

every day for five months. No, and people are like, ‘You’re so strong. Look at you out there. You’re on the road.’ I’m contractually obligated to be out here, guys ... I’m like, ‘I will be sued by Live Nation.’ That’s why I’m here. (Scraps from the Loft, 2019)

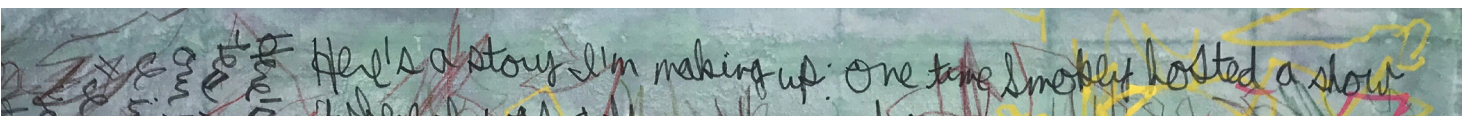
Thus, the image and request for advice reflected Schumer’s ongoing candor around pregnancy and birth difficulties and her willingness to use her platform to narrate her experiences.

On the surface, narratives are merely informative, yet human beings create and share stories for compelling reasons. More profoundly, narratives help establish interpretations and viewpoints and offer personal, community, and broader social insights (Fisher, 1984; Harter et al., 2005a, 2005b; Smith & Hope, 1991). We agree with Squire’s (2008) perspective that individuals make sense of their lives and their world through narratives. For those with a health issue, storytelling is a means to describe a long-term or new illness reality and place themselves within cultural narratives of wellness and illness (Mankowski & Rappaport, 1995; Mattingly & Garro, 2000). To understand Schumer’s Instagram post as a wellness narrative, we studied the responses to her post. Schumer’s posts on her pregnancy, infertility journey and other personal details are forthcoming and vulnerable. Yet the responses we collected, coded, analyzed, and embedded in a poetic form offered a series of reactions that confirmed stereotypes about motherhood, cis- womanhood, and more.

Using coded responses, we created four thematic poems based on four themes, which emerged from our research. Notably, the act of viewing the discourse, extracting and analyzing comments, then working as a research team to craft poems from those responses are forms of narrative cocreation. This cocreation is unique because posters and responders on social media compose narratives together in real time. Our poetry stopped time by taking a snapshot of the comments and limiting ourselves to the discourse as it was in that moment. In the following, we explore the prevalence of mediated health information, the process of narrative cocreation, and poetic inquiry as a methodological tool that allowed us to think differently about our findings. Then, we share and discuss the resulting poetry. To conclude, we consider the potential of poetic inquiry as an interrupter of the online reproduction of oppressive social tropes (e.g., mothers as self-sacrificing martyrs).

Mediated Health Information Exchange

Today, searching the Internet for health information is mundane, but recommending and receiving medical expertise on social media platforms such as Instagram remains understudied (Johnson & Quinlan, 2019; Lupton, 2016). In our previous



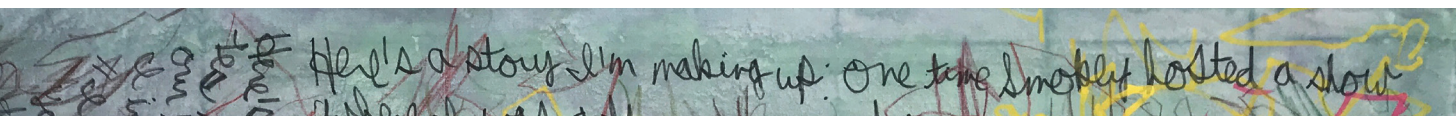
research on the dissemination of medical expertise on social media (Johnson et al., 2019, 2020), we found that communities were created for the very purpose of giving and receiving social support not otherwise available. For example, women in postpartum during COVID-19 expressed loss and deep loneliness alongside the tremendous and life-altering experience of undertaking the responsibility for a new life, navigating an extreme identity shift (to parenting), and managing their healing as well. An outlet for these parents was posting on Instagram, either to share their experience or to educate and break taboos (e.g., taboo-breaking is common for folks posting about infertility and fertility treatments on social media) (Johnson & Quinlan, 2019).

