence*

A number of commentators (see Stanley and Wise, 1990; Maynard, 1994) rightly argue the response to the rejection of deductivism should not be located firmly within a purely inductive logic. As Stanley and Wise (1990: 22) argue, 'researchers cannot have "empty heads" in the way inductivism proposes'. However, my specific concern with a purely 'grounded' analytic approach centred on an inherent ontological silence or muteness within this approach. In a more recent development of this perspective, Charmaz (2000: 509-535) recognises the contested nature of grounded theory and some of

the critical challenges to its analytic techniques. These include, firstly, the limited entry into the subjective experience and the reduction in the understanding of that experience. Secondly, this position restricted the representation of *both* the social world and subjective experience. I use the following quotation from Strauss and Corbin to illustrate this position:

The aim of theoretical sampling is to sample events, incidents, and so forth, that are indicative of categories, their properties and dimensions ... we sample incidents and not persons *per se!* Our interest is in gathering data about what persons do or don't do in terms of action/interaction; the range of conditions that give rise to that action/interaction and its variations; how conditions change or stay the same over time and with what impact; also the consequences of either actual or failed action/interaction or of strategies never acted upon (1990: 177).

Finally, Charmaz argues this position relied upon the viewer's authority as expert observer, positing a set of objectivist procedures upon which analysis rests.

Developing an alternative approach and advocating a 'constructivist grounded theory', Charmaz (2000: 522) attempts to overcome these initial limitations, arguing 'researchers can use grounded theory to further their knowledge of subjective experience while neither remaining external from it not accepting objectivist assumptions and procedures'. Charmaz grounds this constructivist position in the assumption that social reality does not exist independently of human action, that 'people create and maintain meaningful worlds through dialectical processes of conferring meaning on their realities and acting within them ... thus social reality does not exist independently of human action' (2000: 522). In opposition to Glaser's (1978) assumption that we can gather our data unfettered by bias and biography, Charmaz argues 'A

constructivist approach recognises that the categories, concepts and theoretical level of analysis emerge from the researcher's interactions within the field and questions about the data' (2000: 522). Thus Charmaz outlines a compositional story, reflecting the viewer as well as the viewed and moving away from the objectivist grounded position that data provides a window on reality. The 'discovered' reality, argues Charmaz (2000: 524), arises from the interactive process and its temporal, cultural and structural contexts.

While my analytic approach has taken on board some of these points, by taking the position that there is no single or universal truth to the matter of interpretation, that knowledge can never be separated from experience, I argue the constructivist grounded position embraced by Charmaz (2000) still maintains a characteristic muteness on matters of ontology. Further and as I discussed in the preceding chapter, while I agree that we can never decisively determine the correctness of an interpretation – and this surely should not be the aim – the context of understanding, or traditions which constrain thought, are not powerful enough to place a limit on interpretation or the ability to decide *normatively* between differing interpretations. A biographical and hermeneutically-influenced approach trusts in the potential of the dialogic encounter and the interpretive act itself to disclose both 'meaning' and 'being', providing a more effective understanding in this field. To underline, my aim is not to reveal the truth – which surely cannot exist – but to clarify the *conditions* in which understanding may take place and emerge.

My analysis also differs from a purely grounded approach in the sense that I am concerned with understanding both the totality *and* the emergent nature of women's experience in this field. As I have discussed, grounded theorising involves early detailed analysis and coding procedures which simplify the research subject's reality, a process contrasting with my developing conceptual framework.

### *Analysing narrative: a relational ontology*

What is clear from my discussion so far is that analysis implies and requires principled choice (Coffey and Atkinson, 1996). Further, my strategy must equate with my narrative, biographical and hermeneutic approach to data collection, embracing the temporal and contextual dimensions of emergence and becoming. My awareness of the significance of this position occurred early on during fieldwork, particularly in relation to participant's re-working of initial commentary in relation to both further reflection and continuous feedback contact. This, I suggest, also underlines the sometime fiction of the non-biographical researcher's focus on the 'eternal present' (Miller, 2000: 157), a point of particular relevance to this project.

My approach towards data analysis is influenced by Mauthner and Doucet's (1998) adaptation of the voice-centred relational method<sup>28</sup>, Rosenthal's (1993: 53-91) method of objective-hermeneutic case reconstruction and Coffey and Atkinson's (1996: 54-81) emphasis on the exploration of narrative not only for

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<sup>28</sup> This method is detailed in Brown and Gilligan, 1992.

context but also on narrative as form, narrative as function and narrative as chronicle.

At the core of the voice-centred relational method is the idea of a *relational ontology* (Mauthner and Doucet, 1998: 125). This has its roots in clinical and literary approaches (Brown and Gilligan, 1992), interpretive and hermeneutic traditions (Brown et al, 1989; 1991; Gilligan et al, 1990) and relational theory. More specifically, the notion of a 'relational ontology' contrasts with the predominant ontological images of the Western philosophical tradition. This, as I have discussed, is a stance characterised by 'larger sets of ontological assumptions which have predominated in liberal political thought and the western philosophical tradition of a separate, self-sufficient, independent, rational 'self' or 'individual' (Mauthner and Doucet, 1998: 130), emphasising the idea of a 'relational being'. This posits the notion of the idea of human beings as embedded within complex webs of both intimate and larger social relations, a position which stresses neither dependency nor independency but, instead, *interdependency*. This moves away from earlier assumptions and involves more than simply returning the focus of investigation to the individual, or of reducing the social to the individual, a positioning which inevitably leads to charges of methodological individualism. Instead, this reconceptualisation must encourage the exploration of the *interconnections* between the personal and the social (Smith, 1999). In relation to this project, women's embodied experiences and the significance of the female body, this shifts the exploration and understanding of the biological body away from notions of independence and fixity towards a relational, temporal ontology and notion of

*interdependence*. Mauthner and Doucet's (1998) methodological approach and more concrete method of data analysis explores the individual narrative account in terms of their relationships to people around them (including the researcher-researched relationship) and 'their relationships to the broader social, structural and cultural contexts within which they live' (1998: 126).

In relation to the conceptualisation of the biological body and gendered embodiment as a 'process of becoming' (Birke, 2000), the following chapters illustrate and contextualise the emergence of 'body talk' through participants' narratives, the process of meaning-making within research participation itself and the interconnections between the body, the personal and the social in this field. This is also a position influenced by Connell's (1995: 60) argument that a 'sociology of the body' needs to be developed where bodies are seen as sharing in social agency. Critically, 'the body' here is never conceived of as 'alone' but as mutually interdependent with a number of other issues, allowing the exploration of the sense of balance and negotiation between the (embodied) individual and the wider structure in which they are situated. My use of multiple methods is central to this endeavour, reflecting my desire to be responsive to participants', the complexity of participants' lives and changes that may occur within them (Reinharz, 1992). As Reinharz (1992: 197) argues, understanding may be enhanced by attention to the differing layers of understanding and by using one type of data to validate another. Further, by 'triangulating distinct sources of information, the researcher both verifies an understanding and develops a more comprehensive picture of the phenomenon of interest' (DePoy and Gitlin, 1994: 275). While I do not

suggest that the use of multiple analytic strategies perhaps a more 'truthful' understanding, the adoption of differing strategies to respond to the same query may enhance the credibility of findings.

Data analysis is presented in 3 parts. Firstly, Chapter 6 presents life story data and a more detailed account of analytic procedures. Likewise, Chapter 7 presents diary analysis and Chapter 8 offers a final positional section drawing the data together.

## Data analysis I: The life story interviews

*Diane: The feelings I have now are totally irrelevant to the time before all this because these are issues I'd never spent much time thinking about. Why should I, we were all brought up thinking that we were super fertile and getting near a guy without contraception would make us pregnant – I spent so many years trying not to get pregnant this is life's biggest joke at my expense. I've never had to consider these issues as I never imagined I would be in this situation ... Now I'll talk to anyone. If they make a remark, they'll get the raw truth back – which embarrasses them way more than it does me – like the taxi-driver who asked why I don't have kids – I told him straight – I'm classed as a habitual aborter and can't get pregnant either!*

As I have outlined in the previous chapter, the broad framework of my analysis rests upon the use of time as a negotiated, experiential and analytic process. In this respect and as the above quotation illustrates, my approach to narrative analysis rests on the interdependency of three dimensions. Firstly, a *temporal dimension*, laying particular emphasis on the analysis of the life story narrative and issues arising within it through a temporal lens. Secondly, an *individual dimension*, laying emphasis on the subjective interpretation of events and experiences detailed. Finally, a *contextual and relational dimension*, laying emphasis on the transition between and subjective interpretation of differing temporal markers, movement through the (topically focused) life story and as situated within wider experiences. These include, for example, family, education, work, career and personal relations (Atkinson, 1998). In relation to this, specific emphasis here is placed on issues arising within the negotiation of



identified 'turning points' (Charmaz, 1994) or temporal markers, as I discuss below.

### *Organising principles: turning points*

My analytic approach here is also influenced by Denzin's (1994) emphasis on the significance of life 'epiphanies' as an analytic focus. My aim here is neither to test existing theory nor generate further theoretical frameworks in the forms of explanatory or causal model-building and subsequent display. Rather, my aim is to produce richly detailed narratives of personal experience. I mirror Denzin (1994: 510) here:

The focus of the research is on those life experiences (epiphanies) that radically alter and shape the meanings persons give to themselves and their life projects. In epiphanies, personal character is manifested and made apparent. By recording these experiences in detail and by listening to the stories people tell about them, the researcher is able to illuminate the moments of crisis that occur in a person's life.

Further, as Clausen (1998: 211) also argues, 'as men and women review episodes in their lives ... we find them discovering things about themselves that they had not known'. At times major turning points are frequently recognised only after one looks back long after the events or circumstances that produced the turning points.

The narrative extracts below illustrate this point further:

*Dorothy: ... everything in my life has changed because of infertility ... it has impacted big time ... I was really quite a shy person before ... I really feel passionately that there is a lack of understanding about just how infertility affects people and I just wanted to shout and say how much it does hurt and what impact it does have. I feel an intense relief that I am no longer where I was.*

*Karen: My goals in life ... I have just looked at them more closely ... instead of leaving them for the future. Just makes me think how short*

*life is as time is passing us by quick as we are struggling to become parents.*

*Pearl: Infertility has been a pivotal experience in my life ... it is hard to put into words to someone who hasn't gone through it that, although I successfully became pregnant and carried a pregnancy to joyous conclusion ... I STILL FEEL INFERTILE (original emphasis). I was just one of the lucky ones ... my mortality is much more real to me.*

*Janet: I guess that my divorce ... the decision (original emphasis) ... was a major turning point for me ... as if I was moving on with my life and the future was a blank canvas ... when I later met (partner) was another major turn for the better as my life seemed to be 'back on track' again. Infertility was something I had never considered – I didn't know anyone who had been through the experience and it was like a bolt from the blue that we found ourselves in that position. That had a big influence on my outlook towards life in general and put into perspective what was important to me personally and as a couple.*

The benefit of a non-directive interviewing style, eliciting intact a full narration by the participant (Rosenthal, 1993) and also assisting without imposing my own relevancies (Miller, 2000) proved critical during the interviews. In this respect, my approach used many open-ended questions and loose probes asking participants to expand, if necessary, while at the same time using participants own ordering and phrasing.

I must also more fully acknowledge and recognise here that as a researcher I am also part of this process, particularly in relation to my own prior experience and also within the process of analysis itself, a position which makes my approach a truly qualitative one. Life stories are interactional processes, evolving out of the genetic process of interaction (Miller, 2000) and attention to this is critical. Like Wills (1996), all the interviews shared two key elements - to give as much control as possible to participants and they were to be '*shared encounters*' (Wills, 1996: 49).

Acknowledging reflexivity as part of this process, I maintained a personal journal throughout the data collection process. During fieldwork, I forwarded brief ongoing summaries of the interview (and diary) narratives, providing the opportunity for corroboration or further reflection and feedback.

Many of the participant's stories are characterised by the desire for secrecy, reluctance to talk to others and consequent isolation. During these periods of feedback, participants described the interview both as a positive and also therapeutic experience. Further, a number of participants had yet to fully 'make sense' of their experiences. This was a process which at times began during the course of the interview itself, again underlining the significance of the hermeneutic influence within my research. This also justifies my detailed and lengthy focus on the individual life story and diary narratives throughout this and the following chapter. In agreement with Mauthner and Doucet (1998: 135), this

'embodies respect for individual respondents within the research context. If we do not take the time and the trouble to listen to our respondents, data analysis risks simply confirming what we already know. If this is the case, in no way has the respondent changed our view or understanding, thus defeating the point of doing the study in the first place'.

The lack of explanatory or causal frameworks within my analysis does not, however, suggest my analysis is therefore devoid of a general theoretical framework. The notion of 'epiphanies' or 'turning points' is such an organising principle or general theoretical framework (Coffey and Atkinson, 1996: 145). Again underlining the hermeneutic influence within my approach, my focus is on the *process* of meaning-making within the ebb and flow of experience (McNay, 2000) and within the research encounter itself. While every life may be filled

with 'little turning points' (Clausen, 1998) my primary interest is in the identification of major turning points or 'moments of crisis', as referred to by Denzin (1994). As I will illustrate, it is within the narration, recollection of and reflection upon these 'turning points' that some of the central themes in relation to participants' stories emerge within this project. This underlines my earlier point that there may be some aspects of experience, particularly in relation to embodied experiences, which are not linguistically constituted in the first instance but which may emerge over time.

### *The life story: layers and processes of meaning-making*

The findings I present here illustrate the sense and process of meaning-making and embodied becoming through participant conceptualisation of the experience of infertility as a 'turning point', developing both through the narration of and reflection upon the life story and participation within the interview itself. Paying attention to the notion of life-story giving as an interactional process (Miller, 2000) also underlines the importance of participants' periods of reflection during the course of the interview. This is a process aided by the use of asynchronous computer-mediated discussion, allowing time for both distance and reflecting and eliciting rich and reflective data.

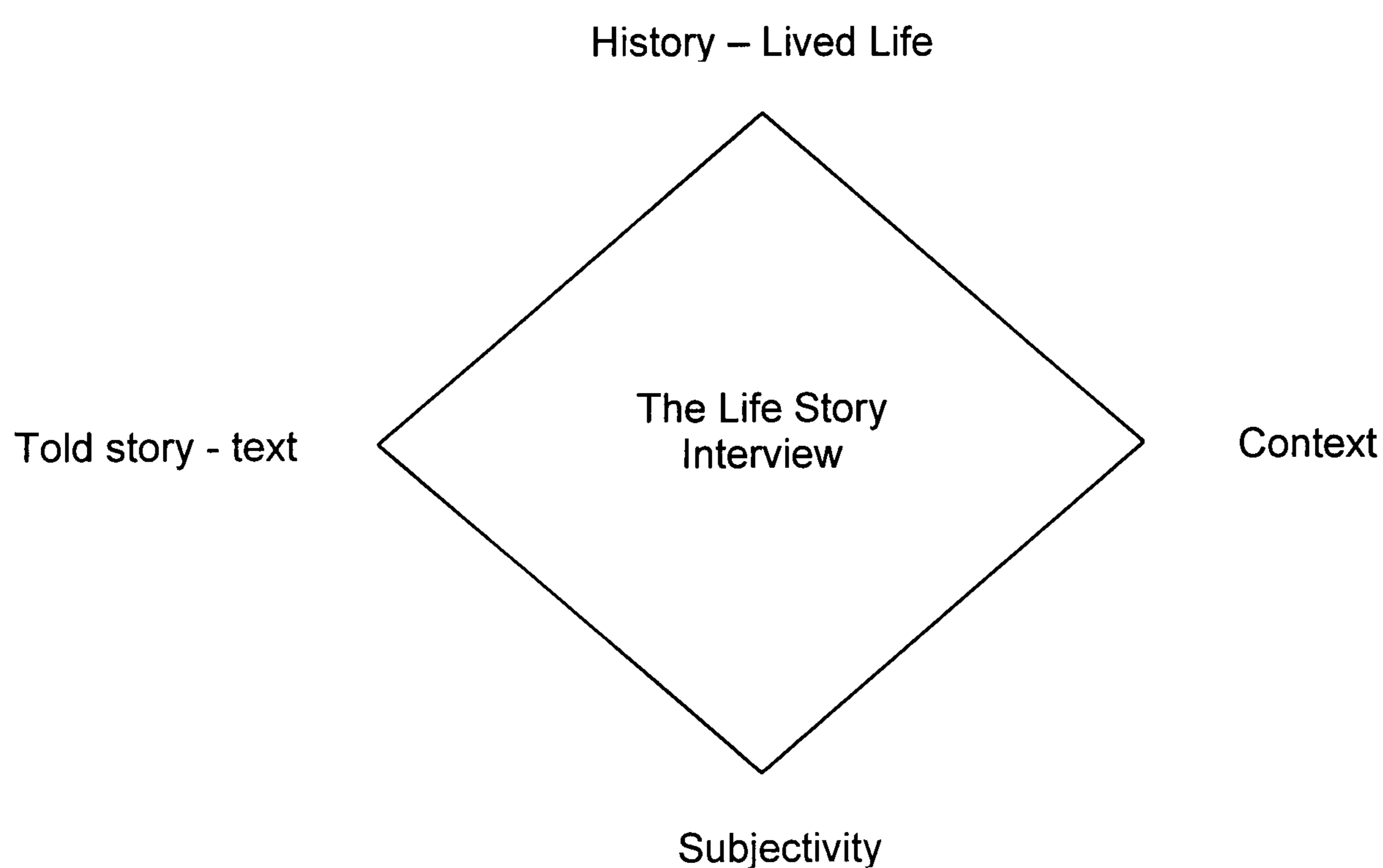
However, I do not suggest that the use of CMC may be considered as a research tool *par excellence*<sup>29</sup> or that my narrative approach sees social reality

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<sup>29</sup> Indeed, the use of CMC can be considered, at times, as prohibitive. My initial aim to commence two interviews concurrently proved impractical. I was unable to maintain a clear and developed focus on each interview. As a result, I conducted interviews consecutively. The minimum completion time was 12 days and the maximum approaching 5 weeks.

as completely relative, fluid and malleable. As Miller (2000: 130) argues, ‘a respondent’s situation in social structures and networks will impose parameters upon their freedom of manoeuvre, even though the options may remain wide’. Further, my research is located within a sensitive field where the majority of participants had yet to fully make sense of their experiences. My aim here is to focus upon how participants begin to make sense of both their experience and position within the course of the interview, underlining my emphasis on not only data content but the subjective negotiation and interpretation occurring during the interview itself. In Figure 1, I adapt Wengraf’s (2000: 148) diagrammatic display as illustration:

*Figure 1: The components of the life story interview*



Analytically, this process can be best described as ‘layered’ and one continually moving from the concrete and substantive details of the data, the minutia of the narrative, to some more general analytic themes on the other as I move through a series of data readings. More specifically, Mauthner and Doucet (1998) recommend at least three or more first readings of the text. My

aim here, however, is not to suggest this series of readings provides a more authentic portrayal of participants narratives. Rather, I use this layered strategy to explore differing facets of the narratives. Table 1 illustrates each stage of life story analysis and the readings undertaken. The substantive elements identified will be used to think with and begin to move away from anchorage in the narrative towards the end of this and through following chapters. The differing layers and in particular the collation of the life history with the life story lays the ground for this more developed thematic analysis (Rosenthal and Bar-On, 1992). While it is important to underline here that thematic development is not a separate but an ongoing process through data collection and data analysis, this final move can be described as movement away from the substantive elements identified within the localised setting of the research itself, to an engagement with 'formal ideas at a more general level' (Coffey and Atkinson, 1996: 141).

Although time-consuming, the advantage of this layered approach is in becoming increasingly tuned to the individual case, listening for and noting issues, voices and accounts of negotiation and transition. Each subsequent interview and reading continued this focus on tracing, confirming or expanding issues and voices both across and within narrative transcripts until reaching 'saturation point'. In this respect, each interview generated resources for understanding subsequent interviews and vice versa (Wengraf, 2000). An awareness of each participant's negotiation through context and time is slowly built through each reading and through the process of constant comparison

(Strauss, 1987). In this respect, I initially make much use of narrative extract as illustration.

*Table 1: Layered readings: the process of analysis*

<p><b>Stage 1</b></p> <p><b>Reading 1:</b> The lived life: reading for the plot and reconstructive analysis <b>Reading 2:</b> The told story: narrative organisation and development <b>Reading 3:</b> Stories of many voices: reading for the voice of the 'I'</p> <ul style="list-style-type: none"><li>• The expectant voice</li><li>• The experiential voice</li><li>• The meaning voice</li></ul> <p><b>Reading 4:</b> Reading for relationships</p> <p><b>Stage 2</b> Thematic dimensions: going beyond the narrative and the story</p>
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In the following section, I present nine biographical 'overviews'<sup>30</sup>, prepared using initial participant 'time lines' (described in the following section) and after completing Readings 1 and 2. This reflects the complexity of participants' lives and experiences, underlining my intention to remain with the individual conceptualisation of the life story for a developed period. My focus on the notion of embodied experience in this field as a relational process of becoming first requires exploration of participant's frameworks of understanding, a process best described as exploring the dimensions of the room prior to the 'furnishing' of the remaining readings (3 and 4) and finally Stage 2. My focus on analytic *content* at this point identifies a number of common elements or issues within participants' life story narration which I illustrate through the biographical overviews further below.

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<sup>30</sup> Of the nine completed interview, five participants became parents, two participants are continuing treatment, one participant has been refused further treatment and one participant has chosen, at this moment, to continue living childfree.

Following the biographies presented, Readings 3 and 4 are used to explore how participants speak about themselves with particular emphasis on 'how' the stories are told and how issues, decisions and experiences in relation to embodied experience in this field are perceived and related through a temporal framework. I begin to trace and build up the issues outlined further through Stage 2, as I will discuss further below.

### *Time Lines*

Prior to commencing the interview, participants were asked to complete a 'time line'. This had two purposes. Firstly, this assisted participant familiarity with the type and process of the interview. Secondly, participants were asked to highlight any significant events, experiences and encounters from earliest recollections to the present day. This is a more chronological reconstruction (Rosenthal, 1993; Wengraf, 2000) of the life course that may be used as part of the backdrop for the developing thematic analysis and comparison between the life *history* or 'lived live' (chronological reconstruction) and life *story* or 'told story' (its subjective interpretation). Initial notation here is developed into a diagrammatic 'time map' for each participant<sup>31</sup>. These act as early visual aids when dealing with a large quantity of data and as points of comparison, illustrating common elements and dimensions within the stories. The time line prepared for each participant helps centre the voice in the story, acting as a way of organising participants recounting of past, present and future experience within a viewable format. If the narratives have common elements, then the time lines provide useful and early points of

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<sup>31</sup> See Appendix III



comparison, providing evidence for the researcher of both the usefulness and trustworthiness of the methodology. However, it is important to underline here that I do not suggest any single story of chronology provides a full understanding of experience in this field. In contrast, each may provide 'pieces for a 'mosaic' or total picture of a concept (Marshall and Rossman, 1995: 88).

*Nine biographies: Dorothy, Janet, Karen, Diane, Margaret, Jayne, Kate, Pearl and Lisa*

*Biography 1: Dorothy*

*Dorothy (37) has been married for nearly 20 years to her partner, 13 years her senior. Dorothy describes her early school experiences as difficult, characterised by increasing withdrawal and isolation from her school cohort. This is described as the result of perceived inferiority, an early and negative bodily awareness and perceived failure to 'fit in'. Dorothy met her future partner aged 17, left school, gained employment and married aged 20. The period between 21-25 is described as work and leisure focused, developing a business partnership. Recounting this period, Dorothy reflects on her 'encounter' with bulimia and also the beginnings of (tentative) 'life plans', including children. From the age of 26, Dorothy spent 4 years trying to conceive before referral for infertility investigation. After 4 years, Dorothy gave birth to twins. A third child was conceived naturally, 2 years later.*

*Tracing Issues*

**Family relations:** Early years narrative is illustrated with the importance of parental bonds. *'First born child for my parents ... I have really fond memories of this time ... Rebellious punk within the confines of still doing what my mum and dad wanted me to!'* Subsequent narrative illustrates an increasing awareness of family expectation and finitude as Dorothy describes the loss of both grandparents and her mother is diagnosed with a terminal illness.

**Work and career:** Dorothy left school early, met her future partner, subsequent years being spent developing their own business. This remains as a central focus until conception difficulties are experienced.

**The body:** Dorothy describes an early and explicit awareness of body imagery and identity during her early years: *'Really shy person at school. Wear glasses and hate it. Like school but not really the children! Glasses,*

*curly hair and overweight is not really a good combination*’ then *‘Liberation! Contact Lens and spent all my lunch money on cigarettes, so got thinner too! First boyfriend at 14, went on the pill.’* This awareness resurfaces during perceived periods of crisis, conflict and confrontation during later years narration and diagnosis of infertility.

**Infertility:** The tests, diagnosis and treatment is initially described as *‘a process I had to go through ... initially I wasn’t bothered one way or another’*. Then, *‘ ... my attitude did change. It was only when I went for a laparoscopy that it really hit home that pregnancy was not a guaranteed outcome, which is when it started to become difficult ... when I realised it was not a foregone conclusion’*. Dorothy describes the increasing difficulties of challenging and confronting previously held assumptions and expectations.

**Control and planning:** The notion of control, of *‘the importance of being in control’* within Dorothy’s narrative is described as an emergent awareness, first remembered and experienced during periods of confrontation, particularly in relation to perceived bodily failure and, alongside, *‘ the difficulty of not being able to see anything beyond each day’* and plan the future.

**Time:** Initially referred to in relation to the death of close relatives and her mother’s terminal illness, Dorothy then describes a growing awareness of the perceived significance of time in relation to conception difficulties. This is a process of reflection, described by Dorothy as developing both prior to and during the interview itself.

## Biography 2: Janet

*Janet, 38, met her current partner after her first marriage had ended and recounts a difficult first marriage where children 'had not been an issue'. Describing her subsequent relief ending the marriage, 'taking control' and meeting her current partner, Janet emphasises her immediate decision to try to conceive within the early months of her second marriage. This brings into relief Janet's long-term commitment to having children. Narrative remains focused on these issues. Infertility investigation and treatment commences aged 30. At 35, Janet gave birth to twins.*

### Tracing Issues

**Family relations:** 'Early years' recollection is characterised by Janet's perceptions of this period as a *'time of innocence, security and lack of complication'*. Janet remains part of a strong and supportive family network, although not without some difficulties, throughout her experience of infertility and the subsequent treatment process.

**Work and career:** Janet's narrative outlines an early commitment to having children which, in the form of her chosen career path, is translated to a decision to work within a child-centred health care environment.

**Personal relations:** Janet's first marriage is described as *'a disaster area – I don't think anyone imagined there would be children from that relationship.'* Describing her second marriage, Janet underlines an early commitment to having children: *'In our case there was not a very long gap between the beginning of our partnership and trying for children – we were married within 11 months of meeting and were trying to conceive straight after our marriage as we both knew that we wanted children – preferably lots of them.'*

**Control and planning:** The importance of and ability to plan remained central within Janet's narrative. This takes the form of both early career planning and direction and is reflected in her long-term desire to have children. The importance of *'being in control'* emerges through the narrative and particularly in relation to controlling life direction, divorcing, moving on - *'taking the reins'* - remarriage and children. A lack of control is both experienced and described in relation to the failure, and final success, of fertility treatment.

**Infertility:** Infertility and investigation are again described as central 'turning points' – *'It caused me to rethink'* – reflected in perceptions of a lack of control, *'incompleteness'*, social isolation and stigma.

**The body:** The significance of the body and the impact of successive treatment failure in relation to self-perception is a theme which emerges towards the end of Janet's narrative and in relation to reflection on the success of treatment.

### *Biography 3: Karen*

*Karen, 36 is married to her partner, 14 years her senior. Karen married aged 30, the last of four siblings to marry. Prior to this, Karen remained focused on her career. Career decisions have been informed by her earlier childhood experiences, enjoying close sibling relationships and contact with younger children. Karen planned a 'family of my own' from early childhood and began trying to conceive within a year of marriage. After infertility diagnosis and five years of treatment, Karen became pregnant and miscarried shortly before participation within the interview. Keen to continue, at the time of the interview Karen is undergoing further treatment.*

## *Tracing issues*

**Family relations:** Karen remembers her childhood as being '*safe and secure ... free from complication*', within a strong family network. Karen's siblings are married and all with children. Karen describes her increasing sense of isolation within the family network, placing renewed emphasis on her decisions to move forward with her career. Both parents are now deceased, her father dying during the time Karen initially began trying to conceive.