The Instagram account of ShiShi Rose (2020) is a powerful exemplar here—a single parent by choice and a new mother to a young infant, this black female leader is a doula, activist, and educator with more than 76,000 followers who openly addresses the difficulties of caring for two postpartum bodies (hers and baby's). She articulated the cocreated narrative of self-and-child: “giving birth and attempting to heal for these 12 weeks has been one of the hardest and traumatic things I’ve ever experienced ...” (Rose, 2020). A traumatic birth influenced her postpartum narrative, which unfolded during a global pandemic. At the same time, she attempted to access care as a Black single parent by choice in a white supremacist society. As someone who speaks openly about America’s racial dynamics (including the white supremacy embedded in the U.S. health care system), her candor and vulnerability continues to create space for others to share their journeys.

What, then, might Schumer’s post accomplish, given her racially and economically privileged position? Schumer asked for advice during an IVF treatment cycle, and her followers were the primary responders. Schumer requested advice on IVF, a medical treatment; medical advice was a typical response. Respondents were patients and practitioners from traditional and integrative methodologies who expressed multiple imaginaries about reproduction and embodiment in American culture. Throughout this commentary, individuals expressed the narrative arc of their own experience with infertility and treatment. Still, they cocreated their narratives with Schumer by responding to her request for advice and support.

Narrative Theorizing

Riessman (2008) argued that the narrative desire is universal. Narrative is critical to the meaning-making and sensemaking processes that integrates incidents, characters, and actions. An experience or event becomes a story as it is constructed and attributed meaning. Telling an individual’s story of illness or treatment ensures that the narration is fashioned from that person’s perspective (Johnson et al., 2017). Beck (2005) explored the emergence of meaning between the original



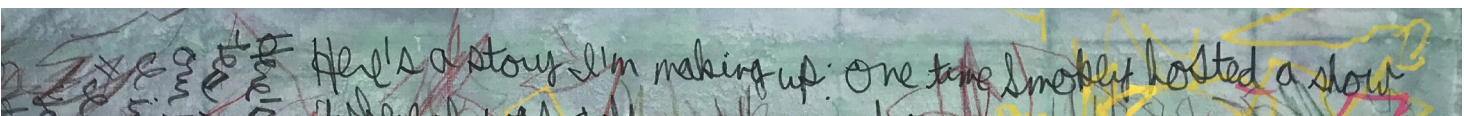
author and those contemplating and co-narrating (see also Carmack et al., 2008). When Amy Schumer posted a picture of her bruised abdomen and a request for advice, she both established her fertility narrative and invited her social media followers to engage in narrative cocreation; many did, sharing their struggles and stories, or conversely, distancing themselves from Schumer's experience with judgment and critique.

Much of the available narrative research addresses the ways in which narratives assist us in making sense of our lived experiences rather than if or how narratives create meaning and produce new or altered identities. Stories are communal in that they are constructed through interactions between listeners and speakers (Elliott, 2005), and individuals may (re)narrate their stories based on the context (Warham, 2012). Like Elliott (2005), we assert that meaning is coconstructed in dialogue. Elliott (2005) also maintained that narratives are shaped by the existing cultural, historical, and social repository of stories that frame and structure them. Public narratives may be upheld and remain entrenched over time, but they can also shift and transform, sometimes in reaction to movements (e.g., civil rights activism).

The relationship between prevailing public, cultural narratives and new individual narratives can create alternative potentials and realities. Therefore, we need to consider narratives in their broader contexts. Social media is a unique context in that it is both broad (Instagram has many millions of users) and launched in 2010, which is recent by historical standards. As we have argued elsewhere, Instagram can offer emotional support unavailable elsewhere (Johnson et al., 2019) but can also reproduce social scripts, such as the pressure to perform "good" motherhood (Johnson et al., 2020).

Previous research explored the therapeutic potential of illness narratives (e.g., decreasing stress and depression) and the importance of studying illness narratives (e.g., to discover new perspectives on a disease) (Frank, 1995, 2004). Mattingly (1998) maintained that narratives could "emplot" lives, allowing individuals to create significance, meaning, and an understanding of themselves in the context of illness—in short, narratives can reveal the plot of one's experience (Holstein & Gubrium, 2000; Riessman, 1993). Schumer's social media narrative is an example of "emplotting" the difficulty of medical treatment (in this case, fertility treatments) within the larger arc of a patient's (in this case, Schumer's) embodied experience (Mattingly, 1998).

Fertility, pregnancy, and maternal 'choices' are often portrayed as isolated from other biological, cultural influences (Harter et al., 2005b; Johnson & Quinlan, 2019). Recognizing that meanings are constructed "in the symbolic space between reader, text, and context" (Harter et al., 2005a, p. 85), we view the Schumer dis-



course as an assemblage of narrators exploring the vagaries of maternal “choice” together. In this particular exchange, the choice is whether and how to engage in fertility treatments to conceive another child. Consider that Schumer created a narrative in a dynamic process influenced by social, political, and cultural factors. Perhaps she shared her discomfort during the medical treatment but anticipated a particular future in which this specific treatment was effective. Schumer’s post appeared within a specific social context in that narrative act, imbued with values, expectations, and desires. If infertility is still an invisible disease that disrupts the narrative of wellness, this moment of storytelling could represent an effort to legitimize her struggle publicly.

Relying on our narrative sensibilities, we turned to poetic inquiry to explore participants’ perspectives on Instagram (Schumer and those who commented on her post about infertility treatment). We did so to capture the multiplicity of voices in the conversation. Our goal was to extract the conversation themes but to “flip” the narrative script and explore the emotive and relational landscape from the perspective of Schumer and other patients receiving the information and advice. The data extraction allowed us to question, what is a “good” patient? A “good” parent? A “good” reproductive choice?

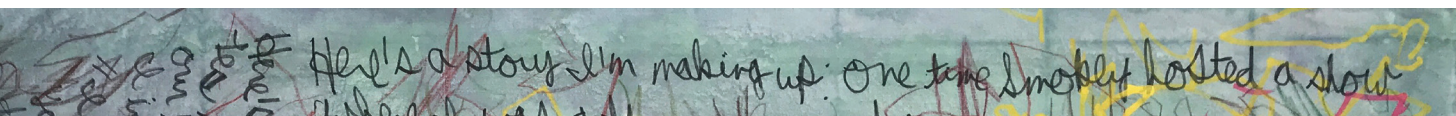
The resulting poetic interpretations serve as a type of resistance to the prescriptive roles (e.g., the “good mother”) and tropes (e.g., “the perfect infertility patient”) we observed in the conversation because they illustrate the impossibility and emotional impact of the “good” standard.

Poetic Inquiry as Methodology

“Poetic inquiry” is the use of poetry crafted from research endeavors, either before project analysis, as a project analysis, and/or poetry that is part of or that constitutes an entire research project. The key feature of poetic inquiry is the use of poetry as/in/for inquiry

—Faulkner, 2017, p. 210.

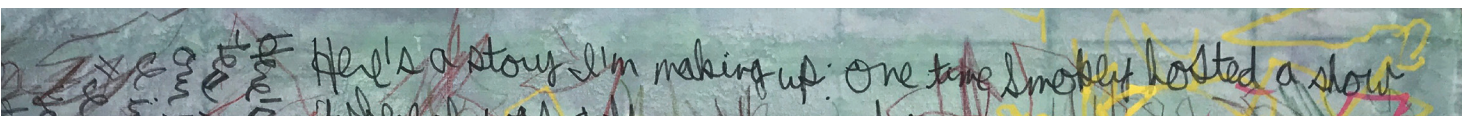
Inspired by Faulkner (2017) and Richardson (1992, 1994), we used poetic transcription to create dialogic-style poems from our data. Kumashiro (1999) argued that, unlike prose, poetry illustrates the various ways in which data are constructed. Crafting poems from our data set allowed us to reconstruct the narrative thematically. The resulting poems were “no less [our] construction than are excerpts of data interwoven into analytic explanations” (Ellingson, 2011, p. 6). In this chapter, we offer our poetic interpretations as our methodological approach. However, we did not begin the process with poetic inquiry in mind.