**Work and career:** Again, Karen relates an early awareness of life choices and life decisions, focusing within the interview on her aim to work with children, first during her school years and subsequent qualification within a child-health related profession. While still maintaining a strong commitment to her chosen career, Karen now experiences difficulties working both with children and their parents. As time moves forward, Karen narrates an increasing frustration as parents question why she has no children. Leave periods from work are increasing in both length and frequency.

**Infertility:** Karen describes this as a time of question and complication. *The time before discovering we had difficulty conceiving. This was an innocent time ... I would like to repeat my childhood safe and secure no worries. I was really happy then. Life is often too complicated now and not so happy*'.

**Control and planning:** The notion of control here is related to a number of issues above and in particular to planning decisions made within the life course. For Karen, this began during early school years, career development and continued through marriage and attempts to realise early expectations.

The perceived inability to control bodily processes leads to a central narrative focus on the lack of control and planning within the wider experience of infertility: *'Busy with work. Busy being in control. Most of the time at the moment I feel so out of control ... life is not quite the same ... So I guess you could say this situation is controlling me.'*

**Time:** During the years prior to diagnosis, a 'family' in Karen's story, is something for the future. Karen describes a gradual awareness of time: *'Initially we thought we could just wait and see what happened ... then I became worried about the biological clock ticking by. I also suffered a fracture in my foot. Then there were thoughts of osteoporosis and menopause pending ... fear and panic set in.'* Karen describes attempting to move forward, to *'close the book'* and to plan the future yet this process is hindered by the uncertainty of the present. Increasing awareness of an uncertain future, a position also affected by parental bereavement during the first stages of treatment, brings the difficulties of both past and future assumptions into heightened relief.

**The body:** Body narrative emerges within Karen's story during the initial period trying to conceive, described as *'an initial feeling of panic, of not being normal'*. Increasing awareness of bodily cycles, a recent miscarriage and the cumulative effects of repeated treatment underpins Karen's description of her body as *'increasingly inadequate'*, a perception enhanced by her description of her inability to *'control my body'*. As Karen's interview progresses and treatment fails once more, the body as capacity and potentiality becomes a central feature of the narrative.

## Biography 4: Diane

*Diane married her second partner aged 26. As the eldest of three children, Diane describes a supportive, although unconventional upbringing. Both mother and grandmother are described as role-models. The death of both grandparents and an earlier elective abortion are described as periods of increasing reflection. Diane and her partner agreed to try to conceive early in their marriage, a decision described as 'made lightly'. Diane continues in treatment, an experience which has lasted 8 years. On two occasions, Diane became pregnant only to subsequently miscarry. During the course of the interview, Diane describes a near-death experience, which, she suggests, informed her growing awareness of the embedded nature of her assumptions and reassessment of her current situation.*

### Tracing Issues

**Family relations:** Diane describes a privileged (and unconventional) upbringing, growing up in a small, close-knit and rural community, both parents working hard (mother homemaker and father self-employed) to provide a higher standard of living. Diane has fond memories of long summer holidays abroad as a child and maintaining a close yet competitive relationship with her brothers and sisters. The strength of family influence, the significance of being part of a large family grouping is described by Diane as increasing the burden of expectation as she moves through her story. Her experience of a close relationship with her grandmother, her subsequent death when she was 8 and a younger brother's childhood illness contributes towards an emphasised and early awareness of finitude within her narrative.

**Work and Career:** Diane attends college to pursue an art career, developing an earlier interest in the arts and a commitment which subsequently finds Diane travelling and exhibiting. During her early treatment, Diane narrates a lack of commitment to her career, a position which changed after her recent near-death experience and described opportunity to reflect.



**Personal relations:** Diane describes her post-college years as *'decadent'*, enjoying relationships and living in a number of different countries. An early elective abortion during these years acts as an effective turning point in her personal relations. The possibility of children is now *'on the agenda – not written in stone and probably as some sort of backlash from the abortion but there came a point when I began to wonder what children would look like'*. Diane subsequently meets her current partner and both have similar views concerning children. After four years of *'haphazardly trying for children, they happen when they happen'*, both attend for infertility investigation. Diane takes a course of fertility drugs, conceives and experiences her first miscarriage.

**Social relations:** Diane describes increasing withdrawal from her wider circle of friends to socialising within a small and close support group. The inability to conceive is perceived as having *'a negative impact on my social standing ... being seen as second rate or as somehow unable'*.

**Control and planning:** The notion of control and related inability to plan is narrated in relation to previously held preconceived ideas and assumptions: *'I always imagined anything was possible ... Admitting that you can fail has been something I've dealt with as part of the whole infertility issue. We had preconceived notions ... and visions of certain times and events that would correspond. We're a bit more pragmatic about making firm plans now. We can't and have really become more irresponsible planning wise, we just do it – rather than make plans now.'*

**Time:** Diane describes a strong and developing awareness of her plans for the future as time moves forward: *'Leaving a genetic mark is extremely important for me now. The longer down the road we've travelled the more compelling it has become ... A child is a symbol of our love and also a record of us ... a genetic timebomb. Leaving a mark for me is important and is why I am focusing on my work and that would be my legacy should I never have a child. No one remembers you because you kept a clean house!'*

**The body:** While increasingly viewing her body and inability to conceive through a lens of frustration – *'I feel more and more frustrated with my body for seemingly being normal but not being able to get pg (pregnant)'* – Diane also describes a *'greater understanding of my body, the subtle signs, how to interpret your body's response'* as treatment progresses. While acknowledging this has been enhanced by increasing medical knowledge and participation in the treatment process, Diane also describes this as a growing acceptance of *'my body, and its rights and wrongs, as part of who I am'*.

### *Biography 5: Margaret*

*Margaret, 38, is married to her second partner. After a described 'troubled' first marriage and miscarriage aged 24, Margaret met her current partner aged 28, married at 30 and immediately began trying to conceive. Margaret is reluctant to narrate her childhood experiences, a period which is described as a 'struggle for love'. After undergoing infertility investigation, an unrelated operation and further infertility treatment, Margaret had her first child when she was 36. Margaret has been continuing treatment.*

#### *Tracing Issues*

**Family relations:** The lack of focus on family stands out within Margaret's narrative. One of six siblings, Margaret is unwilling to dwell on her early

childhood, both within the 'time line' and also when I probe further. This time is described as a difficult and troublesome period in her life and characterised by a lack of affection. However, despite this lack of focus, the continuing influence of past family experience remains part of her decision to have children.

**The body:** Margaret describes an early and strong awareness of gender stereotypes: *'At school they told me to take cookery and typing to be a typist before I got married. I took History and Chemistry ... I still got married though and having kids was part of it. It's what everyone expects'*, subsequently describing her continual fights against both educational and family expectations (pressure to attend secretarial college) during her later schooling years. More explicitly in relation to her body, her experience of infertility is described as a central turning point. Margaret describes a number of years spent taking contraception and *'moving against'* what she perceived as the expectations placed on her because of her *'femaleness'*. Margaret narrates a developing awareness of the significance of her body as she finally relaxed what she described as *'the control over my body'*, subsequently beginning infertility investigation and treatment. Margaret also attributes her weight increase over this period as a *'deliberate decision to hide what was wrong with my body'*.

**Control and planning:** After a described 'difficult' childhood, Margaret describes a series of strong and directed life choices, including intentions for

the future. The lack of control and inability to regain control is described as the central difficulty of her current position.

**Social relations:** Margaret describes increasing isolation, perceived stigma and a gradual withdrawal from wider networks and social groupings, towards infertility support networks, both in an online and offline setting.

**Time:** Again, as treatment moves forward once more, awareness of time and temporality increases. Margaret remains concerned with a perceived '*fast approaching*' menopause (related to an early family history) and related sense of '*time running away from me and running out*'.

### *Biography 6: Jayne*

*Jayne, 36 is married to her second partner, 14 years her senior. Jayne describes her first marriage as troubled. Narration of this period reveals an assumed life plan centring on leaving school, early marriage and plans for children around 24. Early relationship difficulties are described as influential in bringing this decision forward. Jayne and her first partner tried for children, failed, an experience described as 'the last nail in our coffin'. The relationship subsequently broke down. Jayne planned children immediately after her second marriage. From the age of 27, Jayne and her second partner underwent infertility investigation and treatment. After four years, their first child was born. Jayne is attending for further treatment at the time of the interview.*

### *Tracing Issues*

**Family relations:** Jayne describes a lack of support and attention during childhood. Memories here are unclear and Jayne requests to move on. Later in the interview, Jayne describes her parents '*unrelenting*' expectation and pressure '*to make them grandparents*'.

**Control and planning:** Jayne left school early, moving through a series of part-time and full-time positions before meeting her first partner at the age of 19. The sense of 'planning' referred to here is in relation to her early decision to *'have children round about the 24'*. Jayne describes this period as *'having something to aim for'*. Jayne's second relationship is initially characterised by the immediate decision to have children.

**Infertility:** The period of investigation, diagnosis and treatment is described as a period of continued reflection and reassessment: *'I had to start looking at everything again'*.

**Time:** Jayne again describes her experience of continual failed treatment as encouraging a process of reflection and revisiting of earlier assumptions. The issue of time and the future comes to the fore: *'I began to think I wouldn't have what I wanted. Maybe I wasn't going to be a mum. I couldn't get my head round that ... If I had not become pregnant there could have been a good possibility our relationship would have to come to an end in the future as I wanted a child that was of his and mine so badly.'* Prior to the birth of their child, Jayne narrates: *'Somebody commented on his (partner's) age and whether he'd be up for it. I hadn't really thought and he doesn't look that old. Then I thought maybe it wasn't going to do it and what should I do then? I couldn't think forward or beyond anything'*.

## Biography 7: Kate

*Kate, 28, married her current partner shortly after leaving school. Kate describes a 'life plan' developed during her earlier years and centred on both marriage and having children. Education and career is described as of secondary importance to this. Kate, the eldest of two siblings, describes her early childhood as characterised by growing tensions between her and her parents. After failure to conceive, infertility investigation and treatment commenced aged 24. Kate has since been refused further treatment on medical grounds.*

### Tracing Issues

**Family relations:** Kate describes a turbulent early childhood and relationship with her parents, which has continued throughout adulthood. Kate describes and continually re-emphasises feelings of increasing inadequacy and failure to please throughout her narrative.

**Social relations:** The experience of withdrawal from wider social networks, perceived isolation, stigma and exclusion remain central to Kate's narrative, increasing as time moves forward.

**The body:** Kate has experienced weight difficulties since early childhood and suffers from related medical complaints. Both family and partner criticise Kate's increasing weight, attributing this as influencing the inability to have children, despite diagnosis as partial male-factor: *'When I did eventually tell my family, they were not very understanding, they just kept telling me to lose weight as that would solve all my problems and (partner) just insisted on telling his family it was all my fault, and if I lost weight then we would have children. To this day, he denies that his low sperm count has anything to do with it, and I resent him for this, as I am trying to lose weight still but he still will not do anything to try and boost his sperm count'*. Kate then describes her

body as *'the enemy'*, yet also refers to her body as *'a comfort and I suppose something to hide behind. Like I'm inside looking out and they can't see me.'*

**Control and planning:** Kate again describes a life plan formulated at an early age: *'I have always wanted children. I felt this was the reason I was put on earth ... Ever since I was small, I used to pretend my cousin was my little girl, but I guess most people did that ... my plan for life was to get married, have a nice house and to have children ...'* Kate also describes the difficulties facing potentially unfilled plans: *'I have always wanted children, it is something that I always remember wanting, which is why it is so painful knowing I may never have one ... I guess I would say I was happier not knowing I would never have children. I had all my hopes and dreams and now they are shattered.'*

**Time:** Kate is unable to receive further treatment and the notion of 'time' is a recurrent theme within her narrative. In contrast to other participants, 'time' is not moving fast enough for Kate, who describes her present life as in *'permanent limbo'*, unable to change or move on: *'At the moment, I can't wait until I am too old to have children, then at least I will have to come to terms with not being able to have any children, and then I will die so it will not matter anymore'*.

## Biography 8: Pearl

Pearl (44) describes her early childhood years (elder of two siblings) as a period of constant movement, campus living and following her father's academic career. The importance of a close-knit family group and wider family connections is underlined within Pearl's narrative as the only constant during her early years. Pearl described her schooling and college years as a period of 'running wild and actively avoiding long-term emotional commitment'. Pearl married her partner aged 37. The subsequent years are described as 'ttc' (trying to conceive) years. Aged 39, both Pearl and partner were referred for investigation. During the following three years, Pearl experienced three IVF cycles. The first two cycles were cancelled for medical reason and the final cycle was successful.

### Tracing Issues:

**Family relations:** Pearl describes a high level of parental influence throughout her life course. More specifically, this is in the form of a described loving, parental marriage that Pearl has aspired to live up to and a strong awareness of responsibility to both self and others. Her childhood is spent following her father's academic position and Pearl describes the 'difficulties fitting in' to new communities. Consequently, Pearl describes her recollection of this period as one that places great emphasis on the importance of the *'family as the constant in my life'*.

**Work and career:** Pearl attends a succession of colleges, majoring in a different subject each time until her early thirties and is unable to adhere to one career path: *'I just couldn't stick anything, nothing was for me'*. Pearl describes this difficulty as relating to feelings of *'always being the new kid trying to fit in. I don't think that feeling has ever left me. It has given me a bizarre combination of insecurity and brazenness.'*

**Personal relations:** From the age of 30, Pearl describes a number of years spent in a series of relationships, actively *'avoiding any type of emotional*



*commitment and drinking too much*'. An accident is described as a 'turning point' during this period, resulting in a re-focus on health, relationships, re-establishing old friendships and meeting, dating and marrying her current partner.

**Control and planning:** Pearl describes the turning point in her life at this point as the effects of her accident, subsequent reflection and reassessment of her life position. At this point, Pearl describes an *'overwhelming desire to plan things out, look at where I was going and start the process ... through of lifetime of never really thinking about kids, they were suddenly on the agenda big-time! ... I liked this sense of direction'*. Pearl describes the challenge of infertility as an experience which both challenged and changed these plans.

**The body:** linked to the challenge to her assumptions and plans outlined above, Pearl describes a growing awareness of advancing age and *'over attention'* to bodily signs. This process became stronger as treatment moved forward and Pearl describes an awareness which remains in the present and reflected in her description of herself as *'still infertile, now and forever. It never leaves me'*. In this respect, Pearl argues her journey through infertility has defined her as much as having children did.

**Time:** During the period of investigation and treatment, Pearl describes an emerging temporal awareness in relation to her body: *'I've developed a fear of the menopause ... of course, my mother started menopause in her late 30's and 40's so I thought my time was up. My mortality is much more real to me ... and closer'*.

## Biography 9: Lisa

*Lisa describes her early childhood as a period lacking in affection. After leaving school with qualifications aged 18, Lisa works in a variety of administrative posts until she meets her partner aged 21 and marries at 22. After waiting for two years before trying to conceive, Lisa and her partner encountered difficulties and were referred for investigation and treatment. After undergoing nine completed IVF cycles, Lisa and her partner have made the decision to cease treatment, 'to live childfree', take sabbaticals from current employment and travel.*

### *Tracing issues:*

**Family relations:** Family issues remain a recurrent theme through Lisa's narrative. Lisa describes both a lack of parental affection and interest, an experience initially informing her desire to conceive: *'I never had a very good relationship with my parents – we are not very close so I wanted a child so that I could show the child affection which I felt had been lacking in my childhood'*.

**Work and career:** Lisa describes herself as *'never having been career driven'*. From an early age, *'I somehow envisaged having kids and then being a housewife and a mother'*. Lisa explains her decision to leave work as related to the experience of infertility and desire for children: *'There doesn't seem to be much point working and piling money into the bank. I don't want to leave it all to our nephew's and nieces'*.

**Control and planning:** Again, Lisa describes her experience of infertility as a 'turning point', resulting in a developing and continuing process of reflection. Dealing with the perceived lack of control over the direction of her life course

plays a central role here. Current decisions and future (travel) plans are described as the result of this process and attempt to regain control.

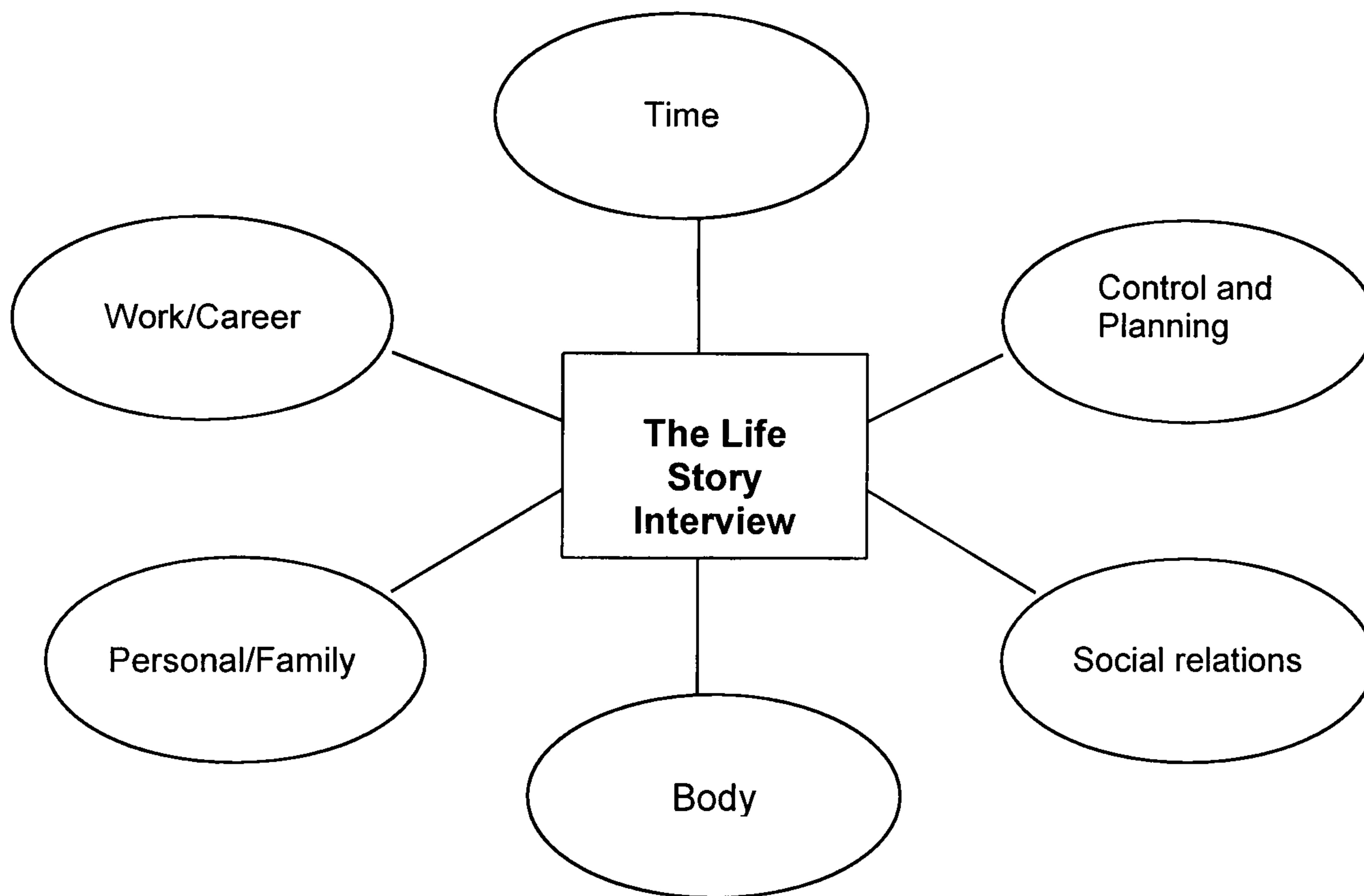
**The body:** Again, early bodily assumptions are described as being brought into relief through the process of treatment. Lisa continues to experience what she describes as a *'lack of female belonging'* and emphasises the prolonged and ongoing process of *'self-blame and coming to terms with my body'* as a *'form of bereavement'*. This is a process which informs Lisa's description of a developing awareness of both age and finitude.

**Social relations:** Lisa outlines feelings of isolation, *'being left out'* and of considering herself as increasingly apart from her social group.

**Time:** Time, and particularly the significance of future time, emerges through Lisa's narrative as she reflects on the difficulties of reconciling past assumptions with future uncertainties.

As I have outlined, my initial and directed focus on analytic content alone identifies a number of common elements within participants' life story narration, illustrated in diagrammatic form below:

*Figure 2: The time of infertility: components of the life story*



*Stories of many voices: from content to context*

This section moves from Reading 1 and 2 to Reading 3 (see Table 1), retracing participants stories and keeping the issues identified within the biographical overviews above alongside. As I have outlined, this underlines my resistance to a reliance on data content alone. Narrative content must also be understood by paying attention to narrative organisation and context. Remaining focused on this procedure aids my development of the issues identified.

As I retraced participants' stories, I became increasingly aware of a number of differing levels to participants' voices. As the layers of my analysis built up, a range of voices began to emerge, each narrating different, yet interrelated, layers of understanding and experience. Firstly, the 'expectant voice', reflecting participants recounting their self-expectation during the period prior to infertility and reflecting a picture composed primarily of perceived cultural norms, values and the expectations of others. Secondly, the 'experiential voice', reflecting participants narration and recollection of the treatment period itself, illustrating a process of active and sometime ongoing negotiation between previously held expectations and assumptions and the challenges of participant's experiences. Finally, the 'meaning voice', illustrating the sense of meaning-making developing through the narration of the life story and within the interview itself. Further, these 'voices' are informed by participants perceptions of expectation, the difficulty of reconciling their actual experience and the negotiation between these two areas. In this section, I illustrate each voice, using representative narrative extracts and diagrammatic display. I again use a temporal framework, exploring issues of content above alongside the differing levels of participants' voice moving through the identified components of the life story: recollections of the time pre-infertility and treatment, the period of treatment itself and recollections post-treatment success or failure. As I will illustrate, it is during these periods of negotiation and subsequent reflection that a number of critical issues emerge.

### *The Expectant Voice: innocent times*

By focusing my attention of the way participants spoke about themselves within a temporal framework and following the use of the active 'I' (Coffey and Atkinson, 1996) within the narration, I identified a change in voice as participants described their earlier expectations. This change is illustrated by a move from participant narration characterised by the use of 'they', 'them' and 'it' during the narration of earlier events and expectations, which I outline below, to the later use of the more personal 'I' outlined within the 'experiential' and 'meaningful' voice sections further below.

The following narrative extracts illustrate participant's response to my question concerning what factors, if any, influenced decisions to try to conceive:

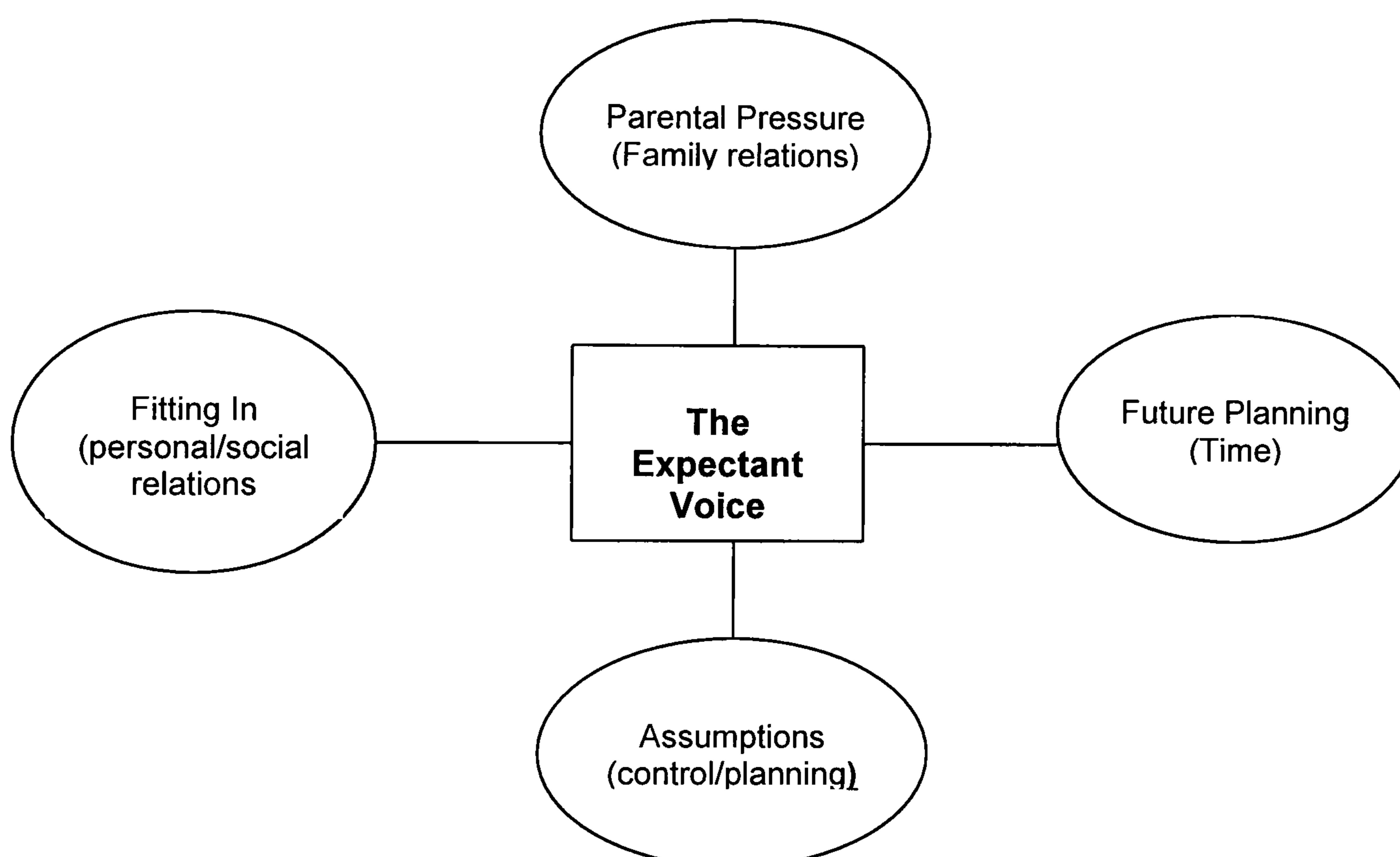
*Karen: It was something I always thought would happen when the time was right. It was the next thing to do after settling down ... My husband's parents were looking for another grandchild and I wanted to produce before the menopause set in. This was an innocent time. Looking forward to having a family just like any other couple choosing when you were ready and pregnancy would happen.*

*Margaret: ... having kids was part of it. It's what everyone expects.*

*Pearl: It happened quickly. For some reason at 23 I decided I was never going to have children. I think it was partly because I was soooooo young and partly because I had known that finding the right man was going to be a difficult journey for me. As time move on ... I just reconciled myself to the fact my eggs would be pickled. Then I met (partner) and we married aged 39. It happened suddenly. We got married and they all started asking 'when' – it hadn't been a real big issue ... My family began reminding me of plans I'd had when I was a kid ... I started to feel envious of other women and then my mother told me she'd started the menopause during her late 30's and early 40's ... The ability to have a child was one of the 'givens' I'd grew up with. Like when I was the new kid, always trying to fit in, I wanted to fit in again.*

Lisa: *Most people married and then a couple of years later had kids. We got married and decided to try after a couple of years of marriage ... I wasn't that keen at that point but it seemed like the natural thing to do. The first couple of years everyone wants their freedom then someone has one and you suddenly think – maybe I ought to try now ... my mother-in-law kept asking my husband when ... more pressure came when all our friends/family/sister/cousin started having children and we'd been married long enough ... Looking back it was the biggest chapter of my life but I didn't see it then.*

Figure 3 illustrates influences at this stage.



*Figure 3: The Expectant Voice: Influences*

While acknowledging their own assumptions, participants recollect this time by placing emphasis on perceived cultural norms and values and the expectations of others initially influencing their decisions. However, when I asked participants' to recollect their experiences during the time of early investigation and treatment, narration moves away from initial descriptions of assumption and expectation. Through the process of revisiting and questioning long-held and past assumptions, participants voice a sometime gradual change and

developing awareness, illustrating the process of active negotiation between previously held expectations and assumptions and the challenge of personal experience. Further, this is underlined by the use of the more reflexive and personal 'I' within participant narratives. Critically, a number of issues emerge to become the central axes of the narratives – a developing bodily and temporal awareness informed by challenge to the assumed notions of time, control and expectation.

### *The Experiential Voice: lifting a veil*

Again using narrative extract and display, I illustrate below this change in participants' voice within the process of recollection itself.