Initially, Bethany and Maggie explored the discourse among the commenters and between Schumer and the commenters and discussed our findings as part of the technological design of Instagram. Our collection and analysis process began as follows: during the week of January 13, 2020, following Amy Schumer's infertility treatment post, we took screenshots of the top 1,091 comments (Schumer, 2020). Next, we transcribed those comments into a Google Docs sheet. Still, we stopped at 355 comments when we perceived thematic saturation (i.e., a high level of repetition in the thematic content, choice of language, or focus of comments) (Glaser & Strauss, 1967).

Maggie and Bethany discussed the themes emerging from our data set. Noting the importance of comments related to medical expertise, we agreed on four themes to describe observed patterns: *integrative*, *performative*, *rejective*, and *adaptive*. First, most medical advice could be labeled "complementary and integrative medicine" (CIM), which we call *integrative*. This advice offered an opportunity to prove one's status as a "good" patient (e.g., perfect diet, exercise, hydration, low stress, integrating multiple methods). Next, recommendations required emotive or gender-based behavior and performance, which, if "done properly," would increase the possibility of a positive medical outcome—in this case, a successful IVF cycle. We understood these comments as *performative* in the sense that they urged Schumer to perform white, middle- and upper-class, cis, heteronormative femininity, or "good" womanhood. The comments in the third theme warned Schumer to reject medical treatments for other, more acceptable, or (according to this narrative) laudable solutions, such as adoption. We categorized these statements as *rejective* of Schumer's medical path; these comments chastised Schumer for failing to be a good patient and mother. The fourth theme is *adaptive*, reflecting the supportive comments posted by those familiar with fertility treatments' physical, emotional, and economic trials. These comments offered Schumer methods for mentally, emotionally, and physically adapting to her new, embodied reality. Adaptive comments were both supportive and limiting—supportive in that they offered camaraderie and encouragement, restrictive in that they left less room for expressing the complexity of the experience (e.g., "it will ALL be worth it!"). So even adaptive comments often perpetuated the good patient trope.

At times we found the attempt to categorize or code the responses emotionally overwhelming. Schumer's story and the stories of so many respondents were deeply personal, yet written for a social media audience and limited by the platform's confines (length, the algorithmic preference for popular comments, etc.). Schumer's exchange with followers illustrated both the promise and perils of sharing personal stories in a public space where women's bodies are policed by a wide array of onlookers, from research experts to alternative health practitioners to fellow patients (Beck, 2005; Ellis & Bochner, 1992; Harter et al., 2005a). Reflecting on our individual responses to the research process, we reconsidered our data approach



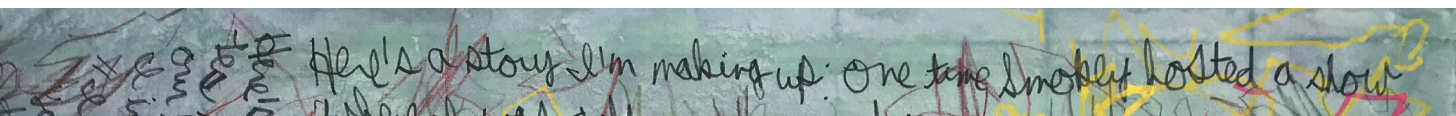
(Harter, 2013). With a desire to remove the narratives from the hypercritical environment of the Internet and with an urge to speak back to the limitations placed on reproductive bodies (e.g., perform perfect motherhood, accept pain as a privilege, “adopt don’t shop!”), we turned to poetic inquiry.

While narratives can “emplot” everyday experiences, poetic inquiry can inform narrative scholarship. Poetry offers an alternative and often a complementary representation of research. Examples of poetic inquiry include ethnographic reflections, investigative poetry, and poetic transcription (e.g., Brady, 2004; Carr, 2003; Glesne, 1997; Richardson, 2002). Most importantly to us, poetic interpretations invite readers to contemplate the lived realities individuals with infertility may experience on and off social media. Our poems describe the in-between spaces (e.g., a patient awake in bed at night), where the public-facing, constructed social media persona exists outside the gaze of both one’s followers and one’s medical practitioners (see also Faulkner, 2009).

Poetic inquiry is also crafted by formulating poems from research interviews, transcripts, field notes, and documents. Several scholars use direct quotations from participants, and others construct a conversation between researcher and participant (Ellingson, 2011; Faulkner, 2007). Others rearrange “words, phrases and sometimes whole passages” from their data to craft poetry (Butler-Kisber, 2010, p. 84). Our extension to poetic inquiry is the combination of these styles—our poems integrate intact comments drawn from Schumer’s post with an imagined patient’s inner monologue (Glesne, 1997; Lahman et al., 2010). Another extension is the type of data, in this case, qualitative data from a social media post. In contrast to other researchers whose poetic transcriptions were grounded in a single participant’s transcript (e.g., Carr, 2003; Furman, 2006; Glesne, 1997), ours rely on a social media thread with thousands of participants.

Choosing quotations from the coded commentary allowed us to focus on one of our four themes for each poem (*integrative, performative, rejective, and adaptive*). Indeed, poetic methods offered us (qualitative narrative researchers) an occasion to reconstruct social media data to expose multiple viewpoints (e.g., the researchers, the reader, and participant voices). We did not need permission to use the text because these posts are public and reusable by the terms of Instagram. Rules used during the poetic transcription process vary depending on the researchers’ interpretive and aesthetic preferences. The public nature of our data provided an opportunity for Bethany and Maggie to engage with these narratives creatively; with Anna Grace Thraillkill, a research assistant studying English literature, we cowrote the poems that both incorporated and represented our data set.

While Anna Grace penned the initial drafts, she does not view them as her own. The creation began with Anna Grace, whose first drafts utilized a more abstract

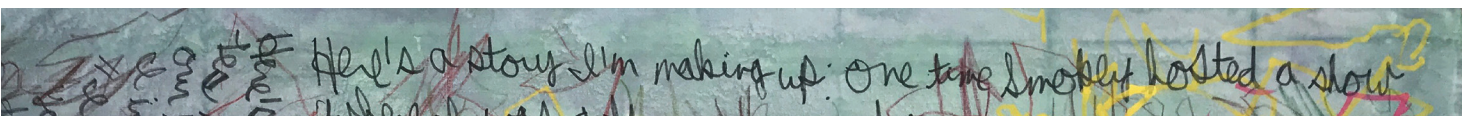


and contemporary approach, particularly with an associative style (Zapruder, 2017). As a poet, Anna Grace frequently explores the senses and what they have to do with how we, as humans, perceive our experiences. Without receiving fertility treatments, including IVF, Anna Grace closely explored the sometimes grueling physical and mental experiences posters revealed (e.g., bruising, bloating, fatigue, various medicinal side effects, swelling). Contemplating these experiences, Anna Grace built a narrative bridge between her perceptions and the varied ways posters expressed the embodied nature of their experience.

Bethany and Maggie purposefully withheld directions at the outset but provided our overarching themes and the complete data set without comments. We asked: please write four poems. Knowing this did not offer a clear framework, Bethany and Maggie felt confident the visceral experience of immersion in hundreds of comments, without our input, would create a mental, emotional, and even physical experience for Anna Grace (Harter, 2013). The undirected nature of Anna Grace's attempt is central to the practice of poetic inquiry—we wanted the poet on the team to be led first by her perceptions and impressions. After the first two drafts, Bethany provided further detail about the themes. Anna Grace shared her observations and discussed the experience of writing poetry within a framework but without guidance. Bethany shared more about the concept of poetic inquiry and what we aimed to explore by integrating quotes from our research.

In the subsequent drafts, the poems became narratives crafted around the comments; the final result displays the cocreation of multiple narratives. Sometimes, one of us changed three words in a poem before sending it back to the group, always asking, “Does this get us closer? Is this what we’ve observed?” For example, in “Ways to Hear the Night,” the research team included more direct quotations; the imagery, including fog and palpable darkness, reflected many commenters’ statements, which recalled feelings of abandonment and disorientation. Initially, Bethany expressed hesitation editing words or phrases in Anna Grace’s work; Anna Grace remained committed to cocreation, excited about the input from experienced researchers, and in Bethany’s case, as someone with an infertility diagnosis who experienced IVF.