*Janet: The feeling of having no control was quite a big thing for me as normally I am a person who likes to be in control. I found the lack of control difficult ... our whole lives were dominated for so long by dates, drugs, cycles, time off work and – until our last attempt – failure which made all the other things that much harder.*

*Diane: It's had a negative impact on my social standing ... after initially being sympathetic I'm sure they see me as being second rate, or somehow unable for not being able to get pg (pregnant) ... even at the clinic they treat us all as the great unwashed until something works the right way – an instant status lift when tests come back ok ... I always imagined anything was possible. Admitting you can fail has been something I've dealt with as part of the whole infertility issue. We had preconceived notions and visions of certain times ... and events that would correspond. When I think about it we're a bit more pragmatic about making firm plans now. We can't and have really become more irresponsible planning wise, we just do it – rather than make plans now.*

*Dorothy: My attitude has changed, gradually ... I was always convinced something would become the fix that got me pregnant. It was only when I went for a laparoscopy that it really hit home that a pregnancy was not a guaranteed outcome ... I had always assumed it would happen ... but when I realised that it was not a foregone conclusion it became something I desperately wanted ... Maybe it was not the biological NEED for a child but a realisation that happens when you're told you can't have something ...*



*Infertility really is beyond our control and we are so used to controlling everything ...*

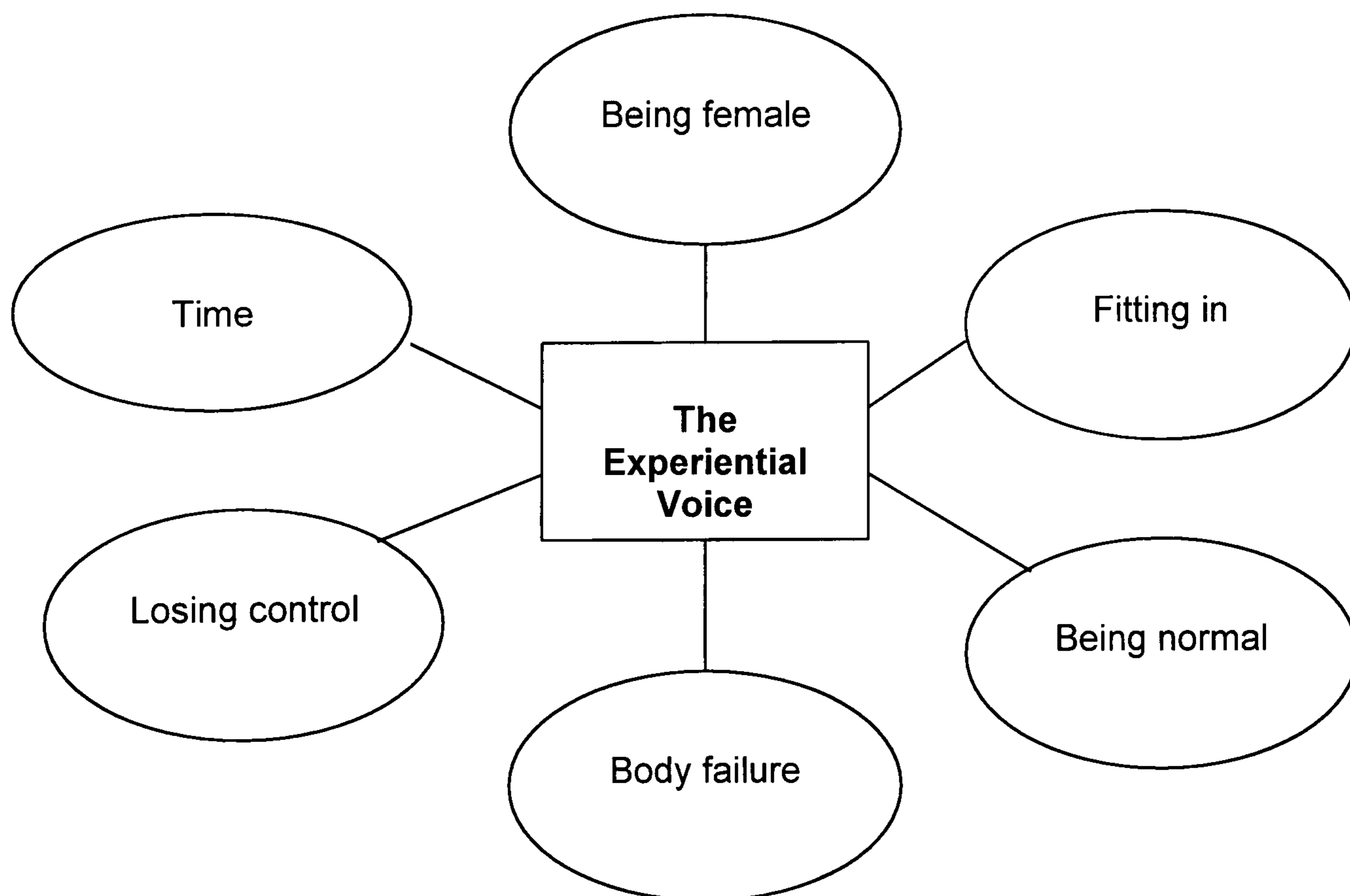
*Karen: Thinking back it's all about not being normal. Feeling inadequate, not fitting in and feeling left behind. Most other women decide to have a baby, time their cycle for a bit and bingo. This is a natural process that we should have no problem with ... Thinking now it seems like life is standing still.*

*Pearl: I felt very "unwomanly" during this time ... things surfaced I hadn't expected. I felt like a failure as a female in that I had spent 20 years actively avoiding becoming pregnant ... and then my body fails me when it was time.*

When I asked Pearl to expand on this, she replied,

*'You mean why unwomanly and why then? Although I never examined it too closely, the ability to have a child is one of the "givens" I think most women grow up with. If not for that ability, why would we endure the monthly cycle? The power of that ability is something that is imagined without being addressed specifically ... When I lost that power it was like a veil being lifted. It still is.'*

Figure 4 illustrates the challenge of experience during this period and issues raised by participants.



*Figure 4: The experiential voice: negotiating experience*

Participants' narrative reflects the negotiation between the assumptions of the 'expectant voice' in the previous section and the experience of both diagnosis and early treatment. Participants began to revisit past assumptions and expectations and explore and make sense of their experiences, a process at times begun earlier but one also at work during the course of the interview itself, for example:

*Karen: Thinking now it seems like life is standing still.*

*Pearl: ... things surfaced I hadn't expected ... although I never examined it too closely.*

*Janet: I never really examined these feelings at the time.*

#### *The Meaning Voice: afterwards*

To summarise, I have identified participants' voices moving through the recollection of earlier expectations and assumptions, the experience of diagnosis and treatment and, on reflection, the challenge to these earlier assumptions. In this section, I further illustrate the sense of meaning-making, again developing through both the narration of the life story, within the interview itself and through reflection on the success, failure or decision to end treatment.

I begin with those participants whose treatment has been successful, those whose treatment is continuing and those whose treatment has ended. I stress that this framework is used as an illustrative tool as opposed to making clear distinctions between participants' experiences.

## *Treatment success: the end of the story?*

Participants' narrative again reveals a process of developing reflection and awareness on both the time prior to conception and childbirth and current feelings:

*Dorothy: I was not someone who always wanted children. I was initially not the slightest bit bothered ... something ... would become the fix that got me pregnant. I also think we are brought up in an era where fertility is promoted as "controlled". That's the message you were brought up with... pregnancy was ... something that happened unless you prevented it ... when I realised it was not a foregone conclusion, it became something I desperately wanted ... I felt disillusioned with what life I had left outside of infertility. The deeper I got into "infertility" then the less satisfaction I had from everything else'*

Moving from the initial lack of importance attached to her initial decisions, Dorothy describes her experience of increasing disillusion and dissatisfaction. Emerging within this process is an awareness, and questioning, of wider societal messages and imagery concerning contraception and control. Recalling more directly the period after becoming a mother and in response to my question concerning the lasting effects of her experience, Dorothy outlines a number of issues mirrored by participants:

*Dorothy: I feel much more in control of my life. The children have made a huge difference ... I feel much tougher ... Gosh, lasting effects? Too many to name ... my body, I can only call it acceptance. Do you know what I mean? Not that I didn't accept it before but if you don't ask the question you don't try to work out the answer. Everything in my life has changed because of it, because of infertility ... I was unable to function and to take my place in society properly. It affected my personality ... family and friends ... I was off work sick ... I now have my own family ... my confidence back ... I participate in society ... there is an ending ... we were successful and I also feel an intense relief that I am no longer who or where I was. The draw backs are all the things I think about now ... you can't forever wipe out a number of years of your life and pretend they didn't happen.*

Margaret also expands upon a growing body-awareness mirrored by participants:

*Margaret: The effects? Loads of weight that I have never lost. Hospital sends me home and tells me to come back when I have lost this weight. I put on some more ... The treatment made me mean and angry ... bloated and fatter ... now I have found that normal people cannot understand the anxieties I have and I cannot comprehend their lack of empathy to my situation ... Even though we 'won', I have told (partner) on occasion to go and find a normal woman ... It's made me very aware of my body. I hate the pock marks from all the needles. When the man found and took my appendix out (discovered during diagnostic investigations) he cut me from top to bottom and the scar is huge (about 9 inches) it's still vivid after 6 years and a lasting reminder of my quest to reproduce ... I don't like my body but I'm more aware of it ... Everything tends to hurt more and there are always niggles ... While having (child) has given my life meaning and unity, I feel I am only ever in control of 70% of it.*

#### *Continuing treatment: still waiting*

The descriptions of moving in and out of control and developing body imagery and awareness illustrated above is continued within the narratives of those continuing treatment. Participants describe their experience of treatment failure and the return to 'the long road of waiting' (Karen), below:

*Karen: I feel anger ... where do we go from here feelings of despair and not knowing what to do. I gave it my best shot. The embryos were good quality how can I do better next time? Feeling weight on my shoulders that just never goes away ... Sorry my replies not so frequent at the moment. Busy with work. Being in control. Most of the time at the moment I feel out of control ... allowing this to control us. But these past few days I've been saying to my hubby. We have got to get on with our lives so we are booking leave and making plans ... So from now on at least for a while I am in control ... I need to stop thinking to do this so I'll break for a few days? Hope that's ok?*

The requested interview break and related attempt to regain control illustrates the process of meaning-making at working during both the interview and the recollection of the life story and experience of treatment. After a few days had

passed, I sent mail to Karen asking if she was still happy to continue. Karen's subsequent return to finish the interview describes a meeting with an old work colleague:

*Karen: Hello ... and thanks for the mail. Looking to the future. I met someone at work today whom I have not seen for a long time. His daughters are grown up and he is a Grandad. Made me think that very little has happened with me since I saw him last. Seemed to me like life is standing still ... I think ... we will just have to try once more and the future comes after that ... But also the time may come when it is time to get on with life ...*

Karen's attempt to regain control appears short-lived and interrupted by her encounter. Again, this underlines my argument that participants embodied understanding must be understood as interdependent with, relational to and embedded within a complex web of both personal and wider social relations.

Diane also describes a lasting and overwhelming sense of personal failure and also a more explicit emergent body awareness:

*Diane: The total sense of personal failure that overwhelms me sometimes is a recurring issue. Yet in an ironic sort of way I know more about my body than ever before and failure becomes a bigger issues – every twinge, every change in cervical mucus, even the way my dreams are – better memory and more prolific as progesterone rises, stuff like that, how your cervix rises and falls, being able to pinpoint ovulation to the hour. Also all the different gems of information you pick up – the effects of aspirin (told one of my sister's dr friends about that one!). I know a huge amount about immunotherapy and anti-phospholipids, the various pathogenic bacteria ... so not only the physical side of knowing your own body but the mechanical medical side of stuff ... the up side of this knowledge is knowing when something is wrong or not – I was late with my period but could tell ... that I hadn't gone tri-phasic with temps – hence no pregnancy, just my body misbehaving. Try telling that to a Dr – they just send you for a blood test!*

*Ending treatment: waiting over?*

Again, the commentary above is mirrored by participants' narrative whose treatment has ended:

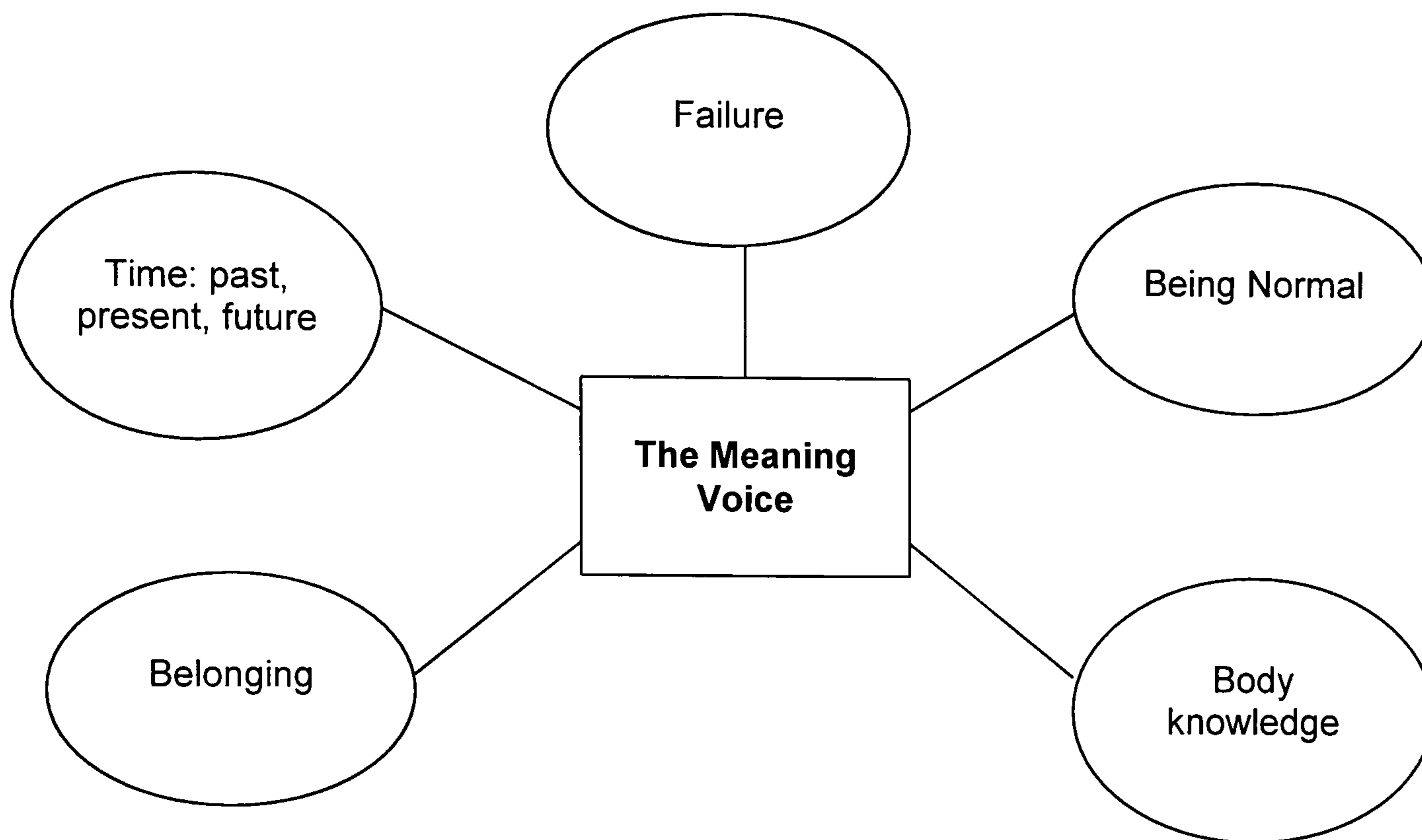
*Lisa: I'm still aware of my body even now. I still look for ovulation signs even though I know that there is only a very remote chance of me becoming pregnant and still worry because recently I found out that I had high FSH count (which means that I may be going into early menopause). Even after 13 years of trying a tiny bit holds out for that miracle.*

Despite having outlined her commitment to living 'child-free', taking control and 'moving on' (world travel), Lisa narrates:

*Lisa: I'm now a housewife not a mother though. I'd meant to be both. I do not know what direction to take in my life now as I'd like to do something worthwhile in my life now. But I do not know what ... Of course time heals all wounds. The experience comes easier but I still get days when I think "Why me?" ... Maybe when I'm 40 I might have a last ditch attempt at ICSI.*

That there are common elements or dimensions across participants' stories underlines my point that it is not the end result but the experience itself which acts as 'meaning-maker'. Figure 5 (overleaf) illustrates the issues arising during the process of meaning-making I have explored above.

Figure 5: The meaning voice: dimensions of experience



### Exploring relationships

The issues and dimensions emerging above reinforced my earlier decision to employ Mauthner and Doucet's (1998) further (optional) reading<sup>32</sup>. This involved listening for 'how respondents spoke about their interpersonal relationships – with partners, relatives ... and the broader social networks within which they lived ... and worked' (1998: 131). In relation to the understanding of embodied experience in this field, my analysis thus far has been characterised by a temporal and developing body imagery contextualised within participants' perceptions of moving in and out of control. However, these issues also appear bound within participants' perceptions of their situation and experience in relation to wider personal relationships and expectations, illustrated by, for example, Diane's description of 'failure', Margaret's suggestion to her partner that he 'finds another woman' and

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<sup>32</sup> See Table 1, Reading 4.

Dorothy's narrated *'inability to function and take my place in society properly'*. Retracing my steps through the transcripts and consciously and directly reading for these relationships proved invaluable in exploring the dimensions of these issues further. As Coffey and Atkinson (1996) argue, narratives do not necessarily occur naturally but they can be shaped, formed and told according to connections and cultural understandings.

In particular, participant narration here is characterised by notions of 'difference', of 'being female' and, at a wider level, of general failure. Specifically, these notions relate to an understanding of failure related to the perceived inability to fulfil the 'expected' potential of the female body:

*Dorothy: 'The desire and the commitment to children was not the same for both my partner and myself ... he was still happy as he was so therefore not to have them would not have been the end of the world ... he would say things such as he could not understand how I could get so upset over something that I did not have! He seemed to come at it from the angle that you can't miss what you can never have, whereas I think most women would disagree with that one!'*

When I asked Dorothy to expand, she replied:

*What I mean is I think, and still feel, unwomanly. By this I mean infertility stops you being a woman. Anyone can dress like a woman but being a woman comes from the inside. If that same inside is unable to do female things, such as make the reproduction system work, then I felt very 'non-female'. I felt much less of a person.*

Dorothy's comments are echoed by remaining participants. For example, for Janet, *'... he was happy that he was in a ... loving relationship and ... would have settled for that. To me, I needed it to complete things, its something that I should be able to do easily. For (partner) it was different.'* For Pearl, *'His feelings are different ... I don't think it would have bothered him if we had not*



*been able to conceive. My failure struck at my core. He had no such feelings. First because he is just the seed not the soil and second because he had plenty of seeds!' Finally, for Lisa, '5 IVF failures affected me quite a bit. Each time the treatment failed I would feel a sense of bereavement at my own embryo's not implanting ... I felt that my body wasn't mine anymore ... my husband ... it was not the same for him. I suppose the woman has to carry the child and I wanted to know what it was like'.*

Notions of 'difference', 'being female' and 'failure' must not be seen as stand alone issues but as issues which are related to a number of themes being highlighted and drawn out through my analysis thus far. Several participants' specifically used the term 'unwomanly' on a number of occasions and I add a further narrative extract to illustrate this:

*Pearl: I felt 'unwomanly' ... that was why it was so important to me that the eggs fertilised and did fine. I was sad and envious of other women. A few women I worked with became pregnant at the same time and although I was NOT jealous (original emphasis) because they were all wonderful women and certainly deserved their happiness, I was very envious. One woman was my boss and was just a month or two younger than I. Luckily, I handled it well ... and was genuinely happy for her ... yet the inability to get pregnant easily made me feel like a failure in a very basic way. Most failures in life are caused by something one has done (or not done as the case may be). In those instances, one can learn from a mistake and move on. When one's body fails, how does one move on? How can one avoid allowing the failure to strike at one's core? Partner had no such feelings.*

One of the difficulties of research in this field and from my perspective is resisting the temptation to 'hone in' on 'body talk' and unpack the dimensions of this understanding too early, a route that also suggests a somehow elusive body awaiting capture. A return to my research journal at this point reminded me of my early and initial excitement when participants (at long last it

seemed) began to 'talk' about their bodies. However, the series of readings undertaken resisted this temptation, remaining with and moving between participant narratives and focusing on content in terms of participant context, negotiation, interpretation and transition. This process effectively 'tunes' (Mauthner and Doucet, 1998) the researcher to each participants' story, issues arising within and across stories and the significance of these in relation to the experience of infertility and embodied understanding.

### *Thematic Development: Moving beyond the text*

Through the previous sections, my aim has been to guide the reader through and between participants' stories. I have intentionally made use of much narrative extract as illustration in this respect. However, at this point I begin to break up the narrative accounts into a number of overlapping themes and sub-themes as a way of linking the details and stories of individual participants with the stories told by the interview data as a whole (Mauthner and Doucet, 1998: 135). In so doing, I also remain focused on the contextual and temporal (meaning-making) aspects I have described above.

### *Returning to three dimensions: time, experience and context*

My use of biographical techniques, including the development of 'time maps', individual biographies and the adoption of a more specific and layered analytical approach has highlighted a number of areas for consideration. In particular, the differing voices of participants, the movement and negotiation between them and subsequent process of reflection is critical in describing one of the central issues within this project – the notion of gendered embodiment as a process of becoming and emergence, underlining the

benefits of a temporal perspective. Participant voices, on the one hand, reflect their understanding of perceived wider expectations within a social context. Participation within the interview alongside the process of reflection at times raised issues for consideration that participants had either not previously encountered or fully considered, underlining my suggestion that participation within the research encounter and the process of reflection itself may act as meaning-maker. I return to Rosenthal's (1993: 61-63) suggestion that thematic development will focus upon,

*Discovering the mechanisms of selection guiding the biographer's [interviewee's] choice of ... (stories) in relation to general thematic orientation' and 'the temporal links between various experiences, and the past, present or anticipated future realities influence the personal interpretation of the meaning of life.*

As I have discussed, this underlines the importance of considering the elements (or content) of participants embodied experience – the stories, issues or influences participants chose to include in relation to their narration of the experience of infertility and treatment choices – within a temporal context. My conceptualisation of the interdependency of temporal, individual and contextual dimensions also illuminates the significance of earlier assumptions, future expectation and how these may influence the interpretation of the meaning of their experiences. In particular, the emergence of 'body talk' through participant narratives must be viewed within a wider context and as related to a number of other issues. The findings I present here illustrate the temporal process of meaning-making and the emergence of embodied becoming through participant conceptualisation of the experience of infertility and treatment choice as a 'turning point'. The overarching and common issues I have identified within participants'

narratives revolve around three elements: 'the body', 'control' and 'time. I illustrate below the elements of 'the body' and 'control'. Subsequently, I adopt a temporal perspective to further contextualise and bring these elements back together. My aim here is to achieve a sense of negotiation and balancing between the individual, their biography and the wider structure in which they are situated.

*Control: In control, losing control and regaining control*

The issue of control manifests itself through participants' encounters with, negotiation of and reflection upon initial encounters with infertility and subsequent treatment choices. The significance of either explicit or implicit early assumptions and /or developing life plans remains central here. In some participants' narratives, 'life plans' have been formulated from an early age. In others, this process is more gradual and developing through participants' encounters with and movement through 'role transitions' (Clausen, 1998). For example, through partnership and marriage, divorce, new encounters or perceived 'life changing' experiences. The sense of 'losing control' is described in relation to diagnosis, the beginnings of subsequent treatment and challenge to early assumptions. This is perceived at two levels. Firstly, the narrated lack of personal control over the treatment regime and secondly, the resultant perceived lack of control over life direction and future planning.

The importance of *regaining* control is common to all participants, irrespective of treatment success or continuing failure. For some of those successful, regaining control takes the form of a more active re-engagement within personal, family or wider social networks and relationships. However,

the continuing experience of infertility, treatment and long sought after success sits alongside as a hidden yet constant reminder.

For those continuing treatment, accommodating the perceived uncertainty of both the present and the future and regaining control proves difficult. A number of participants attempt to regain or maintain control by 'bracketing' or setting apart their experience from the flow of their everyday experiences, focusing on, for example, work issues in an attempt to refocus and diminish awareness of this uncertainty. Yet, again, unexpected episodes, encounters and experiences may reawaken this uncertainty and lead to further reappraisal and reflection. Other participants more explicitly describe the continuing experience of an overwhelming sense of personal failure alongside a growing bodily awareness, which I discuss further below. Participant description of life 'stasis' or a life 'in limbo' is also mirrored by those who have made the decision to cease treatment.

### *The emerging body: failure, belonging and becoming*

The significance of participant conceptualisations of the experience of infertility as a 'turning point' is underlined by the emergent presence of 'body talk' through the narratives. Reflection upon encountering or experiencing the body, in this respect, is not a continuous process but one which primarily occurs during periods of confrontation, subsequent reflection and reappraisal.

Participants' narration of their early experiences suggests, at first, an 'assumed' or at least an 'unquestioned' body and one also framed within both personal and wider expectations and influences. As I have discussed,

narration of the period where participants discovered conception difficulties moves participant narratives from initial descriptions of assumption and expectation towards the recounting of a developing awareness, a revisiting of past expectation and subsequent questioning of long-held and past assumptions. It is here that the relationship between experience, interpretation, understanding and time bears a direct relationship to our understanding of embodied experience in this field. For participants, it is during this period of confrontation, conceptualised as a 'turning point' that 'body talk' more specifically begins to emerge. Specifically, this is in relation to perceptions of a 'failed' body, the perceived lack of control over the reproductive process and increasing awareness of day to day bodily symptoms, experiences and changes through the treatment regime. Irrespective of treatment success, failure, continuing treatment or decisions to end treatment, this awareness is one which remains.

In particular, initial perceptions of the female body emerged, as I have outlined, in relation to the perceived inability to fulfil the 'expected' potential of the female body and subsequent perceptions of a loss of control. Participants' understandings of female difference and capability here are first narrated by recounting the influence of the expectations of others, for example, partners, family, friends or work colleagues. This illustrates the desire to both 'belong' and 'fit in' and the social location of participants gendered and embodied experiences and perceptions. Yet, beyond this, participants describe one of the lasting effects of their experience as an increasing awareness of their bodies. This may be conceptualised in both physical terms and the effects of

an at times long term and heightened focus on treatment protocol, the timing and negotiation of drug regimes and cycles, or in the more experiential sense of the challenged body as 'meaning maker' and central to perceived 'turning points' in participants lives.

That the body is not 'there' to be uncovered is precisely the point. At a wider level, the problem of identifying women with their bodies has long been debated, particularly the use of women's reproductive capacity as justification for a number of social divisions between men and women. Through chapters one, two and three I have outlined the misplaced assumptions of an 'essential' or 'foundational' body and resultant failure to effectively explore the body, a losing sight of the body itself, combined with the mistaken assumption that the body cannot be represented or calculated in any way. The notion of embodied experience and my embracement of the notion of gendered embodiment as an emergent process of becoming, moves debate forward from this self-imposed *impasse*. My focus located within the (contentious) reproductive arena is somewhat ironic. Indeed, *because of* this focus, I contribute towards a rethinking of biology-society relations while providing a viable alternative to reductionism. The body, and our 'embodied understanding', is made up of parts and both experienced and interpreted within the narrative as part of the differing pieces of the mosaic that portrays the individual life story.

Participant narratives suggest we are not our bodies by definition, in any *a priori* sense yet neither are we purely an 'unfinished' body, waiting to be 'made'. In contrast, participant narratives underline an initial *expectation* that

their bodies would accomplish what they were capable of. The sense of emergence and becoming I underline here is one first temporally located, within earlier expectation, illuminated through confrontation and subsequently reflected upon. Second, the sense of emergence and becoming I describe is also one spatially located and situated within participants' negotiation of both personal and wider social networks, encounters with others and through research interaction itself. Further, the 'confrontation' or 'challenge' I describe is one which gradually exposes those moving through this experience to a different type of encounter and reflexive period, a coming-in-to-being-of-meaning and a notion in opposition to the suggestion of an underlying and unchanging sense of being. Again, my conceptualisation moves away from the essentialist position and suggestion that we can be reduced to our bodies and also counters the naïve and simplistic suggestion that a confrontational experience such as infertility will 'suddenly' expose the real meaning of the body. This is a position bound by realist undertones and assumption that there is 'something out there' waiting to be located and uncovered. Further, notions of emergence and becoming, combined with the location of the body in both time and space also overcomes the ontological silence inherent in a purely constructionist approach and difficulty dealing with the subjective *experience* of 'being' embodied. While constructionist and hermeneutic positions may share some initial affinity, a (broadly) constructionist account argues there is no single truth, or meaning to the matter of interpretation. Knowledge can never be separated from experience and thus remains mute on matters of ontology, leading to the difficulty of distinguishing between better or worse interpretations (Schwandt, 2000). Participant narratives within



this project underline the potential of language and interpretive practice to disclose 'meaning' (emerging from within the dialogic encounter itself) and thus enable to exploration of 'being' in all its dimensions.

While I have raised a number of issues for consideration here, the following analysis chapter and the use of solicited diaries offers a further and magnified dimension for exploration as the experience unfolds. Again, I underline the importance of exploring the experience of infertility not simply as a linear and directional 'process' with a start and a finish but within a biographical and temporal context. I illustrate how participants began to make sense of their embodied experiences both through confrontation and over time. I have developed notions of time and control as the central axes to my revised conceptualisation of both the body and women's embodied experience in this field. My aim in the following chapter is to further explore and compare this conceptualisation within participant negotiation of the experience and the moment itself.

## **Data analysis II: participant diaries**

A temporally-based methodological approach centred the preceding chapter and analysis of life story interviews. In relation to my understanding of women's embodied experiences in this field, the broad framework of my analysis thus far rests upon the use of time as a negotiated, experiential and analytic process. My discussion outlining the potentially relational and emergent nature of experience and understanding has required a developed analytic strategy to more effectively explore this experience and I develop this framework further in my approach to the use of participant diaries in this field. I again emphasise the value of multiple methods and concurrent opportunity to explore differing facets of experience and data. Indeed, it is through these methodological and analytical strategies that the notion of a 'relational ontology' (Mauthner and Doucet, 1998) – an understanding of the social world as a relational movement between the individual experience, history and structure – may be explored and developed more effectively in relation to women's embodied experience in this field.

It has been my contention that periods of confrontation, conceptualised as 'turning points' in the preceding chapter, challenge participants earlier assumptions, gradually exposing participants to a different type of encounter and reflexive period. In relation to women's embodied experience in this field, participants' narration of their early experiences suggested, at first, a primarily socially located body, an 'assumed' or at least an 'unquestioned' body and

one framed within both personal and wider expectations and influences. As I have discussed, reflection upon and narration of the period where participants discovered conception difficulties moved the narrative from initial descriptions of assumption and expectation towards a revisiting of past expectation, questioning of long-held past assumptions and recounting of a developing awareness in relation to bodily understanding. Further, I have argued participant narratives do not assume the body in any *a priori* sense. My conceptualisation of embodied emergence and becoming is one illuminated and located within participants narrative negotiation through perceived periods of being in control, losing control and attempting to regain control. It is here that the relationship between experience, understanding and time bears a direct relationship to our understanding of the body in this field.

It is directly to this period of 'confrontation' that I return to in this chapter, mirroring Oakley's (2000) understanding that we live *through* an experience and not in it. Again, I underline the importance of exploring women's embodied experience located within the field of infertility not as a linear and directional 'process' but from within a biographical and temporal context. In the preceding chapter, participants began to make sense of their embodied experiences both through confrontation and over time. My aim here is to explore and compare this conceptualisation and issues raised within participant negotiation of the experience and the moment itself. The use of participant diaries, in this respect, offers a further and magnified dimension for exploration as the experience unfolds. My approach to diary analysis recognises that 'the present moment may be located within a time course

which both begins in the past and stretches to the future, illustrating the sometime fiction of the (non-biographical) researcher's focus on the eternal present' (Miller, 2000: 157).

### *Organising principles: moments in time*

Throughout the findings I present here I again resist a content-only perspective. In relation to issues raised within diary narratives, I also explore *when* (keeping in view notions of emergence and becoming) and *how* (for example, directly/indirectly, explicitly/implicitly, through talk with others, reflection or through response to diary feedback) issues are raised and the potential significance of this in relation to understanding women's embodied experience in this field. As a brief example of the importance of this approach, at an earlier stage in my analytic process and using a (loosely) grounded approach, I began to develop core files, beginning the process of extracting and coding recurring themes emerging from the diary narratives, collating data segments and developing a series of thematic files, mirroring the issues raised in the preceding chapter in relation to time, control and the body. However, upon reflection, in developing these files at this point I had ignored one of my fundamental aims – the exploration of the potential emergent and relational nature of experience and understanding and a focus on not only what was *said* but also on what remained *absent* from the narratives. Exploring these areas underlines the importance of 'thinking' with the data not just at the wider theoretical level but also at a more substantive and local level (Delamont, 1992). More specifically, attention to both narrative content and movement may illustrate differing facets of the same phenomenon.

I subsequently tracked each line of text, using a manual time-tracking procedure where each line of text or text segment is identifiable in terms of source (diarist) and time (positioning in relation to the diary itself and stage of treatment). As I will illustrate, participant 'body talk' emerges through periods of confrontation and reflection during participants' treatment experiences. In the absence of a temporal perspective, an issue critical for developing understanding in this field may have remained at best, dormant and, at worst, hidden from view. To underline, for the purposes of this research, an understanding of narrative content and subsequent thematic development should not be developed out with an understanding of narrative context, narrative voice and narrative form and function (Coffey and Atkinson, 1996; Lieblich et al, 1998; Mauthner and Doucet, 1998). The following section provides a more detailed discussion of diary preparation and analysis procedures.

Prior to a series of final readings undertaken<sup>33</sup> the diaries were first prepared using the procedures outlined in Table 2 below. My aim, at this point, was to make sense of what at times appeared to be an overload of data and also to remain with the individual and subjective negotiation of the experience for a developed period of time. To underline, my focus on the notion of embodied experience in this field as a relational process of becoming first requires engagement with the complexity of participants' lives and experiences and an exploration of participants' frameworks of understanding. My approach again illustrates an analytical strategy that

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<sup>33</sup> See Table 3

moves both within and between diary narratives as participants travel along the treatment journey.

*Table 2: Diary preparation*

1.The Genetic Story	Outlining the 'objective data and the selective principles which stand independently from the researcher's interpretation (Rosenthal, 1993). Development of a case summary of each participants biography.
2.The Treatment Story	(i) Outlining the description of medical/drug treatment protocol and concurrent physical effects. (ii) Noting the narrated personal and social effects of treatment.
3.Diary Styles	(i) The style of diary-keeping and changes in style of diary-keeping in relation to: (ii) Participant feedback: the experience of diary keeping.
4. Story and style: reading together	Exploring how the diary is recorded and experienced alongside the treatment story.

Tables 2 and 3 together illustrate the move from the more 'objective' details of diary narratives and treatment protocols, towards participant negotiation of the experience itself. I again resisted the temptation to make wider and more general statements too early, a positioning reflected throughout my data findings and display. Likewise, my conceptualisation of emergence and becoming all too easily suggested that each reading may uncover an emergent theme, built upon as readings continued and participants moved through treatment. This simply may not be the case. In this respect, it was just as pertinent to maintain awareness of themes remaining constant through the data. These first preparation readings formed the basis for the development of biographical case summaries outlined further below.

Early diary analysis highlighted some ‘umbrella’ themes within the data and mirroring some issues emerging from life story interview analysis and particularly notions of control, time and the body. My subsequent utilisation of time-tracking procedures further underlined the need to remain focused upon the temporal features of the narrative, exploring not just *what* was said but also how, when and in what context. As I will illustrate, these issues are illuminated by changes in diary-keeping, style and format as participants moved through treatment. This is an example of moving from initial coding to the generation of patterns and themes to explain consistencies within the data (Marshall and Rossman, 1998; Miles and Huberman, 1994). With this in mind, I connected my analytic strategy to each treatment *phase*, again allowing the concurrent exploration of content and context and in a way clearly accessible for reading and exploring (Coffey and Atkinson, 1996: 47). However, it is not my intention to give primacy to treatment over individual experience. My focus on treatment phases is both an analytic device and one also suggested by diarists’ narratives. Table 3 (below) outlines the second sequence of readings undertaken for each participant diary.

*Table 3: Diary readings*

5. Reading for context	Treatment stage
6. Narrative as function: reading for voice and form	Focused analytic attention to the narrative voice and potential functional properties of the narrative (Coffey and Atkinson, 1996).
7. Reading relationships	Exploring diarist narration of their interpersonal networks and the broader social networks within which they live and work.
8. Reading for cultural and structural context	Placing diarists’ accounts and experiences within broader social, cultural and structural contexts. Attention to narrative and extent to which they may be shaped, formed and told according to wider connections and cultural understandings.

I began the sequence of readings identified in Table 3, keeping my summary notes from the preparation readings (Table 2) alongside. Within each individual reading and key period identified, I began by making marginal notes and summarising notations. After each reading had been completed for all diarists, notes taken and coding schema developed, the individual readings were pasted concurrently into a new file. This technique allowed me to explore diarists' narratives together at the same stage or phase of treatment. At this point, I began to work between and within the readings looking for patterns and commonalities – a continual refining process (Miles and Huberman, 1994). In this respect, I followed fairly classic analytic moves – coding, noting and reflecting, sorting, sifting and gradually elaborating – the exception being a continual focus and awareness of context and emergence, both in relation to diarists' experiences and negotiation through treatment and participation within the research setting itself.

#### *Diary Summaries: Suzanne, Joanne, Mary, Elaine, Judith and Louise*

As I have outlined above, coding schema and thematic patterns have been generated within *and* between each treatment phase, a process which allowed me to both play with and explore themes and patterns as they emerged and moved within the data (Dey, 1993). As I moved through each identified phase, I constantly compared substantive themes and explored movement and change within these themes. When I had completed the series of readings, I stepped back once more, gradually elaborating generalisations that covered the consistencies determined within the data. Through the



following sections, my aim is to both illustrate and make sense of the later emergence of 'body talk' within diarists' narratives.

First, I present semi-biographic case summaries of each diarist, compiled after diarists' first contact communication<sup>34</sup> and preliminary diary readings (Table 2). This is followed by a more specific focus on participants' negotiation of the movement through treatment itself and issues arising.

### *Suzanne*

*Suzanne is 33, in full-time employment and married to her partner, aged 42. Suzanne and her partner have been trying to conceive for twelve years. After the first six years, they were referred for infertility investigation and treatment, subsequently undergoing three IVF cycles. Initially, Suzanne received regional health authority funding for her treatment. However, her last treatment was self-financed. Suzanne has been informed further funding and treatment will be made available after twelve months and remains concerned regarding the length of wait. If Suzanne decides to self-finance treatment, treatment will be available in four weeks and the funded treatment cycle withdrawn.*

*Suzanne maintained her treatment diary from day 1 of her last treatment cycle to the day after treatment failed. After several weeks had passed, Suzanne re-established contact to provide a further update.*

#### *Tracing Issues:*

**Family and personal relations:** Suzanne describes a close and supportive family network. Despite this, Suzanne has yet to inform all family members of treatment. Suzanne describes her personal relationship as strong yet underlined with periods of depression.

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<sup>34</sup> See Appendix I

**Social relations:** Suzanne describes her social life as revolving around specific individuals. Experience and knowledge of infertility is described as central to the maintenance of successful relationships. Treatment is rarely discussed unless this criteria is satisfied: *'I even kept our 12<sup>th</sup> Wedding anniversary secret, wanting to avoid the 'when are you going to have children then?' questions.'*

**Time:** The temporal focus within Suzanne's narrative is linked to age and remains a recurrent thread through the diary narrative. As Suzanne's diary progresses, Suzanne reveals a concern with her parents age in relation to both having children and the future. Directly linked to this is the importance of time as a central axis of both the diary and treatment: a *'time of waiting and watching other people's lives move on'* and *'I'm still waiting, although not so patiently now that my age and (partner's) age is advancing fast ... I want to make my mark ... (partner) is concerned about being the last name on the headstone'*.

**Control:** Suzanne relates increasing difficulty dealing with a perceived lack of control through treatment. A degree of control is only regained when Suzanne takes a more proactive stance and makes choices regarding infertility, the treatment protocol and the future – a stance reflected in her final diary extracts and change of both format and presentation.

**The body:** Linked to issues of time, age and perceptions of control: *'I've had weight issues all my life ... I joined weightwatchers again last year, lost 12*

*pounds and then put it all back on again – and some! Now, I'm more determined. It might help treatment. I can't control what's going on inside me. It's the one thing I can make it do ...'* More specific and direct 'body talk' emerges through treatment failure and reflection: *'I feel as if my body has let me down again and that my brain's not far behind ... I feel mocked by my own body, as when a cycle fails, I get a mega-heavy period from hell to make it worse.'*

### *Joanne*

*Joanne, 38, is married to her partner, aged 35. Before marrying Joanne recalls little interest in having children. After marriage and particularly her partner's desire for children, Joanne relates a change in her attitude and has since been trying to conceive for 8 years. During the past two years, Joanne has undergone 9 IVF procedures. The first four attempts failed. The following three attempts are cancelled mid-cycle. The last two attempts using donor eggs also fail. As Joanne's diary continues, diary entries are increasingly characterised by the difficulties of juggling work commitments with children, perceived depression and a concern over the long-term physical effects of high dosage fertility drugs. Joanne describes an increasing sense of isolation within both personal and wider social relationships and networks as treatment progresses. This final treatment cycle is described as 'the final attempt before somehow coming to terms and learning to live CF (childfree).*

*Joanne's diaries commence from the beginning of treatment until two weeks after treatment has failed. At this point, Joanne and her partner finally agree to consider adoption. Several months later, Joanne re-establishes contact to advise she reconsidered, underwent one final IVF and is now pregnant with twins.*

*Tracing issues:*

**Family and personal relations:** Joanne lives some distance away from her immediate family, who are described as *'insensitive ... not understanding. They criticise for my lack of visits yet I cannot because of treatment*

*schedules.*' Joanne describes tension with her partner and the difficulties of continuing treatment protocols and failure to agree on adoption.

**Social relations:** Through the diary narrative, Joanne describes an increasing unease with both friends and work colleagues. Her social network is described as restricted, the effect of ongoing treatment: *'I have pretty much given up on all my 'friends' at this point. I think when you start going through IF (infertility) treatment, people are supportive but now they don't know what to say and how to deal with it.'* Related to this, Joanne's narrative is interspersed at regular intervals with 'updates' on several 'characters' who punctuate her narrative: a work colleague, pregnant and currently on long-term bed-rest and her therapist, criticised by Joanne for a failure to understand and support.

**Control:** Joanne describes increasing feelings of losing control and of being out of control of both the treatment process and life direction.

**Time:** Linked to Joanne's perception of control is an acute awareness of each day passing as treatment moves forward. Joanne's narrative remains primarily in the present until movements of perceived crisis and, specifically, treatment failure.

**The body:** Joanne's narrative relates an at times overwhelming concern with the physical and long-term effect of the treatment protocol and high dosage drugs. Joanne's final use of donor eggs heightens this awareness as the drug

protocol *'prepares my body to be in tune with the donor'*. As Joanne waits for the eggs, her narrative describes a *'grieving process. I don't feel like I am less of a woman but I feel as though it is very difficult for me to relate to any woman. As a woman I feel sad that I am missing out on a stage of life that practically everyone experiences ... I am the one who went through all the treatment, who initially tracked my bbt (basal body temperature), had all the tests, received all the shots ... if the problem was the man's ... then I presume the man would feel as inadequate and alienated from the rest of the world as I do'*.

### *Mary*

*Mary is 42, married to her partner, 42. Both commenced active infertility investigation aged 31. Aged 34, Mary underwent the first of three IVF cycles. The final cycle was successful. Mary began the process again aged 41 and has since undergone four IVF cycles of treatment.*

*Mary maintains her diary for a period of six months and through two treatment cycles. Diary entries remain almost entirely treatment focused. Wider issues are discussed or raised through the context of treatment itself. Expressing increasing dissatisfaction with both treatment quality and protocol as treatment continues, Mary's reliance on homeopathic and alternative remedy and treatment support continues*

#### *Tracing issues:*

**Family and personal relations:** Mary describes a close family network yet current treatment has not been revealed. During past treatment, Mary's mother voices concern over both the physical and emotional effects of treatment. Early diary narrative describes a reluctance to contact and communicate with both friends and relatives who are either pregnant or who have more than one child.

**Social relations:** Linked to the above and again characterised by increasing withdrawal: *'At friends today ... old friends. They have two children ... there was a whole crowd of us who sort of interlinked ... I have always thought I should have a son his age ... They (friends) say they want at least a five year gap between the children ... they plan their lives so carefully.'* Mary's narrative periodically returns to her perception of *'being normal. Being ordinary, being like everybody else'*. After the birth of her first child, Mary felt she had achieved this. As years move on and family and friends have more children, Mary describes her now recurrent perception of failure. This failure is experienced at a number of levels: the failure to have a larger family; the failure to provide her son with a sibling; and the failure to *'live a life as ordinary and free from the interruption of treatment'*.

**Control:** Also perceived at a number of levels. Firstly, a lack of control described as the result of inadequate medical advice and concerns over treatment. Secondly, Mary describes repeated treatment failure as resulting in enhanced feelings of being unable to control the direction of her everyday life, describing feelings of being *'in limbo'*. The difficulty of planning the future reflects on Mary's ability to both participate in and plan the present.

**Time:** Linked to the notion of control and described as *'playing the waiting game ... waiting is continuous, never-ending, waiting for treatment to start, waiting for the effects of treatment, waiting for the results and waiting for the after-effects'*.

**The body:** ‘Body talk’ in terms of the physical impact of the treatment protocol is consistent through Mary’s narrative. Towards the end of diary narratives, her description of the ‘*expectation*’ of her body intensifies. Mary describes this period as unsettled, increases her search for alternative therapies and begins to study alternative food and weight regimes. Mary describes the difficulties of *‘living with a failed body’*. *‘I felt a failure before that I could not become pregnant, for 2 years I’d forgotten and repressed those feelings and now for me I have an overwhelming sense of failure back again, failure as a woman, failure as a wife and now failure as a mother to give a sibling. I have also lost interest in myself.’*

#### *Elaine*

*Elaine is 42 and married to her partner, 47. After trying to conceive aged 30, three subsequent years of investigation and diagnosis of ‘unexplained infertility’, Elaine joined the NHS waiting list and commenced IVF four years later. After three cycles, Elaine had her first child. Two years later, Elaine and her partner made the decision to try for a second child using FET (Frozen Embryo Transfer). While waiting to be monitored for FET, Elaine conceived naturally but subsequently miscarried. Elaine is now 42 and has made the decision to invest privately in one final round of treatment. Financial concerns remain central.*

*Elaine’s diary is maintained through the final treatment, for a period of five months.*

*Tracing issues:*

**Family and personal relations:** Elaine has refused to reveal her current treatment status to both family and personal relations, despite her partner’s disagreement. Throughout Elaine’s diary narrative, the desire for secrecy remains strong and only chosen family members have been informed. Elaine’s father died prior to her first successful IVF and reference to this recurs throughout the narrative, particularly in relation to making decisions and choices: *‘... he was the arch ‘bottler upper’ of his own emotions but was*

*skilled at making me open up and making me feel better ... mum was the realist who brought me down to earth and reminded you how much failure hurts .... Dad would have just told me to take it a bit at a time, deal with each day (hour if necessary) and gradually the weeks would pass without you realising it, and the crisis would be safely behind you'.*

**Social relations:** Elaine's description of wider social interaction is also framed directly by her experience of infertility. As each treatment cycle progresses, diary narrative gradually develops Elaine's perception, and desire, to be part of *'the normal team'*, linked directly to Elaine's perception of *'the normal family ... the second buggy team'* and one without *'the undercurrent of infertility beneath us all the time'*. Elaine describes the reduction of her interaction in wider social networks as she attempts to maintain secrecy and avoid *'the inevitable questions of when you're going to have another'*.

**Time:** The notion of time is related to both physical age and to Elaine's perception of an unattainable future and description of *'being forced to stay here, in the present, waiting'*.

**Control:** The notion of control and lack of control is a central and recurrent theme through Elaine's diary narrative. Prior to treatment, Elaine describes a life of developed plans and commitment to the future. Through treatment, the times surrounding treatment and the times in between, Elaine describes a *'life on hold'*. More specifically, it is during these periods that Elaine describes her confrontation with a number of underlying issues. Elaine's description of



attempting to regain control is also linked to her described experiences of *'periodic denial'*, reflecting an unwillingness to confront the previous experience of treatment or remembering the issues in detail. Elaine later reflects on the importance of diary-keeping as a way of reconciling a number of issues she had yet to deal with.

**The body:** Linked to the issue of control, Elaine's early diary narrative describes her body as *'a month of numbers'* and *'a regime'*, *'an injection site'* and as *'a clock ticking'*: *'I pause to count up those horrid numbers at the front of the diary again. Today is day 31 – I have had one period that long before but not for about 10 years – I'm trying hard not to get my hopes up – I 'cured' myself of doing that every month about 12 years ago, recognising my sanity would slip if I didn't'*. Later, both within the narrative and in response to feedback contact, Elaine advises she is dealing with a number of issues and that the diary is proving central to this. Elaine perceives her body as *'a failure'*, a perception framed by her *'fortunate professional position and ability to control the direction I take ... I did wonder at one point whether I only wanted a baby so badly because apparently I couldn't have one but, when I thought about it, it was a deeper need than that. Also, it's the first thing in my life I've encountered that I couldn't achieve through hard work and natural ability. My body failed me here. The frustration of infertility and bewilderment ... is a new feeling for me.'*

## Judith

*Judith, 30 and her partner, 39, both work full-time and have been trying to conceive for 6 years. Both struggle to co-ordinate long working hours with treatment requirements. Referred for investigation after two years, Judith has been undergoing active treatment for four years and has been allocated three funded IVF treatment cycles. Judith's first IVF cycle resulted in positive pregnancy but subsequent miscarriage.*

*Judith maintains her diary through her second treatment cycle and for several weeks after confirmation of a positive pregnancy. Initial celebrations are dampened after doctors question the viability of the pregnancy and Judith experiences a suspected miscarriage. Despite early difficulties, Judith's pregnancy successfully proceeds.*

### *Tracing issues:*

**Family and personal relations:** Judith includes little information concerning her immediate family. Only her mother-in-law has been informed of their position, a situation Judith regrets. A younger relation is also (unexpectedly) pregnant, a situation Judith has difficulty dealing with: *'She is pregnant, accidentally. She was just saying about her 'throwing up', hearing babies heart beat, cot and high chair that she's been given and her scan in 2 weeks ... I can't really think of anything else to ask or say. Feel like I just want to disappear into my own world for a while – cannot seem to make conversation'*. Judith describes her relationship with her partner as *'crowded'* during treatment, *'infertility is always there'*.

**Social relations:** Social activities centre around Judith's church participation. While Judith has maintained a high level of secrecy surrounding her treatment within her close family, in contrast, a number of fellow church members have been informed. Judith's early diary narrative describes this as positive.

However, as Judith moves through treatment, Judith reflects on the difficulties of *'too many people knowing now'*. Judith's increasing desire for secrecy is reflected in her increasing perception of isolation and gradual withdrawal from church activities: *'Once I'm there I feel so lacking in confidence, feel scruffy (wearing baggy clothes – as stomach very uncomfortable). Don't really want to take part, so I just sit quietly at the back. Didn't feel like talking – shouldn't have gone'*.

**Work and career:** Judith's description of continuing work difficulties is constant through her narrative. Increasing tensions are described as the result of the difficulties combining treatment with work. Time off is required and Judith is informed she must work back the hours she uses to attend hospital. Work relationships are framed by her experience of infertility and (increasing) difficulty interacting with those either pregnant or with children.

**Control:** Judith's commentary here mirrors a number of issues raised by diarists. Judith describes treatment as *'a constant restraint, we just can't move on ... I hate not knowing the plan, need to book time off work ... I just want to have some form of control to get my life in order again'*. Judith's 'positive pregnancy' result and subsequent difficulties negotiating her transition through this period reveals an earlier experience of depression: *'Spoke with my friend on the telephone today, explained that I am trying not to be too positive because of last result – took me two months to accept that it hadn't worked and move on, resulted in depression and me going back on Imipramine.'*

**Time:** Judith describes her experience as *'limited to the present'*. Towards the end of treatment, Judith underlines the difficulties of juggling her hope for the present, and treatment success, with the desire to both look to the future and achieve direction.

**The body:** Judith's 'body talk' can initially be described as a constant through her diary narrative. However, the layered readings undertaken reveal firstly a narration of the more overt physical symptoms of the treatment and drug protocol and, alongside this, a developing and more direct engagement with her expectation of her body and description of failure when difficulties are encountered.

#### *Louise*

*Louise, 32, is married to her partner, 32. Louise began trying to conceive aged 26 became pregnant within a few months but subsequently miscarried. After two years dealing with related depression ('I was told not to be depressed as I wouldn't get pregnant and not to take anti-depressants as I wouldn't get pregnant!') Louise was referred for investigation, her condition 'diagnosed, treated and corrected' and Louise began a course of fertility drug treatment. After continuing failure, Louise began her first IVF cycle, resulting in a successful pregnancy test. Diaries are maintained for two and a half months, from the initial medical consultation meeting and for 4 weeks after the end of treatment.*

#### *Tracing issues:*

**Family and personal relations:** Louise describes difficulties within both personal and family relationships. Firstly, Louise advises her partner does not share the same conviction towards having children. Louise again describes a more general secrecy surrounding her treatment, reinforced by a perceived lack of understanding. Alongside this, Louise relates a sense of expectation measured against others: *'Oh but some good news today too – my younger*

*sister is getting married! In August. Terrible thing to say but I wonder if she'll get pg (pregnant) before me?'*

**Social relations:** Louise also describes a constriction within her social network and the difficulties of combining treatment with wider relationships. Related to perceived stigma and failure *'to fit in'*, Louise describes her infertility as: *'... It's like a slap in the face when someone else becomes pg (pregnant) by accident – it reminds me that I AM NOT NORMAL'* (original emphasis). Louise offers lengthy commentary surrounding these issues, relating infertility to a number of perceived social taboos including miscarriage and mental health issues. Louise describes her experience of all three as increasing the burden of treatment itself.

**Work and career:** Louise has recently commenced new employment and is encountering difficulties arranging time off for treatment.

**Control:** A strong and dominant theme throughout the diary narrative. Perceptions of initially being *'out of control'* are related to Louise's concern regarding her lack of knowledge as her first IVF cycle commences, a perception underpinned by an increasing awareness of her body.

**The body:** Linked to the issue of control: *'Just wish I knew what was going on with my body. I feel so out of control where my hormones are concerned ... I am in a right state this week. Again, I think it is feeling out of control and at the mercy of a) my body and b) doctors on a budget ... can't wait for this week to*

*be over*'. As Louise moves through treatment, diary narrative reflects both disappointment with her body, perceptions of a *'failed body'* and subsequently being at *'the mercy of my body'* and *'I can't tell my body what to do, I can't make it react the way that it should ... I'm talking about my body as if it were a third party'*.

**Time:** Again related to a number of issues described above, Louise describes the difficulty of *'being stuck in the present while my friends are moving on'*, a perception which continues despite a positive pregnancy test: *'I still feel the same, I still feel infertile ... it sounds silly, but it still seems very surreal. I feel like a non-pregnant woman who is having a rough time'*.

### *The narrative as function: living through experience*

The semi-biographic case summaries I have presented above present the early and developing themes within diary narratives. However, as I have outlined, an understanding of narrative content should not be developed out with an understanding of the *context* (of travelling through treatment, of wider structural/social/cultural influences and interactions with others), *voice* (the narrative voice and perceived changes in style) and *form* (the function of the narrative, the context, style and changes in diary recording). Before I move towards a more in-depth exploration of participant narratives, I discuss below two issues which further underline the importance of this strategy.