The final poetic representations use aesthetic language arrangements to express complex emotions and experiences attached to each of the four themes (*integrative, performative, rejective, and adaptive*) (Austin, 1996; Ellingson, 2011; Faulkner, 2009). To begin each poem, we offer a quote from Schumer’s original post; the following poem provides a composite response to Schumer’s statement. Thus, we took an active role in constructing the poems, as we built or imagined a “storyworld” (the totality of the world in which the characters exist, going beyond the setting of the story) (Harter, 2013). The conceptualization of a storyworld is itself an act of cocreation necessary for representing multiple voices in our poems (Har-



ter, 2013). Through poetic inquiry, the storyworld we created from our data extends outward from the social media platform, interrupting the narrative creation in that exchange to create composite images, realities, and emotional landscapes.

Of course, poetic transcriptions can raise questions about authenticity, representation, voice, and authorship (Glesne, 1997), which are often implicit rather than explicit. We acknowledge that the poems created by us (narrative scholars) are constructions of our analysis. We were self-reflective about how our lived experiences influenced the coconstruction of the poems—did we allow participants' voices to come alive in these representations? Although the research team created these narratives together, these poems speak with the commenters on Schumer's initial post and to the potential readers of this poetry by narrating the complexity of undergoing fertility treatment in a web of social expectations (Jensen, 2016; Johnson & Quinlan, 2017, 2019; Johnson et al., 2020; Wirtberg et al., 2007).

While the poems differ in style and length, certain elements remain consistent. First, each poem includes an epigraph, which is a portion of Schumer's original post. In each poem, the italics are quotes taken directly from our data set.

Theme 1: *Integrative*

"Paths"

"If anyone went through it and if you have any advice or wouldn't mind sharing your experience with me, please do." —Schumer

I.

She sits in a waiting room to be called back
and circumnavigates her brain only to remember
she has tried everything.

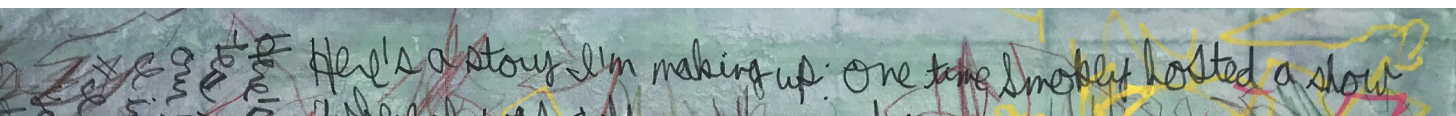
She picks at the thread
on her scarf that caught on her keys this morning.
It will become tangled,
like the experts competing for space in her head.

I've seen some really beautiful things come from Reiki...

It will become undone.

II.

Hydration—the feeling of icy water rushing
down her throat to fill the hollowness below.



Drink lots of fluids to flush the body.
It was supposed to make *everything*
work in unison.
It was supposed to bring
equilibrium.

She doubted the words *stay hydrated*,
accompanied by a slew of plump, red hearts
and she was tired of how cold it was,
this remedy, rendered useless by
her body.
It should work.

III.

Once, she walked into a meditation room
because of a soft comment floating in a
turbulent sea of voices she did not know.
Meditate! Find a good teacher & learn to
use meditation and imagery to help you.
It echoed like the gong in front.

She sat cross-legged, expectant,
remembering, *meditation...anything*
to rebalance...because
the hormones severely distort your energy.

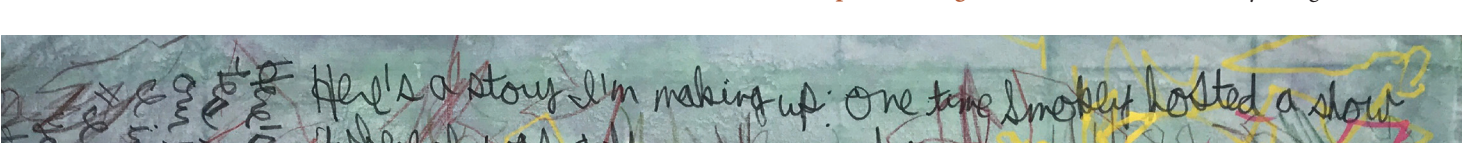
At the front, the instructor says,
as to a beginner,
this is healing work; this is important work,
try breathing diaphragmatically.

Must one visualize the diaphragm expanding
over an empty womb?

Meditating will help.

IV.