Firstly, I have earlier suggested that women's experience of infertility and subsequent treatment options and choices, may be conceptualised as 'confrontational' in relation to our understanding of the body. However, this is not to suggest either that access to the experience itself immediately 'opens the door' to previously inaccessible understandings, or that the experience of infertility and the treatment process may act as an inscription on a 'blank' or 'unfinished' understanding. I use the following quotation to illustrate this point:

*Elaine: The consultant asked me what drugs dose I'd been on when successful ... he looked shocked when I didn't know. I couldn't remember the treatment protocol – they thought I was barking. Part of that was the NHS regime where there just wasn't time to ask and be told such niceties but I also recognise now that I deliberately didn't ask ... I guess this is further evidence of my overall attempt at "denial" that all this has ever taken place ... in some respects it is harder this time because I don't have so much work to bury my head in – I have more time to think about it. Part of me thinks it is unhealthy to dwell on it/analyse it too much, part of me thinks it is unhealthy to ignore/deny it. Can't win at the moment, just have to take things as they come.'*

The importance of the series of reading I outline and direct focus on context and notions of emergence, reflection and becoming remains critical here. I suggest that the experience of infertility and treatment choice, combined with research participation alongside sometime periodic reflection and encounters with 'others' may contribute towards the act of meaning-making within this project. My field strategy embracing life story interviews and participant diaries allows me to explore not only *what* arises within these moments but also allows more direct access to the temporal nature of this experience and *how* and in what *form* these issues arise and emerge. This access, I suggest, may be out of reach of other less time-centred approaches. As further illustration, a number of diarists describe an inability to maintain a developed level of reflection in this field, linked, at times, to the need for distraction:

Louise: *Yesterday was such a crap day I couldn't even bring myself to write about it.* Louise recounts the difficulties of meeting pregnant workmates and conflict at work arranging time off the previous day. Louise moves on to reflect on the day's events, a process which leads to more developed reflection concerning past failures and hopes and fears for the future. The diary entry ends abruptly, *'Sorry can't write anymore tonight and feel incredibly sad'*. Louise resumes contact after several days.

Joanne: *Sorry I'm late with this. I've been trying not to think about it ... I feel calmer today and will try and explain a bit more ...'* Joanne, explaining her lack of contact. After undergoing numerous treatment cycles, Joanne had become very concerned over the imminent physical and long-term (carcinogenic) effects of the drug protocol and continued treatment. Joanne explained that not only did she feel unable to imagine a future with children, she felt unable to imagine *any* future, a process resulting in temporary withdrawal from recording the diary.

These issues may be a combination of other factors: the product of accustoming to diary format in the early stages of participation and the product of my own assumptions regarding diary entries and completion. The



importance of becoming aware of preconceived notions in the field must be underlined. Briefly, I had assumed diary entries would conform to my own prior expectations, particularly in relation to how women would reflect upon their experiences within a diary format. However, moving away from my (mistaken) assumption that the diary method automatically produces continual reflection, my focus on 'turning points' alongside my conceptualisation of emergence and becoming suggests other ways of reading the diary. This centres on my concern with not just *what* is being said but, critically, how the diary is written and used. It is through attention to these details that I am able to explore periods of reflection and withdrawal, issues arising within these periods and possible influencing factors.

At times, the more reflective moments within the diary entries are followed by entries dominated by 'incidental' daily commentary. These included, for example, shopping details, transport and travel issues, planned social events and television scheduling. Within several narratives impending treatment appeared, surprisingly, as situated in the background. In other narratives, more reflective periods were followed by periods of withdrawal from diary-keeping or a delay in the entries being forwarded. While it could be suggested that diarists may simply have nothing to say, or diarists' may be influenced by research-participation and the 'expectation' to record diary entries, I suggest it is more than this and a point which may have wider epistemological implications. In particular, I suggest accessing these periods of reflection remains critical for understanding experience in this field. Early themes 'can be distinguished by the space devoted to the theme in the text, its repetitive

nature and the number of details the teller provides about it' (Lieblich, 1998: 63). While this may be useful as an initial illustration of the dimensions of the field, this must be complemented by a more developed and temporal analytic strategy that may take account of periodic reflection in this field.

I suggest here the notion of 'reflective movement' – that the process of knowing and understanding may incorporate (critical) periods of reflection, particularly during the perceived 'confrontational' encounter or experience. This is a position supported by participant feedback:

*Elaine: Keeping the diary helps a lot. I can work out how I feel and present a more balanced face to the world ... I've never felt alone with a diary – getting it out of my head and onto paper has always been good for me ... I know you're reading it at the other end but the anonymity of e-mail is very powerful and I can always delete bits that are too sensitive even for your ears!*

Secondly, periods of reflection and emergent themes within these periods may also be illuminated by paying close attention to diarists' descriptions of encounters and relations with 'others', as my early biographical summaries have indicated. I have underlined the significance of this within my layered analytic strategy and I illustrate the point further below:

*Elaine: 'Our child was finally born ... This was a very happy period because at last we had joined the 'normal' team. I think this was one reason I decided not to tell anyone what we'd had to go through before having a child. I just wanted to be 'normal' and enjoy pushing a buggy around with all the other shadowy-eyed, shell-shocked women, complaining about sore nipples and hard to shift weight gain, comparing notes of cheap baby clothes and swapping videos for our toddlers' entertainment ... we wanted to join this particular club. When we had our child that was exactly how we felt – at last I've been allowed to join the normal club and I'm normal like everyone else. It hasn't worked out so well since ... When our friends started talking about having a second child, we thought all we had to do was return to hospital for our little frozen insurance policy ... wrong again ... meantime our friends continued to talk blithely about when to have another child.*

Louise: *Went to work ... managed to smile sweetly while pg (pregnant) girl at work repeatedly rubbed and caressed her expanding belly ... two of my closest friends came round and one announced she is 3.5 months pregnant. She said it 'just happened' and that she is 'not even thinking about it at the moment'. I know it shouldn't make a difference but they are not even married and weren't even trying. I had to smile and say congratulations, when all I could think about was how can she not be thinking about it – I think about being pregnant ALL THE TIME and I'm not even pregnant. I love my friend to bits ... But there is no right way to tell me you are pregnant. I feel so tired and feel like giving up. It's like a slap in the face when someone else becomes pg by accident – it reminds me that I AM NOT NORMAL (original emphasis).*

Diary entries are at times characterised by more detailed self-appraisal in relation to others. For example, the difficulties of dealing with family expectation, work pressures, friends, social events and pregnancy encounters. These experiences may lead, at times, to either immediate reflection within the diary or to a 'shut down' and described difficulty both dealing with and relating the encounter itself. In two cases, this process went further, resulting in negative self-appraisal in relation to others, enhanced perception of failure, voluntary isolation followed by at times secrecy and withdrawal from workmates, friends, family members and partners. To underline, encounters with others, at times, may bring to the surface and illuminate often neglected issues.

The following sections present diarists narratives through treatment illustrating the emergence, movement and development of the early themes outlined: time, control and the body. As I discussed above, I explore thematic movement through the differing stages of treatment discussed by participants: pre-treatment, during treatment and post treatment. During the pre-treatment

period, I explore participant notions of control and time as central thematic axes. The general absence of 'body talk' and its emergence and development during and beyond active treatment and results, is critical and an issue I will discuss through the final sections and following thematic summary chapter.

### *Past, present and future time: setting the scene*

The notion of 'time' is central to diarists' narration of their experiences approaching treatment. Diarists initially contextualise their early diary entries in relation to both the past and the future, underlining again the relevance of a temporal framework alongside the notion that understanding in this field cannot be developed without exploration of both the past (assumptions) and the future (expectations). In this respect, the 'setting' is perceived by participants as wider than the experience of treatment itself. Some extensive biographical commentary is provided within early diary narratives, including developed histories of past treatment, reasons for continuance and the significance of the future. I include several narrative extracts as illustration here:

*Elaine: Well, what on earth to write after all these years? How long have we got? The consultant made it clear that at my age he thought 5 more minutes would be too much delay ... at the ancient age of 42 I should be clearly queuing for my bus pass, not contemplating pregnancy again ... I had always assumed I would have children, when I wanted them. I realised I was willing to go through it all again for the chance of achieving future contentment. I'd hate to feel for the next 40 years 'what if we'd tried and had succeeded? ... I keep banging on about previous times of treatment ... but I think that's relevant still, and besides it's all coming back to me in horrid technicolour, while waiting for this time.*

*Joanne: I feel overwhelmingly sad when I think about this and what might be ahead. I feel guilt and blame ... I guess we are always searching for reason, for some meaning, trying to make*

*sense of what's coming ... I mostly try to live for now and have never thought too much about the future ... I always felt I could not know what the future would hold ... I just cannot see the point of the future at all any more.*

*Louise: When I was younger I always kind of assumed you could mostly plan life. I also had an unconscious kind of confidence that bad things happen to other people. You would hear about these bad things happening (infertility was one of them!) and think how sad, how do these people cope? ... it is a shock when you suddenly become one of these people .... So I guess I have lost most of my natural optimism for the future – that 'life is going to be alright' kind of feeling. I feel I have lost a lot of confidence – I am more afraid of what might be around the corner. The future is more frightening to me. And I don't tend to plan so much ... sometimes my fear of the past ... and of what lies ahead is so great that I can't relax now.*

Time is also perceived as 'slowed down ... even the kids in the neighbourhood seem to be growing up quicker' (Joanne), 'stood still' (Louise), 'in limbo' (Mary). Further, understanding time can be illustrated at a number of interrelated levels.

Firstly, my conceptualisation of 'past time' refers to the described assumptions of the past and an understanding of the experience of infertility as socially located. More specifically, this refers to how the experience of infertility and the approach to treatment begins to illuminate and challenge earlier hopes and assumptions.

Secondly, 'future time' again refers to the assumptions of the life plan where earlier implicit and explicit hopes and expectations for the future are brought into relief. In effect, the future steps back to the present. As Joanne narrates, *'I never think too much about the future, but now that the future with no children might be a certainty, I have no choice to face it because it is now'*.

Finally, 'present time' is described as an experience of being *'in limbo'* (Joanne), underlining a perception of the suspension of 'their' time described by several diarists. Encounters with the assumptions of past and future time, the perceived and related stasis of present time and the interdependency of these times with my conceptualisation of notions of control and the body again underlines the importance of adopting a temporal perspective for a more developed understanding of women's experience in this field. I explore this further below.

### *Controlling time: coping strategies*

Outwardly, the issue of control manifests itself through narrated awareness of the impending disruption of lifestyles, daily norms and routines as the starting date for treatment approaches and is recounted by all diarists. However, at another level, the issue of control is related to and must be understood within a temporal dimension. More specifically, this can be seen through the importance attached to the ability to 'plan life', negotiate the present and develop ideas for the future:

*Elaine: Also we've sort of put Life on hold again, pending treatment. I'm wondering whether to change career ... apart from having to mull this over carefully anyway, it doesn't help having at the back of my mind 'but if I'm successful in April I'll have a baby one year into my years training and really mess it up ... it is galling to hear others "planning" the ideal time for their next progeny with confidence, and a lot of people think having IVF actually takes away that certainty and can be planned with accuracy – ha! ha!*

The difficulty of the perceived lack of control over both impending treatment and outcome is experienced at a day to day level, causing, at times, increasing anxiety, isolation and withdrawal:

Judith: *Can't concentrate at work, so consumed with feelings. Want so badly to be pregnant – can't think of anything else ... another month, another failure ... cannot really face talking to people, feel like on a short fuse ... I just want to have some control and get my life in order again.*

Joanne: *I will have to stop running, which will really depress me ... I am not sure I can deal with this anymore ... I do not really like who I have become and just hope when this is over this will change, regardless of the outcome. I find it difficult to find happiness in much and don't see the point of anything because I don't know what will happen ... I look forward to the weekends but then find I am not happy unless I am occupied ... I feel like I am in limbo.*

Louise: *I feel that I am constantly on the edge of that cliff in danger of going over. I spend so much time on positive thinking, just to try to get me from day to day, but then a bit of the inner feeling forces its way out and I realise I am a complete mess inside. Then I hate myself for not being able to cope.*

A critical point can be raised here. Firstly, the emergence of the notion of control and particularly the suggestion concerning periods of being 'out of control' suggest being 'in control' prior to infertility and impending treatment. Secondly, this underlines the importance of exploring participants' movement in and out of control, the negotiation of and reflection upon these experiences and the issues that may arise within. For example:

Louise: *Being told to keep trying when you KNOW something is not right leads to a feeling of being out of control, which in turn leads to anxiety which in turn leads to depression. Now I am starting IVF and I don't know how my body will react. Will it react to the drugs the way it should? Will it produce eggs? Too few? Too many? Good enough quality? Will it produce a lining for them to implant? Will it be able to keep them and nurture them in the way that it should ... without me miscarrying them again? I can't tell my body what to do. I can't make it react the way that it should. I can only hope that it will. I am talking about my body as if it were a third party.*

Joanne: *Went for bloods yesterday and yes, I did ovulate. I told them I did, and at this point it seemed ridiculous to be tested. I know my body too well.*

Mary: *I feel as if I have no control over not just my body but my whole life. Infertility affects so much. We have an important wedding anniversary, birthdays etc and I'm already thinking about treatment dates etc. I still feel disappointed every month when my period comes. My month is divided into two parts. One where I'm careful to watch what I eat – no peanuts, little if any alcohol etc and two weeks where I can lift heavy things etc ... I have no control over my body. Nature appears to have little or no part – although I still hope ... My future lies in the hands of others. Nurses, drug companies, Doctors, embryologists ... so much of the treatment cycle is taken out of our hands yet our whole future is dependent on it.*

The perception of a lack of control and subsequent reflection begins to illuminate the beginnings of early 'body talk' within diarists' narratives. The sections below and exploration of participants' movement through the (active) treatment period again focus on the thematic axes of time and control. Alongside these, I begin to illustrate the more explicit emergence of 'body talk' and perceptions of the body, time and control as both co-dependent and interrelated.

*'Started At Last and Doing Something Active': public and private times*

Perceptions of the experience of 'time' during treatment can again be viewed at a number of levels. Firstly, diarists describe more developed perceptions of time slowing down or standing still:

Joanne: *I think the next month is going to drag by. I really hate the waiting ... another gloomy day out there. Time for the weekend and more waiting. Anyway, I am still in limbo.*

Elaine: *I thought I was feeling a bit better having Started At Last and Doing Something Active but ... I'm now sitting here waiting to explode or something. Wait till tomorrow when I start the drugs with the potential to be dangerous instead of just menopausal ... meantime, I wait in suspense.*

Compared to the pre-treatment period, diarists' narratives now outline a *reluctance* to recount the past and the future, illustrating a 'tightening' around



the present as participants experience treatment protocol. Again, this illustrates the importance of my focus on, and awareness of, silence and absence within the (temporal) narrative account. This focus illustrates temporality within diarists' narratives, moving from the inter-dependency of the past, present and the future to the constraints of time present. Further, thinking about both the future and the past is often seen as '*obsessing*' (Louise), underlining diarists' perceptions that these thoughts ought to be both restricted and controlled.

Secondly, my identification of 'public' and 'private' times refers to diarists' recognition of two further and related understandings of time. First, a sense of 'public' time or 'impression management' and getting things done, particularly in relation to wider expectations. Secondly, a 'private' sense of time, incorporating more developed periods of reflection. Again, the diary remains central:

*Elaine: ... sometimes things are better left unsaid on the outside. If you keep a diary they are sort of 'said' yet still 'unsaid', so you get the release without the fallout of someone else knowing your ... thoughts! ... I think it also helps that you can switch off the computer and what you've written disappears, whereas a paper diary – where do you put it?*

and then,

*Elaine: Will keep you posted. It's so hard to appear normal in the 'outside world' when you've just been to a private moon and back over the weekend ... Hospital is like a parallel planet but in a different time and place ... especially weird and unrealistic.*

Diarists' narratives prove illuminating here, providing a window to reflection behind the 'public mask', a process aided by the use of computer-mediated communication. For the purposes of my research, accessing and exploring

these differing temporal contexts and levels of management is critical for the development of an understanding of embodied experience in this field. This is a point I will again develop below in relation to notions of control and the subsequent emergence of 'body talk' within diarists' narratives.

Moving towards the end of the 'active' treatment period, I underline temporal suspension within the diarists' narratives, a perception of limbo and time standing still. Diarists' narratives underline a reluctance to look to the past or the future and a narrative focus both explained and constrained by the difficulties of the present. At times, this results in withdrawal from the diary itself to, for example *'get myself together again'* (Elaine). Mary apologises for her diary entries being *'restricted to thinking about treatment just now. I'm trying to concentrate on the day to day. I don't want to do anything out of the ordinary and I think my diary for this week might reflect this'*.

The biographical narrative, the contextualisation of the self in relation to past assumptions and future expectations illustrated prior to active treatment is more noticeable by its absence or silence within diary narratives at this point. Again, this may arguably 'say' nothing more than the result of participants both accustoming to and taking control of the diary format and experiencing the physical effects of treatment. However, I suggest the notion of 'controlling time' may more effectively explain consistencies within diarists' narratives. To develop this further, the sometime reluctance to think out with the present can be described as a coping strategy during the period of active treatment. My initial understandings of the effect of this on diary entries suggested this took

two forms. Firstly several diarists' narratives during treatment are contracted, short and 'staccato' and in marked contrast to entries during the pre-treatment period. Secondly, and again in contrast, remaining entries *increase* in content in relation to daily or incidental commentary. After my first reading, I had thought these effects negated each other. However, my layered analysis and more detailed attention to content/style/form and voice, showed these effects to be not contrasting but different facets of this same phenomenon. I use several extracts as illustration here:

*Louise: Although I find tx (treatment) incredibly stressful, I am so glad to be having it as I feel that at least we are trying and we are getting somewhere, event if it ends up being closer to a decision to adopt, or at worse, the realisation that we will never have children ... I must stop thinking like this, day by day just now.*

Approaching the end of 'active' treatment, Louise's commentary suggests she occasionally permits herself to think to the future and to hope but subsequently draws herself back to the present. At times, these more reflective periods at this stager are followed by brief diary withdrawal. For example, the three extracts below are entered on consecutive days by Suzanne:

*Suzanne: I bit of a blank day, where I did nothing out of the ordinary, or remotely inspiring. I even forgot to do this diary.*

and then

*Please find attached this weeks diary. I feel I've not really mentioned much about the treatment this week but ... I'm really trying not to think about it too much as last time round I obsessed a bit.*

Then in response to my general feedback contact,

*I'm finding the process of organising my thoughts into a diary quite therapeutic, as I'm taking some dedicated time out ... to explore my feelings and reactions to events and other people ... I am recording some things that I would not normally give voice to.*

Although entered on consecutive days, the three extracts above appear conflicting. The first (whole day) extract is brief in comparison to Suzanne's general diary entries. The second extract almost apologises for her week's diary, advising she has been trying to avoid dwelling on things too much. The next day and, apparently in contrast, Suzanne underlines the therapeutic benefits of keeping the diary itself.

On the one hand and to repeat, this type of peculiarity within the narratives may simply be a product of the perceived difficulties of research participation and both researcher/researched and researched/researcher assumptions. The act of asking even a general feed-back questions may cause 'ripples in the pond'. Participants may wonder why a question is asked and what, perhaps, is 'wrong' with their participation. However, at the start of this project, I agreed with diarists that I would make regular contact to offer the opportunity to discuss participation and any potential difficulties experienced. As diarists became more accustomed to my contacts, I hoped that this would dilute this impact as diary keeping progressed.

However, taking a more holistic view I suggest that periods of diary contraction, expansion and withdrawal, alongside notions of temporal suspension, illustrate the effects of diarists' perception of movement in and out of control and, relatedly, more developed reflection. Diarists begin to 'suspend' reflection as 'active' treatment begins and perceptions of levels of control move or change. The above extracts illustrate that the diary itself becomes part of the strategy of control maintenance which I explore in more

detail below. However, paradoxically, this strategy itself provides a point of research access that would not be immediately available using more commonplace research approaches. Further below I will develop the significance of this strategy in relation to the emergence of 'body talk' and understanding embodied experience in this field.

Again, I use narrative extracts to illustrate the differing facets of the notion of control as diarists move from approaching treatment through to the end of the active treatment period. Commencing treatment, diarists again describe an initial loss of control:

*Joanne: I am feeling like I just can't deal with everything ... I just wish I had someone to talk to ... I am feeling very upset and angry right now, everything is out of my hands ... this is never going to happen anyway and to go through this emotional turmoil and spend all this money for nothing ...*

*Judith: Received schedule from clinic, think they have filled the dates in wrong ... I hate not knowing the plan ... need to book time off work ... I need my life in order.*

Elaine, however, appears to contradict, at first expressing delight starting treatment, '*As always, I feel better for some positive action*' and underlining a sense of part control over treatment procedures. Moving to the particular, Elaine's circumstances and treatment protocol had significantly altered since the previous cycle of treatment. This is initially perceived as positive: moving from funded to private treatment, related increase in control and choosing when to start treatment, more widespread changes in treatment protocol including self-administration of injections, less direct contact with the clinic and reduction of working hours. However, as treatment moves forward, Elaine's commentary changes:

*For a start I didn't realise the solution phials were glass ... tried to open it with scissors ... and sprayed myself and the carpet with shards. Then the liquid was staggeringly difficult to get up the needle ... and the GP saying "don't spill any" because of the costs and the clinic's instructions that the drugs have to be given accurately ... I feel so utterly responsible ... On top of all this is trying to keep (daughter) at bay ... I don't want her sticking a needle into herself (what a good game, eh) and especially I don't want her telling everyone at school that 'Mummy is shooting herself up in the mornings'*

then,

*I have been surprised at how on my own I feel ... they don't want to see me at all until day 9 ... A friend who hasn't seen me since ... rang and she kept saying I sounded world weary and tired – I was actually making a supreme effort to sound bouncy and normal ... This is a hell of a waiting game, isn't it? My dad used to define the army as 'hurry up and wait' – got it in one for IVF. We're only on day 6, 3 more days to go before a scan to say whether all these needles are doing anything in there ... it's so out of my hands.*

Moving from a more positive and confident start to 'active' treatment and underlining Elaine's initial perceptions of being 'in control', Elaine's narrative subsequently recounts difficulties, leading to perceptions of both isolation and loss of control.

Again, the importance of layered reading must be emphasised here. This section describes the 'maintenance' of control, a strategy not explicitly referred to by diarists but revealed through the series of layered readings and attention to content, context, voice, style and form of diary entries. This again underlines my point that attention to narrative context alone is not sufficient to explore experience in this field. An exploration of content must also work alongside an exploration of *how* it is revealed and also what may be silent within the account. The significance of control maintenance here concerns participants' *attempts* at maintaining control, rather than its success:

Joanne: *My head is pounding from Lupron and not enough food. I know it is silly but I feel when I restrict my food intake ... I have more control over all these things I do not. It is at least something I can focus on that makes me feel good.*

Then, the following day,

*This experience is overwhelming and all consuming. Even though I work very hard, there is not much time goes by that I am not thinking about this, even if it is at the back of my head.*

Joanne's narrative underlines the inability to maintain any degree of control, either physically or emotionally, describing her treatment as 'all consuming'. Joanne's entries describe this in more detail, including: the voluntary decision to work to excess, the reluctance to return home at the end of the day and preference to work at the weekend, '*... anything to avoid thinking too much*'. The restriction of food intake can be described as a 'strategy of resistance' or alternative means of attempting to regain some form of 'bodily control', mirroring recent work in a related field<sup>35</sup>.

Louise's diary entries are less explicit:

*Just a quick note to say hello and to say that the drugs are really affecting me now – I am tired, hormonal, stressed, low and anxious. Apart from that, I feel fine. I am trying to stay positive, after all its only a few weeks and then it will be over, but I have to say I am hating this part of tx (treatment).*

Then, the next day

*I should be more positive, I know ... I must concentrate on the thought it might work. Just so tired and fed up of it all but not for much longer. I will, I must concentrate on the thought it might work. I'll stop now ...write more soon (original emphasis).*

The extracts above more implicitly underline the notion of control maintenance. Despite more fully documenting the effects of high dosage (and potentially dangerous) hormonal drugs, Louise advises '*apart from that, I feel*

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<sup>35</sup> See MacSween's 1995 sociological and feminist perspective on anorexia.

*fine*', a comment which appears contradictory. Louise subsequently ceases recording diary entries for several days.

Diarists' narrative illustrates the effects of the perceived loss of control and attempts at control maintenance. The significance of time as both a conceptual and analytical tool can be seen through the anaesthetising of past assumptions and future expectations, the related need to distract and, at times, withdrawal from the diary itself. This also links directly back to my previous notion of 'reflective movement': diary narratives may open up, close down, be explicit about the negotiation of a problem, or, through layered and time-tracked readings, display withdrawal, inability to cope or reluctance to confront or face issues, a process which, ironically, may require researcher-exclusion.

The notion of control and the differing facets I have explored above, can be used to make sense of illustrated consistencies within the data. The following section elaborates these notions more directly in relation to the thus far 'absent body' within my analysis.

### *Body narratives: emergent encounters*

As I have outlined, 'body talk' during the approach to active treatment is more noticeable by its absence from diary narratives than its presence within. This 'absence' has been exposed through my temporal approach to analysis, a point illustrated as I move backwards and forwards through identified narrative phases. Thus far, I have attributed this absence to notions of control



reduction and maintenance, temporal contraction and related notion of reflective movement as participants' journey through the experience of treatment. The following sections identify how, when and in what form 'body talk' emerges through participants' narratives and the potential significance of this in relation to my research project as a whole.

During the period of active treatment, 'body talk' is noticeable by its emergent presence within diarists' narrative: the recounting of the effects of drugs, related concerns and the experience of physical symptoms. 'Encountering' the body, in this respect, is not a continuous process but one that may occur during perceived periods of 'confrontation' with the body, particularly during the (self) administration of treatment, waiting for a 'reaction' and subsequently experiencing the effects:

*Judith: Have pain like period/cramp/wind feeling ... tummy tender feel sick too ... worry I might be over-stimulated, tummy is really aching. Took Temazepam and off to sleep.*

The next day,

*Took Temazepam and then left for clinic ... later was sick again ... very tired and aching abdomen ... we had 26 follicles, 21 eggs ... ovaries feel tender, like a stitch that doesn't go away. Feeling really tired. Just dug out last info on IVF. It has a small paragraph on OHSS<sup>36</sup>. Symptoms are nausea, enlarged ovaries causing pain and swelling ... now I am starting to worry.*

*Elaine: I woke early again today, coughing has restarted. I've started the headaches which again I understand are normal menopausal symptoms of Buserulin<sup>37</sup>. I feel bloated and I've had a 'runny tummy' for a few days – now is this from the drugs or is it because I drank a litre of tomato juice? Do I have sinus pain and headaches because of the drugs or because I have a cold? Do I have mood swings all the time because of the drugs or because*

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<sup>36</sup> Ovarian Hyper Stimulation Syndrome – a potentially dangerous reaction to the drug induced stimulation of the ovaries, used to produce enough eggs to use in the fertilisation process. Those experiencing this may have the current treatment cycle delayed or cancelled.

<sup>37</sup> Treatment drug

*this is a stressful time and I react to that by having mood swings? My stomach is sticking out horribly but then it has done for months – is it Full of Follicles or am I just eating more biscuits?*

The importance of asking questions of the data cannot be over-emphasised here. In particular, why this type of ‘body talk’ within the narrative and at this point? Again, I could suggest that this is the result of the treatment protocol itself. Before treatment commenced, a number of diarists expressed their concern regarding the effects of drugs, a concern that soon passed with the anticipation of impending treatment. As the above extracts illustrate, during active treatment, this concern becomes increasingly prominent once more. However, I also suggest an alternative viewpoint. The emergence of this type of body narrative exposes a number of issues for consideration, particularly in relation to developing temporal understanding in this field, the effect of the differing facets of the notion of control and reflective movement through the treatment journey, as I have described above. Before I develop this point further, I guide the reader to a number of narrative extracts, drawing particular attention to the narrative voice in relation to body narratives.

*Elaine: 3 more days to go before a scan to say whether all those needles are doing anything at all in there ... I’m diligently stabbing myself each morning ... I’m assuming nothing is happening in there so why spend all this money and do this to my aching system at all? I lay last night with my hands on my tummy, willing my eggs to develop.*

*Louise: I think I told you before I feel like my body isn’t mine. I am becoming increasingly nervous. It’s very strange injecting yourself with loads of drugs and you can’t see what effect they are actually having in there ... anything could be happening inside and I wouldn’t know. Going to go and stab my poor old body now with an injection full of something nasty that will keep shutting down what hormone producing functions I have ... No wonder it doesn’t seem to like me much! I haven’t been very nice to it recently!*

Suzanne: *Getting a bit obsessive (on the quiet) about what's going on down there.*

Moving through the drug regime, subsequent egg collection, fertilisation and embryo transfer, diarists begin to underline an awareness that the success or failure of treatment has become less dependent on bodily regulation by drugs and monitoring. As Louise narrates, all is dependent on her body and its ability to *'react the way that it should'*, to wait and see whether *'it will produce a lining for them to implant ... Will it be able to hold them and nurture them in the way that it should?'*

I outline here a sense of the 'passive' or 'abstracted' body, being set aside and being 'treated' alongside an increasing sense of the separation or objectification of the self and the body. Again, attention to layered reading has proven critical, particular reading for voice, style and form changes alongside participant negotiation of the experience of treatment itself. I argue notions of control and time as central thematic axes begin to make sense of how the body is both perceived and 'talked' about by diarists. I use the following thematic summary boxes (Table 4) as illustration prior to my exploration of diarists' experiences after the period of active treatment has been completed in the following sections.

Table 4: Thematic Summary

Control: Keywords	Time: Keywords	Body: Keywords
<p><b>Pre-treatment</b></p> <ul style="list-style-type: none"> <li>• Control: A life on hold</li> <li>• In and out of control</li> <li>• Controlling reflection</li> </ul> <p><b>During Treatment</b></p> <ul style="list-style-type: none"> <li>• Control reduction</li> <li>• Control maintenance</li> <li>• Controlling reflection</li> </ul>	<p><b>Pre-treatment</b></p> <ul style="list-style-type: none"> <li>• Past, present, future</li> <li>• Setting the scene</li> <li>• Contextualisation</li> <li>• Confronting time</li> </ul> <p><b>During Treatment</b></p> <ul style="list-style-type: none"> <li>• Suspending time</li> <li>• Public and private time</li> <li>• Controlling time</li> </ul>	<p><b>Pre-treatment</b></p> <ul style="list-style-type: none"> <li>• The absent body</li> </ul> <p><b>During Treatment</b></p> <ul style="list-style-type: none"> <li>• Encountering the body</li> <li>• 'Body talk'</li> <li>• The objectified body</li> </ul>

*Afterwards: meaning making and moving on*

The aim of this final section is to explore diarists' narrative and experiences after active treatment has been completed. I raise points for consideration here which I will develop further in the following chapter, bringing together life story and diary analysis within the context of my thesis as a whole.

At this point, all diarists are moving forward from active treatment. Five diarists experience *'the roller-coaster two week wait'* (Suzanne) post embryo transfer. Diarists must wait a minimum of fourteen days before testing for pregnancy. For Elaine, the treatment cycle was finally cancelled due to *'failure to respond to the drugs, they told me'*. It is important here to underline that the significance of infertility as a field of exploration in relation to women's embodied experience is not dependent upon and should not be explored in relation to either success or failure. A number of the issues I raise below represent commonalities across diary narratives, irrespective of whether diarists encounter the cancellation of treatment, success or final failure.

Further, until this point I have been able to explore the thematic axes of time, control and the body separately through diarists' narratives. However, during this period, these axes move closer together, illustrating both their interrelatedness and interdependency. I outline a number of issues below, again using narrative extract as illustration and also exploring the experience through the three stages underlined by diarists themselves: 'waiting', 'outcome' and 'moving on'.

### *Approaching the future: confronting time*

Awaiting the outcome of treatment, diarists' conceptualisation of time becomes less restrained. The future, if briefly, is perceived as moving within reach once more. In particular, diarists narrative illustrates the conflict between needing *'to know the future'* (Joanne) and inability to resist looking forward yet being *'unable to think it through properly'* (Joanne):

*Louise: So now I have gone through the symbolic rainbow/magpie phase, I am now onto the 'every-physical-symptom-going-is-a-sign-that-I-am-pregnant' phase. So I get a cramp and think that something must be happening down there (turns out it's a bit of trapped wind I think!). Are my boobs more tender than normal? (Only when I keep grabbing them to find out). Do I feel a bit sick? (yes it's called nerves). In actual fact, I feel completely normal, the same as I feel every other month ... I need to stop doing this ... one day at a time.*

The difficulties of this waiting period are further expressed in relation to advancing age. A number of diarists are approaching what is perceived as *'the end of my time to conceive'* (Elaine), where the decision to 'move on' and out of treatment is perceived as both enforced and out with their control. The remaining diarists are at comparatively earlier stages of treatment yet these perceptions remain strongly in evidence:

Louise: *Just remember – 40-something, no womb, 40-something, no womb. It will be my new chant (Sorry to all women who are 40-something with no womb, I am not picking on you especially).*

Elaine: *I feel I cheated the age barrier by succeeding at IVF last time ... but now I feel time is not on my side ... Infertility isn't just one big failure, it's a steady drip of little failures every single month.*

Judith: *Time is running through my hands and running out. I feel like one of those egg timers with sand – no matter how tightly I shut my fingers, some always seeps through.*

Although the future still remains unclear and uncertain, this further illustrates the importance of a temporal and layered analytic strategy to contextualise the content of diarists' reflection. Again, this is a point I will develop further below in relation to diarists' 'body talk' during this period.

The time post-embryo transfer is described as '*an emotionally and physically traumatic roller-coaster ride*' (Elaine). Facing the result is, not surprisingly, a difficult process:

Mary: *We both knew what the result was going to be but are still disappointed. Feel like you have lost control of your life again ... I just cannot be bothered with any kind of change. I want control of my life again to see what might be ahead ... I feel resentful that choices have been taken away from me. My life, in the past ten years, has not gone the way I expected ... my future lies in the hands of others – I can't plan the next stage of my life until I complete this mission!!! I don't think I have ever been as honest about how I feel about infertility. Keeping this diary ... has made me confront some of the emotions which have been stifled for so long. It has forced me to take a long hard look at my life and understand the impact infertility has had on it ... I find I want to complete the diary as a way of releasing the tensions that have built up.*

Suzanne: *Went for a long walk with (partner) and didn't really talk about it at all. He reckons I'm daft for testing so early, but I suppose I'm cowardly at heart and just can't face up to my period starting with no warning. We went to the garden centre to get compost and somehow ended up buying yet another variety of tomato seeds ... I feel quite numb and totally unready to face the future, whatever it holds for us.*

The above extracts characterise the four diarists experiencing unsuccessful treatment, either through a cancelled treatment cycle, early menstruation or negative pregnancy test. The difficulty moving from the present is again compounded by the perceived inability to plan the future. Subsequently, Elaine, Joanne and Suzanne advised they were withdrawing from diary-keeping:

*Elaine: I need a rest from it all at the moment ... we'll just have to retreat to lick our wounds again for a while until we bounce back ... will write again when have something to report. Chin up time!*

*Joanne: I am trying not to think too much, I can't write just now ... I am not feeling equipped to deal with this, I don't want to go on and never have a child but I don't have a say in that ... I can't sleep very much. Well, I guess this is the end of the journal as the journey has now ended.*

Judith and Louise both receive a positive pregnancy result. After initial celebrations, the above extracts also characterise their experiences. Both express a sense of disbelief, compounded by immediate reflection on past failures, miscarriages and uncertainty surrounding what the future might hold. They are both aware – *'and I have been warned by the clinic'* (Louise) – that an early pregnancy may be a non-viable 'chemical pregnancy' and the result of high level hormone-inducing drugs affecting subsequent pregnancy testing and inducing a positive result. Judith and Louise also experience early and severe bleeding. Both withdraw from diary keeping for brief periods. Perhaps critically, the diary becomes an integral part of the experience itself.

### *The body: experience and context*

However, prior to periods of withdrawal, more explicit 'body talk' emerges once more within diarists narratives. Through my analysis, I have set the scene for the movement and emergence of 'body talk' within diary narratives. I have illustrated the absence of the body and the emergence and subsequent abstraction or objectification of the body through the narratives (See box three above). In this section, I outline further changes in body narrative.

Early narration during this period again underlines my previous notion of the 'abstracted' or 'objectified' body, more specifically in relation to perceptions of failure:

*Elaine: Infertility has had a huge impact on my perception of my body ... the first time I've run into a brick wall with something my body has failed in.*

*Mary: I feel a failure ... for two years I'd forgotten or repressed those feelings and now for me I have an overwhelming sense of failure back again. I've been failed by my body, I've failed as a woman, failed as a wife and now failed as a mother to give a sibling.*

*Suzanne: I feel mocked by my own body. Don't know if I can face another treatment. Right now just want control of my life and my body back again.*

However, attention to my layered and temporal analytic strategy and in particular focusing on the voice and style of diarists' narration, a change is perceived through several narratives. This movement also mirrors Lindemann's (1997) identification of three levels of the body: the objectified body, the experiencing body and the experienced body. For example and using Elaine's narrative as illustration and paying attention to how diarists speak about themselves through change in voice and the use of personal



pronoun (Mauthner and Doucet, 1998), Elaine's early diary narrative describes her body through the treatment passage as the *object* of treatment: 'I wonder if anything is going on in there' and then 'it hasn't reacted yet' (my emphasis). After the subsequent cancellation of treatment, the voice of Elaine's narrative changes to:

*I wasn't responding properly ... doctors think that this may be a sign that my FSH<sup>38</sup> is not so healthy after all. I raised the subject yet again of my peculiar periods. Now he says the 'drip drip' start to my periods is a sign of decreasing progesterone. That sounds like I'm going menopausal more than anyone has ever said before (my emphasis).*

Attention to the functional properties of the narrative and changes to the style and voice of diarists' narrative illuminates movement from the 'objectified' body, outlined above, through the experiencing body and finally, towards a form of convergence and sense of 'claiming' the body.

However, my notion of convergence here cannot be understood as isolated from the influence of context and social location.

*Mary: Went to swing park today. Saw numerous women pushing double-buggies. Their first child did not look any older than mine. I cannot help but feel a sense of failure on my part ... I just feel slightly out of it.*

*Louise: I still don't feel pg ... I still feel like an infertile person. My body still feels the same ... was I supposed to feel any different? I don't know. When I hear other people's pg or birth announcements, it still makes me feel sad. I thought when I was pregnant I wouldn't care anymore and that my body would feel different but my body still feels the same. (partner) is going to see his cousin, nephew and his cousin's 8 month pregnant wife today but I just couldn't face it ... Sometimes I pretend to myself that I don't really want this as much as I think I do. I tell myself that I have just become a bit obsessed and that it's not that great having children really. Then I see a woman with a new-born baby and everybody smiling and I know it's not true.*

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<sup>38</sup> Follicle Stimulating Hormone

I have earlier suggested emergent themes within diarists' reflection may also be illuminated by paying close attention to the location of diarists' narrative within a wider context, a point useful to revisit in relation to emergent 'body talk'.

The periods of silence (from a few days to several weeks) I have illustrated within diary narratives suggest a period of stepping back, adjustment, taking control and moving forward again. Diarists' employ a number of strategies for moving on and, in this last section, I return to each individual diarist.

Elaine

After initially advising this was her last attempt and voicing concerns over long-term drug effects and advancing age, Elaine reconsiders and decides to undergo *'one final course of treatment. We will keep going through the summer until we come to our senses and decide to spend some money on another good holiday instead of chasing rainbows'*. For Elaine, the 'failure' of treatment paves the way not just for an exploration of the future but also the narration of a growing awareness of the significance of widespread cultural assumptions embedded in expectations of the future and particularly in relation to the social location and expectation of parenthood:

*It struck me yesterday how widespread is the cultural assumption that we will be able to have kids. I was watching something on TV with come kids of about 9 or 10 – one of them said 'when I have children I'm going to call them after Sclub7. Note 'when' not 'if'. I suppose it would be a sign of an unusually premature knowledge of how difficulty parenting is if a child that age had decided not to have kids of their own voluntarily, but there was no question at all in her mind, not only that she would have kids but she could. That's exactly the same as I was, and presumably 99.9% of everybody else. Hence the huge shock when it doesn't happen.*

Joanne

A negative result, perceived concurrent pressures and a heightened awareness that *'time is running out'* expose, for Joanne, the level of expectation and norm which affects her view of the future:

*The other recipient was successful<sup>39</sup>. This has hit me so hard ... could I have let there be any variables? If it's not the progesterone then it's me – I can't face another treatment. I just want to disappear ... Went to dinner ... was inundated with people asking me if we were planning to have children. They would not stop until they were satisfied. SO, I told them that it did not seem to be a possibility. And yes, they could not stop there, they had to ask me if I thought about IVF. So, I said, well I have tried that about 8 times. Why are people such idiots.*

After initial disagreement, Joanne and her partner agree to move forward with adoption:

*He said lets get going on the Chinese adoption. I was floored ... but I have taken action because I want to move on, I don't want any more time to be wasted. I can get started on the home study and other documentation ... It seems like such a long time but finally I have some hope for the future. I didn't realise how badly this was affecting me until we made the decision to stop and move forward.*

Joanne's entry represents a dramatic change in both the voice and style of narration as compared to both pre-treatment and during treatment narratives. While previously causing me some concern, Joanne's narrative voice appears more positive and in control. The above extract also became the final diary entry for Joanne. Joanne subsequently advised that the journal had been helpful and she no longer felt the need to maintain a journal: *'It's acted as a stream of consciousness for me. I have put the past behind me now and move forward.'* Joanne periodically kept me up to date with adoption

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<sup>39</sup> Joanne participated in an 'egg share' plan, where she is the recipient of 'spare' donor eggs. In usual circumstances, the donor is then charged a reduced fee.

proceedings. After a silence of 3 months, Joanne e-mailed me to inform she had decided on one last course of treatment and was now pregnant with twins.

## Suzanne

For Suzanne, diary withdrawal after treatment failure is prolonged. When contact finally resumes, the format of the diary itself has dramatically changed and is presented as a series of 'chapters', using enhanced formatting, texture and font styles. Suzanne provides a 'flash back' summary of events under the titles:

*The Infertility Thing:* advising their will await their final funded cycle but, despite a perception of their lives remaining 'on hold', life will also move on.

*The House Thing:* Suzanne's strategy of 'moving on' also incorporates a change in residence. Suzanne has witnessed her estate changed as older tenant have died and been replaced with younger families and is reluctant to stay to witness these families grow up.

*The Career Thing:* Related to this, Suzanne takes advantage of the break in treatment to move away from her current position and into a seconded post.

*New Friends:* Again related to the above, Suzanne describes relief moving to a new post '*with no history*'. Alongside, Suzanne increases her interaction within online support forums. Finally, Suzanne advises:

*Strangely, I don't know that I want to continue with the structure of the diary, although it was a great tool to help me focus and reflect ... you might think I'm weird, but it helped me sleep as I got the day thrashed out before going to bed and I could relax much easier than during the 'diary free' treatment. I'm trying to stay focused on the future ... and we need to move on. In a way, I'm closing the book. I can't change anything else but I can move forward.*

Mary

Mary contemplates a return to work after choosing, several years previously, to stop work in an attempt to reduce treatment stress.

*After all of this I need to move on somehow. My friend told me about some part time work which would fit in with nursery. It's been a long time but I need to take my mind away from things.*

Judith

Judith continued to maintain her diary for several weeks after the positive result. Judith remained very active within the infertility support forum, joining a 'sister' support group<sup>40</sup> once early pregnancy difficulties had been resolved. At this point, Judith advised she would discontinue her diary as she was 'no longer sure what to write about'. Linked to this, Judith outlines her perception of the move to the 'sister' group as a 'graduation' – both a step upwards and a step away from previous infertility treatment:

*I'm glad I have finally graduated to this group – but it's a shame for them, isn't it?*

Louise

After initially struggling with the idea of leaving the infertility support forum, Louise subsequently advises an end to her diary keeping:

*It's almost as if I feel I have moved on and some part of my brain can't understand why they (forum members) haven't moved on with me ... in*

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<sup>40</sup> For those pregnant after treatment

*some ways, in my mind now it seems worse now than it ever was when I was there.*

and then,

*I do feel that I am finding it increasingly difficulty to keep up entries. This is partly because of feeling tired all the time but also partly because I think part of me want to leave all that part of my life behind and to move on. I'm not sure how much I realised that until recently.*

### *Making Meaning: the body*

Participants' travels through the treatment encounter alongside the continuing experience of infertility underlines my conception of the relationship between experience, understanding and time. As I have previously argued, this again underlines the importance of a temporal and layered analytical approach. I raise two critical points here which I will also explore in the following thematic summary chapter.

Firstly, the relationship between experience, understanding and time bears a direct relationship to understanding the body in this field. This experience exposes, for diarists, the assumption of a '*controllable reality*' (Adam, 1995). Diarists, if momentarily, appear to reassemble their reality, moving from '*disembodied, passive observers. Disembedded from the temporalities and chronologies of being and separated from past, present and future*' (Adam, 1995: 149-163) towards embodied and timely aware participants.

Secondly, my analysis has explored not just the dominant themes and patterns emerging from the data but also, critically, the *movement* of these patterns and themes *through* the data, an analytic process involving constant comparison and movement backwards and forwards through the narratives.

This also suggests an epistemological challenge which perhaps begins to ask questions of more conventional research approaches in this field. I explore both these point in more detail in the following thematic summary chapter.

## **Together again: the history and the moment**

My analysis has purposefully maintained a detailed and lengthy focus on both participant life story interviews and diary narratives. If attention is not paid to the complexity of individual experience and we do not take the time and trouble to listen to participants, we risk confirming what we already know (Mauthner and Doucet, 1998). As I have outlined, 'listening' necessarily required a temporal and layered analytical strategy as participants negotiated, reflected upon and recounted the experience itself. The final level of my analytic strategy is to use the substantive elements identified in the preceding chapters to begin to move away from anchorage in the narrative alone. As Mauthner and Doucet (1998) suggest, this final move must incorporate the breaking up of narrative accounts as a way of linking individual narratives with the stories told by the data set as a whole and an engagement with 'formal ideas at a more general level' (Coffey and Atkinson, 1996: 141). My developed analytical, temporal and biographical frameworks within life story and diary narratives act as points of comparison, illustrating common thematic elements and dimensions. Through this chapter, I draw further on these thematic elements and dimensions to illuminate my revised conceptualisation of the female body and women's experiences in this field.

### *Producing narratives: researcher and participant*

However, prior to further explication here, I return to a perceived persistent and obdurate problem within the research process: the place of the



researcher within the analysed views of the researched and the question of the degree to which analysis reflects or depicts what the researcher is looking at. My analytic strategy has already highlighted my prolonged immersion within the complexities of individual narratives. In this section, I consider further the relationship between my approach to research and my presentation of participants' narratives and experiences. In particular, I consider the epistemological status of my work in relation to reflexivity and representation.

Adopting a relational strategy towards analysis, my aim has not been the attainment of a 'pure' story but an awareness and understanding that the factors and processes that influence accounts reflect world views that 'draw both on a shared fund of ideas ... and on the individual teller's life experiences' (Bowes et al, 1997: 116). Understanding participant narratives, particularly in relation to embodied experiences, requires *engagement*, a position influenced, in this research, by feminist and hermeneutic perspectives and my related aim to clarify the *conditions* within which both meaning-making and understanding takes place. More specifically and as Bell (1998: 82) argues, participant narratives need to be acknowledged as constructed by *both* the story-teller and, through the process of research and analysis, by the soliciting researcher. Further, these perceived difficulties are not problems to be overcome but, on the contrary, must be embraced as part of authentic social interaction in itself. Mauthner and Doucet (1998) rightly argue that little has been written regarding issues of reflexivity, power, voice and authority in the data analysis stages. This echoes my initial concerns and 'uncomfortable'

feelings being confronted with the temporal, subjective and interpretive nature of analysis, illustrated by my in-depth and critical appraisal of the predominance of grounded theory as an analytic strategy. While Morley (1997:140 cited in Letherby, 2002) argues grounded theory was earlier seen as compatible with feminism, Morley also adds that 'no feminist study can be politically neutral, completely inductive or solely based on grounded theory, as all work is theoretically grounded'. While I agree with this position, I have also problematised the use of grounded theory as an ontologically *silent* analytic strategy which problematises the exploration of women's embodied experience in this field, particularly within data analysis. As Miller (2000: 129) suggests, while situation and structure may affect an individual's experience, they do not ultimately determine it. I again underline my earlier point that there may be some aspects of experience which are not linguistically constituted in the first instance, which may emerge over time and which may be illustrated through the dialogic and interpretive encounters within the research process itself. As I have discussed, this is a position particularly relevant to the female body and women's embodied experiences in this field.

In response to Mauthner and Doucet (1998), through my earlier chapters I argued that the point is not to free ourselves from preconceptions but to examine them within the dialogic encounter, a reflective and reflexive practice that *impacts* upon power relations inherent in the research process and one which makes the researcher, as well as the researched, the focus of critical appraisal. As I have discussed, the 'self' – and I include here both the researcher and participant 'self' - is not necessarily a problem to be

eradicated but, rather, may be seen as a set of resources (Olesen, 2000; Schwandt, 2000). As Charmaz (2002) argues, the narrator's trust in the interpreter or interviewer permits an exchange or flow of ideas to emerge. Further, 'the person reaffirms self and moral status through forming the story and articulating the moral message within it. The presence of the responsive interviewer further affirms the view of the self in the story' (Charmaz, 2002: 317). However, as Mauthner and Doucet (1998) argue, there is a need to clarify the sometimes blurred distinction between the narrative itself and its interpretation. By exploring the development of my analytic process and the practice of reflexivity within, I place myself directly within my analysis. The notion of reflexivity – the reflection upon and understanding of our own personal, political and intellectual autobiographies and making explicit our location in relation to respondents – has remained a central concern throughout my analysis. The narratives I presented in the preceding chapters are necessarily compositional, reflecting both the viewer and the viewed. In agreement with Schwandt (2000), the traditions of understanding which constrain thought are not powerful enough to place a limit on interpretation or the ability to decide *normatively* between interpretations and it is within this normative dimension that I am situated as co-producer of participant narratives and dialogue. While we can never *decisively* determine the correctness of an interpretation, what counts and is justified as a better interpretation is one which justifies a move to another interpretation by exposing the weaknesses of a previous interpretation. Reflexivity and the debate on matters ontological remains central here and, as I will discuss, my approach distances my research from the limitations of a broadly social

constructionist perspective in relation to understanding and exploring embodied experience.

In the preceding chapters I made an illustrative decision to give primacy to participants' voices. Somewhat ironically, this process itself may arguably suggest the power of my own voice is more noticeable by its very absence. However, remaining sensitive to issues of voice, power and authority throughout the research process, alongside recognition of my role as co-producer of the narratives, goes some way towards responding to this difficulty. In this respect, I developed my data through a number of levels. Throughout my research, I documented and reflected upon my role as researcher and interpreter through my research journal. At a fieldwork level, this also included regular feedback sessions with participants where we summarised and reflected upon issues raised, both clarifying and developing our interpretations and, where necessary, incorporating these changes into my ongoing analysis. In this respect and in agreement with Reinharz (1987), my ability to interpret was also strengthened by my personal experience and familiarity with both process and procedures. Further, my aim has been not to neutralise the social nature of interpretation but, on the contrary, to admit this into my analysis as a positive, reflexive and temporal tool. In this respect, my analytic strategy comprises both participants and my self as researcher, as reflexive individuals, reflecting backwards and forwards throughout the research encounter. Further, this is a position which illustrates the advantages of both a feminist and hermeneutic approach to both analysis and

interpretation. Without this level of reflexivity, the potential for considering the benefits of this position remains limited.

To underline, I embraced this approach not to solve the problems of understanding (as this would be contrary to the central tenets of this approach) but to, firstly, clarify the *conditions* in which understanding takes place and particularly in relation to the female and experiential body. Secondly, meaning may be uncovered but this meaning is necessarily a product of the interpretive act /dialogic encounter itself. Further, the interpretive act/dialogic encounter is one that is also temporally situated on three levels: firstly, my own researcher reflections throughout the research process; secondly, participants' ongoing reflection of the experience of infertility itself and, finally, recognition of our roles as co-producers of the narratives and stories within this research.

However, any criticism that this meaning is relative and contextual surely rests on the proposition that there is another 'more truthful' or external meaning, which, as Schwandt (2000) suggests, is invalid. While this issue is far from resolved, in agreement with Humphries (1997) the way forward must involve the interrogation of our own position within the research process, turning back on ourselves, as researchers, the very lenses with which we scrutinise the lives of women and, in particular, looking for tensions, contradictions and complicities. However, within this research, this has been far more than simply a 'confessional' or distancing exercise. This reflective practice impacts upon the power relations at times inherent in the research

process and makes the researcher, as well as the researched, the focus of critical appraisal and, in this sense, goes beyond mere reflection and confession. In response to Mauthner and Doucet's (1998) critique, acknowledgement of my reflexivity within the research relationship, alongside my role as co-producer of participants' narratives, goes some way towards both equalising power relations within the research process and developing my conceptualisation of gendered embodiment in this field. Further, while I acknowledge both myself and participants as co-producers of the narratives, underlining the need to remain critical towards and account for the researchers' power within the research process, I also echo Letherby's (2002: 4.5) position that 'we should not characterise respondents as uniformly passive or powerless'. Indeed, many of the participants welcomed – and found therapeutic – the chance to participate. Acknowledging the significance of my past experience, Dorothy advised she would *'take part because it's a sort of therapy for me and you'll tell it how it is. I don't have to explain every little thing because you've been there'*. Alongside this, during participation and through the process of reflection, participants described making sense of their experiences, making choices as to what to include in their story or their diary. Participants, as I did, revisited and refined these choices and stories told in response to either continued reflection or research interaction and feedback. It is precisely this acknowledgment of my situatedness as co-producer of participant dialogues and narratives and the temporally-situated nature of these narratives, which again effectively distances my research from the weaknesses of broadly social constructionist approaches towards understanding experience in this field. Through my constant and temporal

comparison between these stories, I have identified common thematic elements under the umbrella themes of time, control and the body in relation to women's embodied experience to aid my move away from the more holistic understanding of individual stories towards tackling the data set as a whole.

Within the following sections, I firstly revisit and summarise my identification of the related weaknesses and limitations of existing theoretical positions raised within my early chapters. As I have discussed, up until now one of the effects of the more popularised and organicist philosophies has been resistance to the notion of a 'reflexive self' as a sociological alternative to the exploration of subjectivity previously grounded in the psychoanalytic tradition (Jackson, 2000: 99). This is a notion that is resisted on the grounds that it presupposes a pre-social 'I' and, as I have argued, suggests a misplaced ontological anxiety. Moving through this chapter, I aim to further problematise this misplaced ontological anxiety in relation to the female body and women's experience in this field. To move beyond these limitations, I then summarise the key themes developed from my analysis. Subsequently, I move between life story and diary narratives, developing these themes further and in relation to the limitations identified. Finally, I make further use of my identified temporal frameworks to explore the conceptual space I have identified between more contemporary yet static and generic notions of the term 'embodied', the temporal dimensions within the notion of embodiment itself and its relation to exploring, understanding and illustrating women's experience in this field

## *Social theory and the body: a review*

My early chapters explored how attempts to move beyond the restrictions of Enlightenment thought in relation to the body revealed the strong influence of epistemological and ontological constraints (Soper, 1986; Archer, 2000). In relation to more contemporary theorising, I explored more recent developments by employing a framework of 'body dimensions'. In brief, my early chapters identified and illustrated the (still persistent) notion of the social actor as a *disembodied* agent. Exploring this difficulty further, this reflected a resistance to moving beyond the 'exteriority' of the human body. Through these chapters, I acknowledged recent developments within the field of the sociology of the body and the arguable recuperation of the body within sociology. However, while promising moves have been made, a truly embodied conceptual framework remained elusive. Remarkably little theory has entered the body and considered the body in terms of its own inner processes, a positioning I described, coining Braidotti (1989) as 'exteriority without depth'. This has been the result of a persistent ontological queasiness concerning bodily interiority – bodies appeared significant only in response to *external* problems when society is brought into the equation. Until recently, there has been little suggestion of the body as an integral rather than reactive component of human agency. In particular, the exclusion of the interior of the body problematises any integration between not just what bodies *mean* but also what they can *do* (Budgeon, 2003). A truly embodied theoretical framework must include and explore the differing experiences of male and female bodies. To move beyond these difficulties, the need to continually problematise conceptual foundations and explore the *potentiality* and *capacity*



of the female body has lost currency. Before developing my conceptualisation further, I acknowledge a number of more recent influences: Crossley's (2001) conceptualisation of embodied consciousness in the form of a relational, reflective and comparative ontology; Witz's (2000: 2001) recent commentary directing attention to the gendered fabric of social *becoming* and recent (Crossley, 1995; 1996; 2001; Nettleton and Watson, 1998) phenomenologically-inflected use of the term embodiment and the location of the body within networks of social, moral and cultural orders. Further, I employed revised biological and temporal frameworks throughout my research to develop a theoretical account of the process of embodiment itself in relation to women's experience in this field. I expand these points below.

### *Locating the field*

Thus the central concerns of this thesis have, firstly, focused upon the development of my conceptualisation of the body as an integral component of human agency. Secondly, as a field of exploration and building on my earlier research (Illingworth, 2000; 2001), my focus has rested upon how the process of reproduction and women's experience of infertility could be both theorised and explored without succumbing to a negatively defined, ahistorical state of being in nature or abstracting to the point of material insignificance and invisibility. Thirdly and acknowledging more recent moves, this thesis has called for the necessary recuperation of the female body within an embodied and gendered analytic. This recuperation must not rest on the exteriority of the female body alone and must necessarily include recognition of the interiority, capacity and potentiality of the female body.