After every suggestion, a waiting room.
acupuncture every week
to support the procedures.
A cold needle, sliding into the skin, asking the nurse,
will it hurt?



A question the nurse has answered
at least four times that day.
*No! We provide
gentle, safe, and painless acupuncture!*
She wants to echo the patients who say
acupuncture saved me.

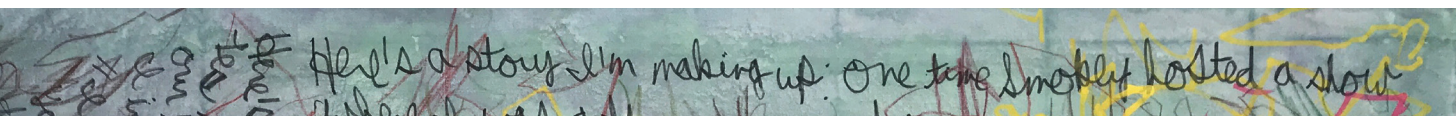
“Paths” is a free-verse poem in four stanzas, utilizing italicized quotations from our dataset to explore the external forces at play for cis women undergoing IVF.¹ All of the commentary we coded as *integrative* represents modalities from complementary and integrative medicine (CIM). *Integrative* advice guided Schumer about what could be done to *her* body to increase her chances of a successful IVF cycle. The poem asks questions, honestly grapples with doubt, and explores the exhaustion that cis women experience when trying multiple integrative options to assist their bodies and souls. The subject of this poem has tried everything, will try anything—she is a “good” fertility patient. At the core of this poem is a doubt—that the cold water, meditation, and even IVF itself will not work and that the patient has no control over the outcome.

The *integrative* theme resulted from the overwhelming amount of advice rooted in CIM, which we understand as *integrative* when combined with the treatments patients receive during a traditional IVF cycle (e.g., shots, ultrasounds, suppositories, blood tests). CIM can include Reiki and medical systems like acupuncture, which are long-standing medical traditions (from Japan and China, respectively). CIM also encompasses eating regimes (e.g., keto, paleo, elimination diets) or physical and spiritual practices such as yoga for infertility. Followers proposed hypnotherapy, cupping, and crystal work. Others named or endorsed providers; providers also recommended their services.²

Within this landscape of integrative options, commenters perceived CIM as having two distinct functions. First, CIM offered therapies thought to support better outcomes and improved mental health (e.g., through stress reduction). Second, CIM offered an option for failed treatments or poor outcomes in the past. Commenters stated that adding acupuncture, cupping, and supplements could be what makes the next cycle effective.

1. We recognize that patients with a range of gender identities seek fertility treatments, and cis men “contribute to 50% of [infertility] cases overall” (Agarwal et al., 2015, p. 37). Historically, infertility treatment framed the cis female body as infertile, while cis males were not considered conceptive failures (Johnson & Quinlan, 2019). Thus, the central narrator here is “she,” reflecting both the cocreated narrative in Schumer’s post and the central myths about infertility in American society.

2. While we use the language we found on Instagram (i.e., “crystal work”), neither author has a detailed knowledge of or training in these or other medical modalities, biomedical or otherwise. We do not speak to the efficacy of any modality, either in CIM or in biomedical treatments.



Research suggests that educated, white, middle- and upper-class individuals have the widest access to and ability to pay for some CIM therapies, as they can be prohibitively expensive (Ajayi, 2018; Johnson & Quinlan, 2019; Lin, 2018). However, this places patients in a confounding position—if CIM treatments are recommended to enhance fertility treatments, but you cannot afford them, why do cycles fail, and who is at fault? For those who cannot afford to pair CIM modalities with traditional treatments, these posts may provoke feelings of inadequacy, shame, or frustration.³ There are other complexities here—for example, the use of yoga by white women to enhance fertility can also be understood as cultural appropriation. Users observing these suggestions likely come from various backgrounds, which value and rely on a wide range of health and wellness methodologies and folk practices. The suggestions here read as a free-for-all, grab-bag of global health regimes, which doesn't necessarily respect the roots of these traditions or indigenous praxis.