Thus I have problematised the generic assumption within the notion that sociology has now moved to a more embodied perspective. This perspective must now move away from the singular focus on the surface of the body, on the social components of the body in isolation to one that explores the gendered body, *including* its varying capacity and potentiality, in interaction. This must also rightly include a power dimension and lead to an inevitable and *developed* engagement with both feminist theorising and gender work.

Further, the misappropriation of (variable) feminist scholarship and resultant suggestion of a 'generic' body combined with the influence of postmodernist notions of multiple voices, has increasingly made problematic attempts to explore the particularity of women's embodied experiences. More specifically, the perceived dangers and move away from notions of an essential or 'foundational' body has resulted in a failure to effectively explore the female *and* gendered body. As I have discussed, many of the 'new' body theorists seemed reluctant to draw upon the feminist scholarship of the body. While recent collections have begun to explore the lived experience of embodiment (for example, Backett-Milburn and McKie, 2001; Watson and Cunningham-Burley, 2001) the difficulty 'naming' and exploring the female body remain and further reflect continuing debate concerning the nature of the relationship between biology, gender and sexuality. Further, this also reflected the lengthy conceptual grappling with the status of the body within feminist theorising itself.

In relation to these difficulties, these misassumptions have had critical consequences and I summarise these briefly here. Firstly, a losing sight of the capability of the female body itself, combined with the mistaken assumption that the body cannot be calculated or represented in any way. The lack of engagement with feminist scholarship, combined with attempts to devalorise the body within feminist theorising itself (Witz, 2000), results in a premature disengagement with both the female body and the concept and process of embodiment itself. However, bringing the biological body into our sociological theorising need not entail a slide into former reductionist traps. Relatedly, current thought has failed to both extricate and explore the concept of embodiment (the exploration of how we experience the body in everyday life) from a sociology of the body more concerned with theorising the body. Secondly, this has contributed to a resistance to exploration beyond perceived biological boundaries. The sense of inevitable progression into this field promoted by Shilling (1993; 2001) further strengthens these boundaries. As Birke (2000) argues, what goes on inside the body has remained a mystery. If the body has any interiority at all, it is explained through psychoanalysis. In response to these difficulties, I have used more contemporary thinking (Adam, 1989; 1990; 1995; Rose, 1997; Birke, 2000) to transgress biological, temporal and theoretical boundaries which restrict development in this field and the recuperation of the female body within an embodied and gendered framework. As my fieldwork has illustrated, and I draw further on this in the following sections, existing conceptual positions remain premised upon and reinforce existing barriers between the body and the social, a positioning that remains influenced by the misplaced assumptions of foundational facticity.

As I will illustrate, my approach to the field, subsequent analytic strategy and women's narratives within succeeds in deconstructing the body as the *bedrock* of difference. The conceptual foundations of my methodological and analytical strategy have rested on a move beyond persistent biological and temporal assumptions. In making this move, participant narratives within this research illustrate – and also take issue with - embedded biological assumptions and temporal constraints. In this respect, and through the following sections, I draw on alternative tales to embrace the interiority of the female body, narratives which also *validate* difference to do justice to the *particularity* of women's embodied experiences.

#### *Thinking through the body: key themes*

In this section I, firstly, summarise themes from life story narratives and, secondly, diary narratives. Finally, and in keeping with my analytic strategy, I expand these themes further by drawing *across* participant narratives, focusing on the three thematic axes central to participants' stories and encounters: time, control and the body.

Through life story narratives, participants contextualised narratives and, using a range of 'voice', illustrated the differing, yet interrelated, layers of understanding and experience: the *expectant* voice, the *experiential* voice and the *meaning* voice. Exploring this further, I illustrated the importance of considering narratives as functional and illuminated a common link between differing voices: both the *control* and the *negotiation* of experience, the *process* of reflection (including researcher-participant interaction) and the

advantages of a temporal perspective in this field. Critically, recognition of the location of the body both in time and in space overcomes the ontological silence inherent within a purely constructionist approach and the difficulty dealing with the subjective experience of embodiment itself. In particular, participant narratives illustrated the *temporal* process of meaning making and *emergence* of embodied becoming through participant conceptualisation of the experience of infertility as a reflective 'turning point'. In particular, participants began to make sense of their embodied experiences both through confrontation, in relation to wider social relations, and over time.

Through diary narratives, I explored and compared this conceptualisation within participant negotiation of the experience and moment itself, adapting Oakley's (2000) understanding that we live *through* an experience and not in it. Again, I resisted a content-only perspective, exploring narrative content, function *and* movement as illustrative of differing facets of the same phenomenon. Early diary analysis highlighted 'umbrella' themes within the narratives – control, time and the body – and mirroring issues emerging within life story narratives. The important of my analytic strategy and direct focus on context, emergence, reflection and becoming remained critical. I suggested that the experience of infertility and treatment choice, combined with research participation alongside periodic reflection and encounters with 'others' contributed to the act of meaning making itself. Again, notions of time and control emerged as central axes to a revised conceptualisation of the body and women's experience in this field. In particular, my analytic strategy illuminated *how, when* and in what *form* 'body talk' emerged through

participant narratives. Through the following sections, I develop these thematic elements across both life story and diary narratives.

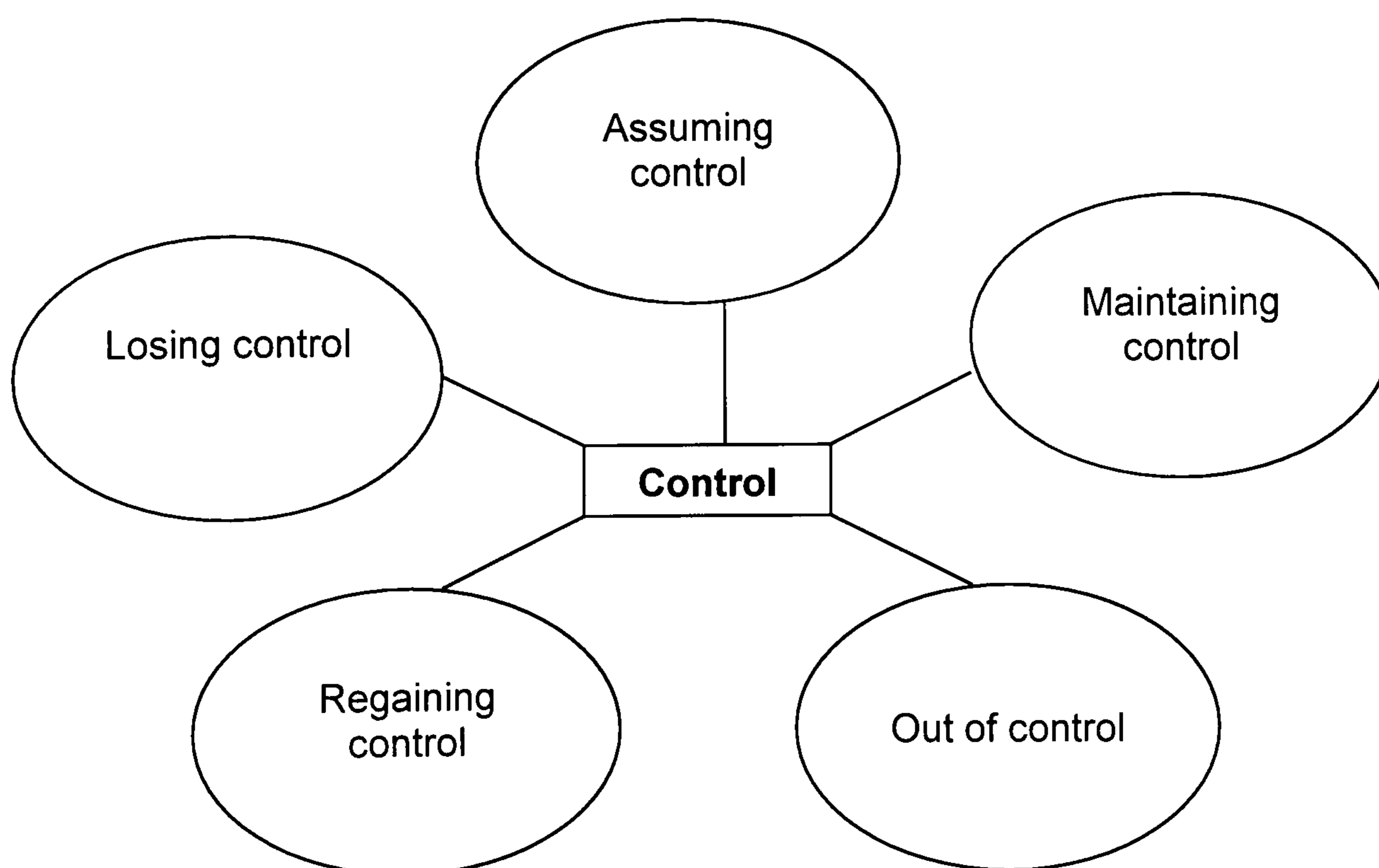
*Control, time and the body: moving across narratives*

I focus first on the thematic axes of control and time emerging early within participant narratives. The absence and subsequent emergence of ‘body talk’ within the narratives must also be viewed as related to these issues. The summary analysis I present further illustrates the sense and process of meaning-making, embodied becoming and interdependency with notions of control and time.

*Negotiating dimensions of control*

The notion of control manifests itself through participant encounters with, negotiation of and reflection upon the experience of infertility and treatment.

Figure 6 below illustrates related facets within the notion of control:



*Figure 6: Elements of control*

Within participants' life story narratives, the significance of either explicit or implicit early assumptions alongside developing '*life plans*' (Dorothy) remained central to early reflection. For some participants, 'life plans' had been formulated from an early age. For others, this process was more gradual and developed through participants' encounters with and movement through perceived 'role transitions' (Clausen, 1998). These transitions included, for example, partnership/marriage/divorce, new encounters or relationships and perceived life threatening or life changing experiences. Reflecting on the experience of diagnoses and treatment, participants described an initial sense of 'losing control', at two levels. Firstly, the lack of personal control over the treatment regime and secondly, a related perceived lack of control over future direction and life planning. It is within this movement from the initial sense of losing control, to the descriptions of life '*limbo*' (Mary), to the importance of regaining control that a number of significant issues emerged within participant narratives, particularly in relation to notions of time and body narratives, which I will explore further below.

Diary narratives illustrate a similar process. Approaching treatment, the issue of control manifested itself at a superficial level and through the perceived impending disruption of lifestyles, daily norms and routines. At a deeper level, the difficulty of the perceived lack of control over both outcome and the future is experienced, causing at times increasing anxiety, isolation and withdrawal. Again, the emergence of the notion of control and participant reflection during periods described as being 'out of control', suggests perceptions of having been 'in control' prior to diagnosis. Further, this

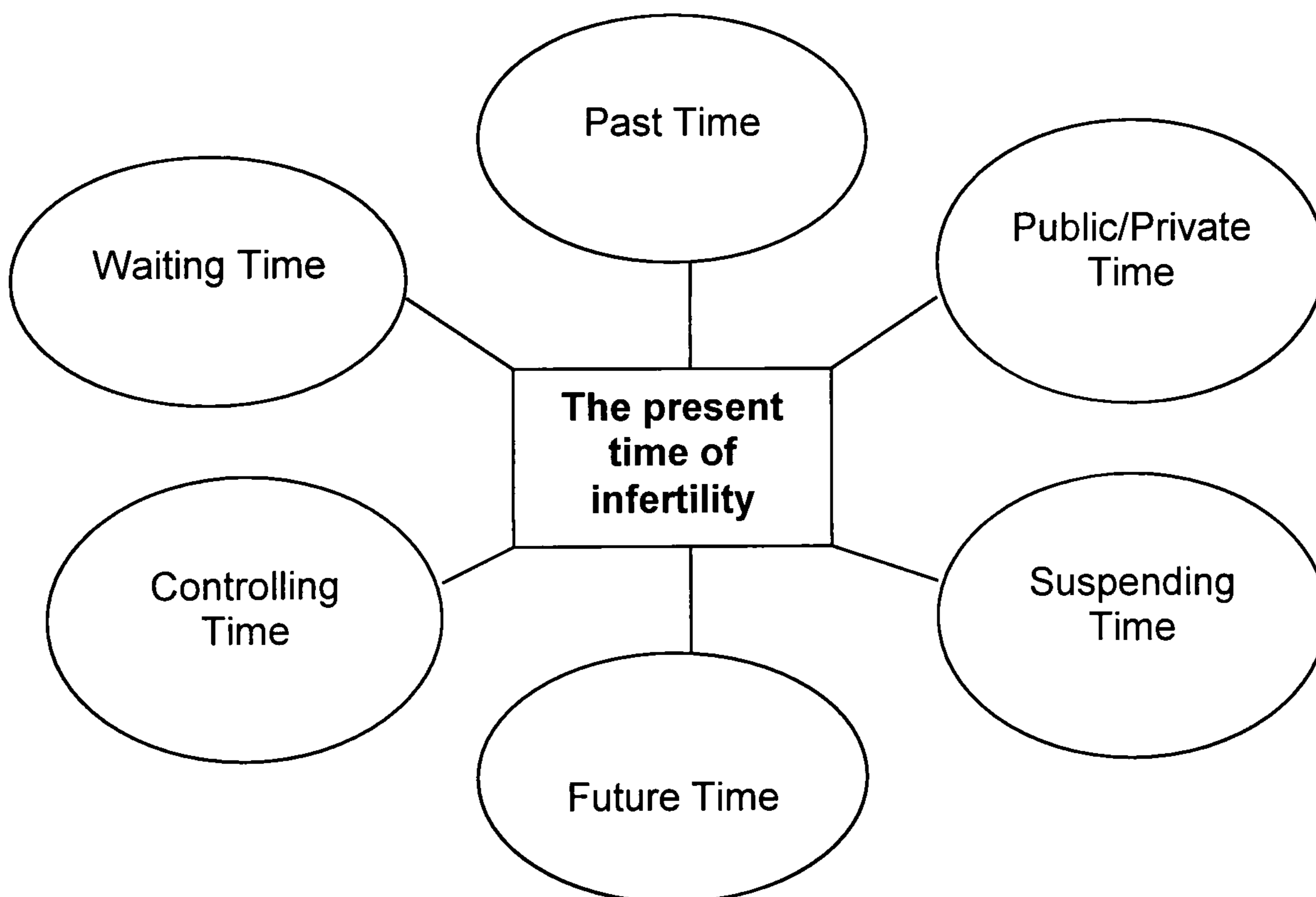
suggests participant movements in and out of control, underlining my critical focus on participant negotiation of and reflection upon these moments and the issues that may arise within. Diarists' narratives through treatment revealed at times, narrative contraction, or the 'anaesthetising' of past assumptions and future expectations, an experience related to the need for distraction and, at times, reflected in withdrawal from recording the diary itself.

The notion of control and the differing yet related dimensions highlighted can be used to partially make sense of illustrated consistencies across the data and particularly the later emergence of 'body talk'. Within diarists narratives, perceptions of a lack of control during the period of treatment itself and subsequent reflection began to illuminate the beginnings of early 'body talk'. Likewise, within life story narratives, recounting the period of diagnosis and treatment moved narratives away from initial descriptions of assumptions and expectation. Narratives described the effects of a developing awareness and loss of control, a revisiting of past expectations and subsequent questioning of long-held and past assumptions. It is here that the relationship between experience, understanding and time bears a direct relationship to my understanding of the female body in this field. For a number of participants, it is during the period of treatment itself, or reflection upon this period, that the 'body narratives' I described began to emerge, suggesting a relationship between perceived lack of control and emerging body awareness. However, a further temporal dimension also illuminates participants' 'body narratives'.



*Temporality: reflecting narrative lives*

Participants' developing *temporal* awareness must be understood as co-dependent and mutually related to notions of control, described above and particularly in relation to descriptions of a loss of control and attempts to regain and maintain control. The findings I summarise, illustrated by Figure 7 (below), reflect the related and temporal process of meaning making and embodied becoming through participant conceptualisation of the experience of infertility and subsequent treatment options as a 'turning point'.



*Figure:7 Elements of time*

Life story narratives illustrated the differing 'voices' of participants, the movement, negotiation and transition between them and subsequent processes of reflection. Narratives illustrate the transition between losing control and attempts to regain and maintain control, again underlining the significance of a temporal dimension within participants' stories. As I have

discussed, this temporal dimension must be recognised at two levels: the time of the interview itself, research participation and the process of researcher-participant interaction and the 'time' of participants' lives. Participants, on the one hand, recount their understanding of perceived wider expectations within a social context. However, participation within the interview alongside the process of reflection and researcher-participant interaction at times raised issues for consideration that participants had not previously encountered or fully considered, underlining my earlier suggestion that the process of participation and reflection may contribute to the act of meaning-making itself (Rosenthal, 1993).

Within diarists' narratives, this temporal dimension is again both mirrored and magnified. Diarists initially presented and contextualised their early diary entries in relation to the past, the present and the future. Again, this underlined the relevance of a temporal framework alongside the notion that understanding experience cannot be developed out with the exploration of both past (assumptions) and future (expectations). The subsequently narrated difficulties of the perceived '*confrontation*' (Dorothy) with treatment, the desire to 'suspend' and 'control' present time by '*neither looking backwards nor looking forwards*' (Lisa) accompanied by perceptions of time '*standing still*' (Pearl) during active treatment underlines the inter-dependency of past, present and future time. The contextualisation of the self in relation to past assumptions and future expectations, illustrated prior to active treatment, is noticeable by its absence or silence within diary narratives at this point. This

again underlines my methodological and analytical position that attention must also be paid to what remains absent from narrative content.

I also suggest that this temporal suspension is directly related to diarists' perceptions of movements in and out of control and, relatedly, movement in and out of periods of more developed reflection. As active treatment began, perceptions of the level of control moved and changed. Diarists', at times, suspended timely reflection, emphasising the diary itself as also part of a strategy of control maintenance.

To underline, focusing on researcher-participant interaction as co-producers of narratives, participants' illustration and negotiation of the differing facets of the notion of control, alongside the temporal dimensions of narrative accounts emphasises the significance of these concepts as a framework for understanding women's experiences of infertility, the treatment process and emergent body narratives. This includes the significance of earlier assumptions, negotiation of current experiences, future expectation and how these influence the interpretation of the meaning of both their experiences within this field and their bodies, as I discuss through the following sections.

### *Body narratives: emergent encounters*

During the early stages of research participation, participants made, by comparison, limited bodily reference. Within the life story interviews, participants narration of their early experiences suggested an 'assumed' or at least an 'unquestioned' body and one also framed within both personal and

wider expectations and influences. Again, my comparison between diarists' early and later narratives suggests 'body talk' as more noticeable by its *absence* from narratives than its presence within. Much of this absence or silence is illuminated by a temporal approach to analysis and related focus on facets of control described above. What is of interest here is how, when and why the body or 'body talk' emerges through participant narratives. Through the following sections, I explore further the significance of women's experiences in this field for a revised embodied theoretical framework, illustrating how this contributes towards a move beyond the earlier limitations identified in relation to understanding the body within sociology.

### *The passive body*

Within life story narratives, initial perceptions of the body were described in relation to the perceived inability to fulfil the 'expected' potential of the female body and subsequent and related perceptions of a loss of control. Understandings of the female body are first narrated by recounting the expectations of others, for example, partners, family, friends and work colleagues. A conceptualisation of the body as socially located and constructed would appear fruitful here. However, these early descriptions began to change as participants moved through their focused life story, describing and reflecting upon the lasting effects of their experiences and outlining a developing awareness of their bodies described at two levels. Firstly, this may be in physical terms and linked to the effects of a long term and heightened focus on treatment protocol or, secondly, in a more experiential sense and description of the perceived failure of the body as a

central turning point in their lives. Participants' narration of and reflection upon their earlier experience suggests, at first, an assumed or passive body and one critically framed within wider expectations and influences. This highlights the continued relevance of a gendered dimension within my analysis, resisting disengagement with the effects of power dimensions and perceived structural influences and constraints.

However, reflecting back upon the period where conception difficulties were discovered moved participant narratives from this initial passivity in relation to the body, towards the recounting of a developing awareness, a revisiting of past expectation and subsequent questioning of long-held assumptions in relation to the female body. This highlights the female body as an interactive site within the negotiation of confrontational or critical moments. It is during this period or 'confrontation' that participants more specifically referred to the '*failed*' (Margaret) and '*female*' (Dorothy) body, the effects of a lack of control over the reproductive process and an increasing awareness of day to day bodily interiority, experience and change.

Within diarists' narratives, 'body talk' is again emergent and more specifically during the period of active treatment, recounting the effects of high-dosage drugs, related concerns and experience of physical symptoms. The importance of asking questions of narrative content again cannot be overemphasised. In particular, why this type of 'body talk' and at this point? As I suggested, this may partially be the effect of a powerful treatment protocol. However, narratives illustrate an alternative viewpoint. The

emergence of this type of body narrative must be seen directly in relation to a developing and temporal understanding, influenced by the differing dimensions of the notion of control I have identified and concurrent with reflective movement through the experience of treatment. Attention to the more functional properties of participant narratives and changes to both style and voice further illuminated narrative movement and identification of first the 'passive' or silent, objectified body being 'treated' to the 'experiencing' body through treatment and, finally, towards a form of convergence and sense of the 'experienced' body.

### *The experienced body*

Through this summary analysis, I have set the scene for the movement and emergence of body narratives, illustrating first the absence of the body and the emergence and subsequent abstraction of the body within both life story and diary narratives. I underline the notion that women's embodied experience must be understood as inter-dependent with, relational to and embedded within a complex web of both personal and wider social relations. In this respect, the use of life story and diary methods of approach can be considered as both complementary and effective forms of investigation and exploration and ones that situate both researcher and participants as co-producers of meaning narratives. Attention to the layered analysis I have documented throughout underlines the critical change and movement of 'body talk' through the narratives, suggesting during later narratives an experiential body and subsequently a form of convergence and sense of the experienced body.

Within life story narratives, this is illustrated through participant narration of the importance of *'regaining control'* (Dorothy), irrespective of treatment success or decisions to end/continue with treatment. Participants describe attempting to regain or maintain control by 'bracketing' their encounter from the flow of their everyday experiences. Yet, again, unexpected episodes, encounters and experiences may reawaken uncertainty, leading to further reappraisal and reflection. Alongside, participants describe an overwhelming sense of personal failure alongside a growing bodily awareness that, significantly, fails to diminish through time.

Likewise, within diary narratives and reflecting after treatment has ended, participants describe: a growing awareness of the significance of widespread cultural assumptions and norms embedded in expectations of the future and particularly in relation to the social location of parenthood; a heightened awareness that *'time is running out'* (Joanne), illustrating the difficulties of reconciling the past, present and the future; a heightened bodily awareness and related reflection upon success or failure and the continuation or end of treatment.

### *The history and the moment: the body within sociology*

I again underline the importance of exploring the female body and women's experience of infertility not simply as a linear and directional 'process' with a start and a finish but within a biographical and temporal context. The problem of the body in sociology has been, critically, also part of wider debate concerning how we can know and how we can specify the links between

ideas, experience and reality. The limitations within past and contemporary theoretical and methodological frameworks reflect this difficulty, alongside the failure to retrace steps, explore fully the differing frameworks of understanding that underpin qualitative research and the potential relevance of this to the exploration and understanding of embodied experiences. By moving away from the restrictive notion of the 'atomised' and 'isolated' individual (Miller, 2000; Burkitt, 1991) and the perceived limitations of the reflexive self identified through my early chapters, my approach embraced alternative tools for the development of understanding in this field. This incorporates both the 'internal' and subjective point of view while simultaneously appreciating that such activity takes place in the context of wider social settings and contextual resources (Layder, 1998: 3). In relation to understanding the female body and embodied experience in this field, my aim has been to access this understanding not through the exploration of solitary instances or momentary thought but to illuminate changing or developing experiences *as they occur*. Thus, what cannot be said or experienced in one moment may emerge, or become clear, over time. As illustrated above, both life story and diary participant narratives reveal key themes in relation to the experience of infertility: control, time and the body. In particular, participants began to make sense of their embodied experiences both through confrontation and over time. Participants' reflection upon and continuing experience of infertility underlines my identification of the significance of the relationship between experience, understanding and time. I briefly revisit my earlier points here. Firstly, the relationship between experience, understanding and time bears a direct relationship to understanding the body in this field. The experience



exposes the assumption of a 'controllable reality' (Adam, 1995). Participants, through the experience itself, through research participation and interaction, reassemble their reality, moving from *'disembodied, passive observers. Disembodied from the temporalities and chronologies of being and separated from past, present and future'* (Adam, 1995: 149-163) towards *becoming* embodied and timely aware participants. Secondly, my analysis has explored not just the dominant themes and patterns emerging from the data but also, critically, the *movement* of these patterns and themes *through* participant narratives, an analytic process involving constant comparison, researcher-participant interaction and movement backwards and forwards through the narratives.

This suggests an epistemological challenge which begins to ask questions of both past and current understandings of the body within sociology and identified through my early chapters. That there are implications for sociology as a discipline of how it *thinks* about the body is without doubt. Jackson and Scott's (2002) suggestion that the point of access begins with thinking through the body and our experiences' using reflexively constructed biographies is a move forward, one which rightly encourages the move back to practice and with embodied actualities in a sociologically grounded manner and one both reflected and strengthened here. Both through my earlier chapters and further elaborated above, I have outlined the advantages of a biographical and narrative approach and focus on the *process* of meaning making itself within the research encounter. My development of the conceptualisation of infertility as a 'turning point' (Charmaz, 1994) acts as a further critical component to

this revised conceptual and analytical bridge. I adapted Mauthner and Doucet's (1998) relational analytic strategy to effectively access these 'turning points', translating the notion of a relational ontology into a methodology and concrete method of data analysis. This involved tracing both my own and participants voices through a series of readings and at a number of levels. Here, analysis rested on three dimensions. Firstly, a temporal dimension, exploring research (both researcher and participant) narratives through a temporal lens. This included both the present time of infertility *and* past and future reflections. Secondly, an individual dimension, emphasising the subjective and reflective interpretation of events, experiences and emergent awareness of bodily interiority. Finally, a contextual dimension, emphasising participants' location within both personal and wider social networks and negotiation of differing yet related temporal markers. It is through this revised conceptualisation of the female body and women's embodied experience as temporally, socially, experientially located and transformative, rather than as a fixed, independent and static entity, that we may finally lay to rest the unease and confusion which has long persisted as a constraint in this field. Further, and in relation to theoretical elaboration developed through my early chapters, it is this conceptualisation which finally moves beyond the difficulties of developing a non-reductionist material ontology of the female body and the continued imposition of dualistic frameworks which have long troubled thinking in this field. Through the following sections, I illustrate how this position contributes to more recent developments and moves debate beyond the restrictive *impasse* I identified. Central to this has been the emergence of

'body talk' across both life story and diary narratives and the centrality of notions of time and control as factors that make sense of this.

*Functional narratives: meaning as participative*

Both recognising and exploring the differing contexts and levels of narrative management, reflection and meaning-making is critical for the development of an understanding of embodiment in this field. My point that women might share some aspects of biological knowing and understanding thus becomes neither a constructed nor reductionist position but one of becoming and meaning-making. In particular, conceptualising the female body in relation to 'meaning-making' resists the persistent notion of the social actor as both a disembodied and ontologically silent agent, a point I have identified in relation to the weaknesses and limitations of both past and more contemporary theorising in this field. Further, by arguing an understanding of the female body must be one both developed and explored through experience, context and time, a position which includes recognition of researcher/participant co-production of narratives and both bodily interiority and exteriority, my theoretical development here is one 'truly embodied', as Davis (1997) has long since called for. This is also reflected in my resistance to honing in on participants 'body talk' too early, an erroneous route that suggests an elusive body awaiting capture. I develop these points in the following section.

*Exposing silences: bodily interiority and the process of becoming*

My argument that the female body is not 'there' and may only be explored in a relational sense is precisely the point. Through my early chapters, I have

outlined and problematised attempts to move beyond restrictive epistemological, ontological and analytical frameworks in relation to the body and particularly notions of essentialism and foundationalism. The demand for both a theoretically defined *and* empirically driven conceptualisation of the body has been long overdue.

Turner's (1996) more recent work does propose a series of steps to develop a more theoretically defined and empirically driven 'treatment' of the body. Firstly, a more sophisticated theoretical framework must be incorporated to overcome tensions between subjective and objective understandings, incorporating an exploration of the lived or phenomenological experience of embodiment alongside the 'facticity' of our place in the world (Turner, 1996: 33). Secondly, a more developed understanding must incorporate a conceptualisation of the embodied social actor in social space and, more specifically, in relation to interaction with others. Thirdly, this must also include appreciation of the reciprocity of social bodies over time. Finally, these steps must include and work alongside a historical conceptualisation of the cultural formation of the body.

I acknowledge a critical move forward here yet one which also remains limited by Turner's (1996:34) deliberate use of the philosophical expression and argument that 'we are ... always and already embodied'. This supports his position that the physicality of the body needs little sociological development 'since the natural body is always and already injected with cultural understanding and social history'. While it is perfectly admissible to

'admit' there are biological differences between men and women, Turner argues, these are culturally mediated and historical characteristics that can be radically changed by social and political intervention - the body, therefore, can only ever be 'known' as another level of social construct. Borrowing from Marxist ontology, Turner (1996: 225) suggests that human essence does not reside in biology and is about *capacity* and *potentiality*. Further, humans realise their potentiality as sensuous, practice and creative agents *historically*. Thus, much research in the field of the sociology of the body may lead to a critique of those features of human control, constraint and domination that constrain human potentiality. While I applaud these directions, participants' narratives within this project also demand movement away from a generic understanding of the body through signification alone to an understanding of *gendered* embodiment as a process of becoming and meaning-making, one that includes *both* bodily interiority and exteriority and the differing capacity of both male and female bodies. As I have demonstrated, by failing to admit biology into their analyses, combined with the misplaced assumptions and perceived dangers of suggesting an 'essential' or 'foundational' body, more contemporary commentators critically miss the opportunity to develop and move beyond the exterior of the body. As Birke (2000) argues, what goes on inside the body has remained a mystery.

Referring to Davis' (1997) commentary, the lack of an engagement with feminist scholarship and particularly the issue of the female body in relation to gender has been problematic and, ultimately, assumes a generic body. For example, while Shilling's earlier (1993) work provides a (limited) appraisal of

feminist scholarship in this field, his subsequent (2001) identification and critique of the use of 'marginalised resources', particularly feminist, Foucauldian and phenomenological approaches, arguably moves sideways and misses the opportunity to explore the wealth of feminist thought in more depth. Instead, Shilling (2001) suggests a return to the writings and directions of 'classical sociology' (2001: 41), a difficulty within this arena that I have problematised through my early chapters.

However, I do not suggest feminist thought in this field offers an immediate corrective. Indeed, as Moi (1999: 120) argues and as my earlier chapters illustrate, the tensions within feminist theorising in this field illustrate further the metaphysical pictures that hold us captive. Further, these pictures illuminate a number of critical areas awaiting examination and which this thesis has explored. These include illustration of the difficulties and contradictions within the assumption that sociology has moved to a more 'embodied' perspective. Somewhat ironically, the body – and particularly the female body - has, thus far, remained elusive if not absent. Difficulties conceptualising the body within a theoretically defined *and* empirically driven framework confirms the body within sociology as a site of tension. Yet, if feminist sociological thought has been concerned with how we can 'know', that this is not separated from context, biography, belief and values (Adam, 1989), then it is to this arena that our sociological gaze must turn. My re-engagement with feminist scholarship, more recent gender work, revised biological understandings and a focus on time as a theoretical, conceptual and analytical tool contributes to the development of a truly embodied

theoretical framework. As I have discussed, a truly embodied conceptual framework has remained elusive because little theory *enters* the body and considers the body in terms of its own inner processes. The body has remained experienced and still both constructed and acted *upon*. Yet, from within a temporal framework, recourse to the biological does not have to be considered a constraint. While the female body may be partially signified, as participant narratives illustrate, it is also much more than this and more than another level of social construct, enclosed within an entirely symbolic universe. To the (restrictive) dimensions of the body I illustrated in chapter one, I add a final and 'becoming' body.

More specifically, the foundation for this move rests within the space I have identified between the static and ontologically silent assumption that 'we are always and already embodied' (Turner, 1996: 34) and the conceptual and reflexive space offered by my temporal account of women's embodied experience in the field of infertility. Throughout my research, women have talked about the capacity and potentiality of their bodies, a process of reflexivity and meaning making that has remained central to my revised conceptual framework. Further, participants came to terms with bodily interiority *over* time. To underline, moving biology back into our framework of analysis is neither a limiting nor restrictive position and is one which finally overcomes the difficulty of naming the female and biological body. Further, this is a position which aids my revised conceptualisation of the gendered body by breaking down the barriers between sex, gender and the body. The issue is not that there are no constraints at all but to problematise the

assumptions embedded in notions of the dominant preconceived constraints which have contributed to sociology's flight from the body and the persistence of an embodied view which has, until now, remained disembodied.

### *Gendered embodiment and the time of infertility*

My conceptualisation of gendered embodiment as a process of becoming is one that has become steadily illuminated through my research. This conceptualisation is best described as an emergent bodily awareness and understanding, narrated and reflected upon by participants and illuminated through time, through space, through encounters with others and through research interaction itself. I again use Adam's (1990: 161) holographic metaphor as a conceptual device that recognises the potential of the notion of 'mutual implication' in relation to this conceptualisation of women's embodied experience – everything is connected without being totalising or presenting a new metanarrative. Participant narratives illustrate that an understanding of the female body cannot be understood as separate from the multitude of relationships, connections and continuum of phenomena that make up the complexity of women's everyday experiences. In this respect, my research has re-engaged with the female body and the concept and process of embodiment itself. Participants' conceptualisation and negotiation of both their experiences, and the female body, as both biologically and temporally contextual, emergent and transformative illuminates an understanding of the female body that moves beyond the limitations of exteriority. Further, the variety of ways participants came to terms with both their female biology and expectations of bodily interiority – irrespective of whether confronting success



or failure – underlines the relevance of a revised and alternative biological conceptualisation of the body as transformative and in process (Birke, 2000). There are no ‘final’ body narratives within this project. Instead, my analysis has revealed narratives of transition, becoming and meaning making. Participants neither moved ‘beyond’ their bodies yet nor were they finally limited by them. The notion of bodily interiority and the process of becoming beg further exploration in this field, as I will discuss in my final postscript.

Meantime, the significance of my research must be viewed from two levels. Firstly, I have succeeded in returning the female body to a gender analytic through the development of the concept of gendered embodiment as a process of becoming and meaning-making. My conceptualisation is temporally situated, exploring the materiality and physicality of the female body and its emergent meaning through confrontation, context and time. Further, my conceptualisation embraces *both* exteriority and interiority and acknowledges the differing capacity and potentiality of the female body. Yet this is neither a permeable (Haraway, 1991) nor a hollow body. Secondly, by overcoming the difficulties of admitting the female body into my analyses, and illuminating the *process* of embodiment itself within this field, my research has contributed to the development of an empirically driven *embodied* theoretical framework which finally, puts the body’s feet – and particularly the female body – on the ground (Jackson and Scott, 2001). Somewhat paradoxically, it has been the female body and women’s narrated understandings and experiences within one of the most contentious arena of all that has given

clarity to my revised conceptual framework and which also offers directions for future research in this field.

## Postscript

The notion of the body as an ‘absent presence’ (Shilling, 1993), subsequent acknowledgements of a ‘recuperated’ body and the difficulties identified in relation to a now presumed embodied framework within sociology has remained central to my research. Many bodies now roam the sociological landscape yet the body is both everywhere and nowhere – echoing the old adage that the more closely we approach things, the less clear they become (Williams, 2003). By illustrating the dimensions from within which contemporary debate surrounding the body has evolved, and further troubling academic investment in the body within sociology over the last two decades, my research has underlined these early presumptions as premature. However, as Williams (2003: 3) argues, ‘the deafening chorus of cries to bring the body back in is now giving way to a new, more critical call which seeks to ‘question’ the current state of play, reopen debates about the role of biology, and move towards a more ‘integrative’ phase of theorising”. As part of this more questioning phase, my research has contributed towards the return of the female body to this field. Further, through my development of a revised conceptual framework and one that embraces the materiality, physicality and temporality of the female body, this research illuminates the process of embodiment itself, through the co-production of researcher-participant narratives, in the development of a now truly embodied conceptual framework. In so doing, the limits of both biological reductionism and social constructionism have been overcome. It is this revised conceptual framework which offers directions for future research in this and related fields.

Throughout this research, the shadow of another body has been present – and somewhat paradoxically, the male body. In the words of Judith writing towards the end of her diary-keeping, *‘I’m writing this now as he’s reading it over my shoulder’*. It is in this direction that my future research will first turn, particularly in relation to male experiences of infertility. The challenge I foresee will be in finally bringing these narratives together.

Relatedly, I also identify the experiences of the voluntary childless as a direction for future research. Only limited research has been undertaken in this field and yet has raised a number of issues: for example, in terms of health education, the effective monitoring of trends and providing well-informed information concerning declining rates of conception (for example, McAllister and Clarke, 1998) and the challenge to the caricature of the childless woman as ‘bereft’ (Letherby, 2002). While these studies raise a number of pertinent issues, there is room for development here and particularly in relation to embodied experiences within this field.

From a social policy perspective, more recent commentary (Ellis and Dean, 2000; Lewis, Dean and Saraga, 2000) highlights how social policy as a discipline has been relative late engaging with, and has devoted very little attention to the body and its theoretical significance – despite the fact that the body has stood, invisibly, at the heart of social policy practice. Yet, as this research has illustrated, the body cannot stand and be understood as solely discursively constructed. Through my conceptualisation of the relational body and understanding of embodied experience as relational and both

contextually and temporally situated, future research directions may contribute to an emancipatory approach to social policy which also begins to look at the ways in which the body can assert itself as the subject of welfare discourse (Ellis and Dean, 2000).

In both challenging and contributing towards the reopening of debates about the role of biology, future research directions may also prove effective at an interdisciplinary level, developing further the notion of temporality as a measure of understanding and experience and particularly in relation to issues surrounding health and illness, disease and disability. Relatedly, my use of the internet and the virtual realm as a medium of communication and information exchange has remained central to this research – and a means of communication welcomed by participants. The computer/user relationship has been described as the apotheosis of post-enlightenment separation of the body from the mind, ‘a supremely post-modernist position, which denies any ‘reality’ to fleshy bodies that are not constructed through culture’ (Lupton, 1995: 10). Somewhat ironically, it has been this medium which again opened the door to a previously hidden world of experience (Illingworth, 2001) and I aim to further develop and explore the possibilities of computer mediated communication as a qualitative research medium.

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## Appendix I

### Access

#### *First contacts*

Four potential online support groups were identified. Two of these groups were known to me previously (G1 and G2) and a further two groups (G3 and G4) were identified by members of G1 and G2 either passing my details on or advising me of an active group to contact.

#### *Gaining access*

Group 1 (UK site) was initially contacted August, 2001. I forwarded details concerning the nature of my current research and previous experience/research in this field. Research access was confirmed via the site moderator. Following Rosenthal (1975), I posted a series of repeat calls for research participants via the site Bulletin Board. These messages were posted December 2001, January 2002 and February 2002.

Group 2 (International site) confirmed research access via the site moderator February 2002. Again, I posted a series of messages via the site Bulletin Board and specialised discussion groups. I had used this site previously (Illingworth, 2000; 2001) yet attracted far less response than I had anticipated (5 responses). However, a search of the related discussion sites revealed several negative comments towards more recent research conducted using the site, which I attributed as a contributing factor.



Group 3 (UK discussion forum) was accessed February 2002. I had been advised of this group by several members of Group 1. My detailed request for access was forwarded to the discussion moderator. I received a response from the discussion moderator two weeks later, confirming access, requesting to participate and requesting consent to pass my research call on to another active discussion site – Group 4. I posted research calls to the discussion site over a period of two weeks.

Group 4 (UK discussion forum) was initially informed of my research via the moderator of Group 3. This forum is related to Group 3 in the form of a 'progression' site (termed 'graduation' by a number of site members). Members of the site comprise those having experience 'successful' infertility treatment – either in the past, or currently. I posted research calls to the discussion site over a period of two weeks.

### *Responses*

I received the largest response from Group 3. Although Group 4 comprised a similar sized group and related discussion forum, the comparative lack of response from this group may highlight the importance of the notion of 'graduation' described by a number of Group 3 and Group 4 members. Initial explorations suggested 'moving on' as a process was central to this group. By comparison, my exploration suggested both infertility and related treatment processes remained in the background. This discussion group maintains a direct focus on pregnancy and early parenthood, accompanying worries and with very little reference back to treatment itself.

Reponses: 36 responses were received resulting from my research calls.

### *Research Communications*

The importance of prolonged introductory contact should not be understated, a point particularly applicable within the virtual field. Providing a mass of early information may contribute to 'information overload' and potentially a lack of consideration of the full extent of participation. A stage by stage and gradual introduction process allows time for a more considered response, a point relevant given the nature and sensitivity of my research and methods employed. My stages of contact can be described in sequence as follows:

- Discussion board/Bulletin Board postings, outlining research, brief details and advising contact points.
- First Response Reply: Once contact was received, I issued replies introducing myself further, outlining my research area in more detail, types of participation (life story interviews/participant diaries), information regarding anonymity/confidentiality (and in relation to the use of the internet itself and alternative secure server access) and approximate time commitments. At this point, I also requested confirmation of interest in life story or diary participation.
- Confirmation Responses: once received, I forwarded more detailed information (see below) regarding either diary or life story interview participation, including mutually agreed start-dates and background details.

### *Participant diaries: information:*

## **Introduction**

Many thanks again for deciding to take part in this research.

The purpose of these notes is to provide you with as much information as possible before you start recording your diary. If you have any queries at all after reading this, please do not hesitate to contact me and I will help where I can.

In your diary, I would like you to keep a full and detailed record of your thoughts, feelings and experiences during the treatment process. This may also include feelings which relate to periods both before and after treatment. By requesting volunteers to keep diaries, I hope to capture the experience of infertility and subsequent treatment as the process unfolds and also use a method through which women undergoing treatment may feel more able to voice their own personal experiences. With this in mind, I'd like to emphasise that there can be no right or wrong, diary entry. All information given will be invaluable in uncovering how women experience infertility and issues arising within, the reasoning behind the decision-making process and the subsequent impact of treatment itself.

Please include as much detail as you can. There may be experiences or events that you do not feel are relevant at the time of writing but may feel important to you later. You may feel that some days you have nothing much to say – but please keep writing. If you do find that you have missed several days, please do not give up the whole week's diary. Just start again on the next day that you are able to fill it in.

## **Completing and returning the diary**

I have tried to keep the procedure as straightforward as possible. Your diary can be maintained in any Word format and returned to me as an e-mail attachment. Please contact me if you need further technical advice. The only point to remember is to write the day and the date at the beginning of each diary entry. At the end of each week, please forward the full diary entry back to me. You may want to return your entries to me on a daily basis. This is not a problem, just let me know.

If you would prefer to maintain your diary in a written format, these details will be forwarded to you by post, including a prepaid envelope for the return of diary entries each week.

## **What do I record in the diary?**

All information is invaluable. Simply write using your normal language/usual procedures and be assured that there are no 'right' or 'wrong' ways to complete the diary and there is no 'right' or 'wrong' information to include. This may be an initial problem that may disappear as you become more used to keeping a diary. I offer some advice below, although I stress this must not be used as a definitive list. This is *your* diary and other questions and issues may arise which I have not mentioned here:

*Main activities of the day; other activities out with your normal routine; type of treatment received or current medical position; thoughts immediately prior to, during and post treatment and over the ensuing days/weeks; thoughts and concerns if treatment has been successful, or upon failure; partner's perceptions; expectations of treatment; physical experiences and surrounding issues*

If you are still unsure, please contact me either by e-mail or telephone.

## **Time commitment**

There is no set limit on how much time you should spend completing diary entries – only as much time as you are able to dedicate. Some days you may find yourself writing brief comments, other days more lengthy entries. Again, this is not a problem. Write as much as you feel you want to.

**Diary contact**

I will contact you periodically by e-mail to acknowledge safe receipt of your diary entries and provide further opportunity for feedback.

**Confidentiality**

I am aware of the sensitive nature of researching this field, both from my own experience and from my previous research. If at any point during your participation you would like to withdraw, this is not a problem – just let me know.

All information will be treated as strictly confidential. All diary entries will be saved in a different format, all identifying features removed and any references to particular entries will be entirely anonymous. All names and contact information/details will be stored safely and kept entirely separate from any data received. The data received will be used to inform my doctoral research and subsequent journal/periodical/book articles. Again, all identifying features will be removed and specific online support forums accessed will not be referred to.

Please contact me if you have any further queries regarding this or any other questions you might like to ask.

Many thanks in advance,

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8 participants initially commenced diary-keeping, 2 participants ceased after first entries. The remaining 6 participants maintained diaries for periods ranging from 7 – 28 weeks.

## *Participant Life Story Interviews: information*

Dear

Just to confirm the interview will be starting on:

I had originally planned the interview to take place over a four week period. On reflection, this makes the interview subject to changes in individual time and work commitments, something which isn't easy to avoid. Shortening the interview period to approximately 7-10 days (although there is room for manoeuvre here) may help overcome this problem but may also mean some quite intensive e-mailing back and forth – so let me know if you think this might be a problem? Also, could you advise me if there are any specific days/times that you would prefer not to be contacted.

The interview will be focused around the experience of infertility and, in particular, how it may affect us as women. As well as exploring the experience of treatment itself, I also hope to look at the importance of past influences, the choices we make, future hopes and aspirations as we move through our lives and how these may relate to the experience of infertility.

### *Pre-interview preparation*

The interviews will not be structured as a set question and answer format. I'm hoping the interview will progress more as a conversation and be guided by what is relevant to you, and the issues you might raise. I will either be asking new questions, exploring issues raised and may ask you to expand on some areas.

A number of women participating have asked how long comments should be. My advice here is that there is no need to be brief – include as much information and commentary as you like.

If there are any issues or areas raised which you feel are too sensitive or you feel unable to discuss, please don't feel obliged to continue. Just let me know and we can arrange to move on or continue later.

In taking part in interviews of this nature, it is sometimes helpful to draw a 'time line' diagram prior to the interview commencing. By 'time line' I mean plotting, for example, every 5 years of your life (from as early as you can remember) and highlighting the significant periods/experiences/events or influences within each slot. Another way of looking at this is to describe your life as a series of chapters. What would you call the chapters and what might be in them? When the interview commences, I'll ask you to forward me this information and I'll pick up on some of these issues and areas as we move through the interview.

Again, if you have any further queries or questions you might like to ask, please contact me.

Many thanks in advance,  
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Appendix II  
Example Time Line

<b>Age 0 – 5</b>
First born child for my parents aged 37 and 38. My sister was born when I was three and a half. My father spent six months in hospital. I just have really fond memories of this time
<b>Age 6 – 10</b>
Really shy person at school. Wear glasses and hate it. My friend was killed. Like school, but not really the children! Glasses, curly hair and overweight is not a good combination at school!
<b>Age 11-15</b>
Start to have outside friendships and see friends out of school which I'd never really done before. Liberation! Contact lens and spent all my lunch money on cigarettes, so got thinner too! Rebellious punk within the confines of still doing what my mum and dad wanted me to! First boyfriend at 14, went on the pill.
<b>Age 16 – 20</b>
Met my husband to be at 16, he was 28 and just split with wife. Left school and got job on government training scheme. Left that at 17 to work with husband to be. Got married at the age of 20.
<b>Age 21 – 25</b>
Working with own business, enjoying it far too much to think about children in any real context. Working long hours, things were not going well. Drinking too much, not eating enough and making myself sick when I did. (I know, but you aren't going to tell the world are you?). The "plan" had been to have a baby in "year 5" which would have been when I was 25.
<b>Age 26-30</b>
Stopped taking the pill at the age of 26, not because I wanted a baby really, just thought it was time in the grand scheme. Still not going well at work, but struggling along. Still making myself sick on and off, but knew I was hardly in a fit state to look after myself never mind a baby. Went to GP and was referred to fertility specialist around 28/29. Things going reasonable at work.
<b>Age 30-35</b>
My sister went to live in Bermuda. I did my few month stint on Prozac because everything was making me cry! Moving through fertility tests and investigations. "Woke up" one day and realised I didn't need prozac, it wasn't changing the underlying problem.  Age 31 referred for IVF Age 33 IVF twins born Age 34 first internet access at home!  Got involved with online infertility discussion and support group.  Conceived naturally at 35, mum diagnosed with terminal cancer at almost the same time which was not particularly easy.  Now 37.

## Appendix III

### Time Maps



## INTERVIEW ANALYSIS: Time Map 1 – Chronology and Emerging Themes

Age	Birth - 10 years	11 - 20 years	21 - 25 years	26 - 30 years	31 - 35 years	36 years & over						
	<b>Issues</b>	<b>Themes</b>	<b>Issues</b>	<b>Themes</b>	<b>Issues</b>	<b>Themes</b>						
<b>D1</b>	Strong family relations Weight difficulties	Developing body awareness – stigma	Boyfriends Weight loss Meets future partner Punk era	Self-discovery Body imagery Control Life plans Rebellion	Work aspirations Income Marriage	Career woman imagery Body imagery Weight loss Control Planning	Stops contraception Changing attitude to children Failure to conceive Work central IF referral Treatment	Time/future aware Expectation Lack of control Increased reflection Bulimia Body aware Isolation	Treatment Finance Career hold Mother deceased Grandparent stakes Treatment success Work Change Charity	Future Being female Changing perceptions Expectation Isolation Confidence Participation Extrovert Life goals	Homekeeping Charity work Natural pregnancy	Children as meaning makers Infertility tag Failed body Lasting imagery Body respect meaning maker
<b>J2</b>	Strong family network	Security Innocence	Schooling Career Working with Children	Children central Future plans	Career development 1 <sup>st</sup> Marriage Poor relationship	Planning Innocence	Divorce New relationship	Turning point Revising plans	Marriage Treatment Work difficulties Treatment success	Planning children Being normal Isolation Stigma Assumptions Expectation Control Turning point Incomplete	Family tension Social withdrawal Treatment effects	Body Imagery Failure Isolation Left behind Future awareness Being a woman Self separation Losing control Reflexivity
	Strong sibling relations	Security Safety Carefree	Strong sibling relations	Children central Making plans Future family	Career Sick children's nurse	Career planning	Career Marriage	Future Realising plans Innocent time	Father deceased Miscarriage Treatment Family pressure Work issues	Being female Body aware Time ticking Turning point Body change Expectation Being normal	Work difficulties Meeting old friends	Out of control Regaining control Closing the book Staying in control Time moving forward Stops interview

## INTERVIEW ANALYSIS: Time Map 2 – Chronology and Emerging Themes

Age	Birth - 10 years	11 - 20 years	21 - 25 years	26 - 30 years	31 - 35 years	36 years & over							
	<b>Issues</b>	<b>Themes</b>	<b>Issues</b>	<b>Themes</b>	<b>Issues</b>	<b>Themes</b>							
<b>D4</b>	Strong parental influence Family deaths	Innocence Developing awareness of finitude	Reduced parental control Sexual awareness	Making plans Career No children Sexuality	1 <sup>st</sup> relationship Elective abortion	Developing desire for children	End relationship 2 <sup>nd</sup> relationship Marriage Art work Miscarriage Infertility tests Going public	Children planned Career Challenging assumptions Expectation	Treatment Sibling pregnancy Family expectation Social withdrawal Art career Move to UK	Sept 11 <sup>th</sup> Turning point Reflection Children central Body failure Future meaning Legacy Control Facing future Being female Knowing the body			
	Family troubles	Difficulty revisiting past	Schooling problems	Being female Expectation	1 <sup>st</sup> Marriage Starts work Miscarriage Changing work Family pressure Ends relationship	Lack of control Taking control	2 <sup>nd</sup> Marriage Fun Conception difficulties Infertility tests	Making plans Children Innocence Challenging assumptions Expectation	Ectopic pregnancy Diagnosis Stigma Weight increase	Isolation Time aware Body aware Being female Being normal Body isolation Hiding the body	Treatment success Re-start treatment Infertility friends No career	Capability Fulfillment Regaining control Meaning and Unity Wider withdrawal Life goals change	
	Family troubles	Difficulty revisiting past Poor memory	Left school early Early marriage	Making plans Being female Developing awareness	First home Partner leaves employment	Making plans Future	Relationship difficulty Failure to conceive Separation 2 <sup>nd</sup> relationship Parents	Expectation Making plans Pressure	Relationship Grandparent stakes Treatment success Further attempts Repeated failures	Turning point Expectation Isolation Time Secrecy Future on hold			

### INTERVIEW ANALYSIS: Time Map 3 – Chronology and Themes Emerging

Age	Birth - 10 years	11 - 20 years	21 - 25 years	26 - 30 years	31 - 35 years	36 years & over						
	<b>Issues</b>	<b>Themes</b>	<b>Issues</b>	<b>Themes</b>	<b>Issues</b>	<b>Themes</b>						
<b>C7</b>	Family troubles Parental difficulties	Early desire for children	Early school leaver Developing hobbies	Lack of direction	Marriage Wider groups Conception difficulties Infertility investigation	Making plans Setting down Innocence Belonging Time aware Body aware Losing Time	Continuing parental difficulties Marriage difficulties Financial concerns Infertility tests	Body blame Weight Stigma Depression Isolation Losing time Lack of control Life stasis				
<b>P8</b>	Family moves Parental influence	Fitting in Living up to expectations	Family moves Parents influential School Meet future partner	Fitting in Making plans Career Changing plans	College Relationships Failed relationships	Out of control Control and closure No children	College Work Social life	Lack of commitment Avoiding commitment Fear of the future	Conviction Accident Meets partner	Turning point Making plans Commitment Future children	Conception difficulties Infertility treatment Isolation Treatment success	Being female Unwomanly Challenging assumptions Body aware Lacking control Life stasis Temporal body Fitting in Regaining control
<b>L9</b>	Parental difficulties	Lack of affection	Early school leaver Work	Lack of affection Growing desire for children	Work Meeting partner Marriage Grandparent stakes	Making plans Future and children Expectation	Conception difficulties Infertility treatment Money worries	Turning point Body aware Challenging assumptions Expectation Being female Conveyor belt treatment	Work difficulties Treatment Depression	Stigma Body awareness Body bereavement Body capability Being female The future body Lack of control	Social isolation Work difficulties Decision to remain "childfree" World travel	Finitude Lack of belonging Being female Self-blame Challenging assumptions Control Turning point Taking control

## Appendix IV

### Life Story Interviews: Thematic Schema

#### *Pre-interview*

Prior to commencing the interview, participants were requested to forward brief life summaries (Atkinson, 1998) or 'time line' diagrams (drawing a time line of the individual life span and identifying key events). This also served as a means of increasing rapport and communication with participants prior to the interview.

#### *Thematic schema: areas and rationale*

My (loose) thematic schema is adapted from Atkinson's (1998) conceptualisation of transition periods or potential turning points within the individual life course, the 'time line' summaries initially provided by participants and my earlier (Illingworth, 2000) research and participant feedback.

#### *Area 1: Origins, heritage and family life*

As Atkinson (1998: 43) suggests, who we are, the situation we are born into may have much to do with determining our expectations and subsequently how we may adapt to change. Families remain an important feature of modern life (Bertuax-Wiame, 1993; Thompson, 1997) and 'may be considered an important link between individuals and the wider social structure in which they are embedded' (Miller, 2000: 42). The rationale behind this area is to explore wider spheres of influence, from family to social networks, the effect

of heritage, 'family values' and perceptions of family experience. Critically, the stories people tell about other people, experience and about their moral and social universe may also serve to reveal aspects of their selves (McRae, 1994). For the purposes of this research, the negotiation and understanding of what may be considered as a turning point (infertility) may be brought into sharper relief by considering the circumstances of development and perceptions of prior experiences, influences and expectations.

### *Area 2: Dreams and ambitions*

By focusing on dreams and ambitions, I explore the potential significance and impact of future expectations within the decision-making processes and choices of the past and present.

### *Area 3: Love, marriage and partnership*

Atkinson (1998: 47) argues, 'by mid-adolescence, we may begin to get some sense that our lives have some reason or purpose beyond being taken care of by our parents. We really need to explore who we are at our essence so we know what we can do with our lives ...' Referring to my earlier research (Illingworth, 2000), the process of union, of partnership and the influence of time played an important role in decisions to have children and is an area requiring more detailed exploration in relation to embodied experience in this field.

#### *Area 4: Transitions*

The rationale for this thematic focus is the exploration of participant-identified transition periods or turning points in more detail and in direct relation to the issues raised through areas 1-3 above.

#### *Area 5: Closure questions: Life themes and future visions*

The interview moves towards closure by ending the interview with a few questions concerning participation within the life-story interview alongside reflection over interview content, issues within and possible omissions. Adapting Atkinson (1998) this helps participants reflect back over their lives, giving a better understanding of what the major themes and influences have been. For the purposes of this research, encouraging dialogue concerning life themes and future visions (reflection and projection) also allows the cross-referencing of information and the exploration of potential 'emergence' or changing narratives within the life story as the interview progresses.

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