Theme 2: Performative

“Positivity, Toxicity”

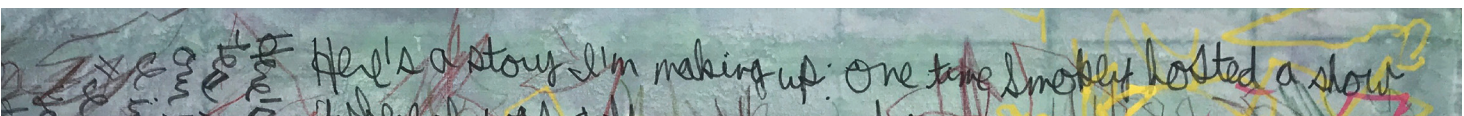
“... *what to do to give Gene a sibling*” —Schumer

In bed, it is 12:30, and sleep will not come. *Think positive thoughts.* An onslaught against what one knows. The light of a screen, an invasion of the (virtual) womb. Clicks, notifications, likes, FSH, estradiol, fragile eggs, each blood test, and syringe, *stop stressing...you are trying to build a nest made out of love.* It comes as a disease might. It creeps through the marrow, unexpectedly, while the patient picks up the screen, agency and courage still in hand. Next, the injection, where viewers find a *smiley face* (of bruises). The patient genuflects; *be positive every time.* At the fertility clinic ... *get ready to pull your sleeves up and your pants down,* says the nurse, making light of this moment, both prying and obliging, *think positive thoughts.* The patient is hollow. The thoughts that sweep through brighten the screen and sharpen the sentiment *think positive thoughts, stay positive about the whole journey, just keep a positive attitude and keep relaxed, keep going—*

It is not an eloquent or varied notion. It is the glow of survival instead.

“Positivity, Toxicity” is a one stanza prose-poem that integrates the repetitive nature of anxious thought, which works in tandem with constant exhortations to positive

3. Recommendations to seek out specific methodologies and providers also elides the folk medical practices within homes and communities. Research highlights the activities of economically privileged folks who can access CIM treatments not covered by insurance, but groups building systems of “community acupuncture” also speak to this imbalance. The rise in practices offering a sliding scale and confirming the necessity of these treatments for all suggests that in the American capitalist system, access is not universal or equal, despite the wishes of many practitioners.

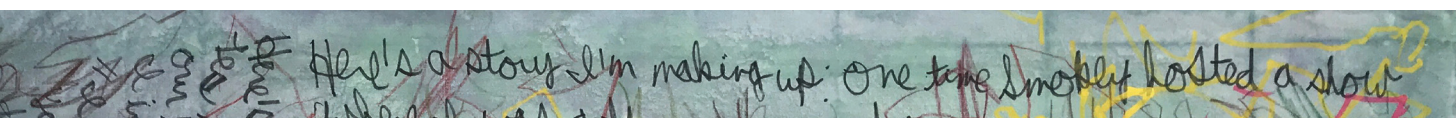


thinking. The poem is disorienting to read, and purposely so because it asks us to consider: where does treatment occur? How is medical expertise disseminated? Are admonitions to stay optimistic medical advice, attempts at emotional support, or directives to perform acceptable femininity? “Positivity, Toxicity” integrates descriptions of disease treatment with gender performance to depict the emotional landscape of late-night social media during an infertility treatment cycle.

The *performative* theme emerged most clearly when responses to Schumer’s post suggested, encouraged, or even demanded the performance of upper-class, white, cis, heterosexual femininity. Initially, the comments read as supportive but examined within the deep history of policing feminine behavior and reproduction, it is clear the responses reflected discomfort with Schumer’s openness and vulnerability. Schumer’s frustration and pain did not demonstrate “good” female behavior, in which silent suffering is linked to desired health outcomes. The logic of exhibiting “good” behavior to achieve desired health outcomes is not new (Ehrenreich & English, 2005; Melendy, 1904), nor is the illogic of expecting the performance of subservience to medical experts as an avenue to health, or in this case, a pregnancy after IVF treatment (Dusenbery, 2018; Johnson & Quinlan, 2019). In 1946, a *Ladies Home Journal* article stated it directly: [gynecologists] “found a relation between a happy placid, contented frame of mind and fertility” (“We wanted a baby,” 1946, p. 29; see also Johnson & Quinlan, 2019).

Comments coded as *performative* encouraged specific, binary gender performativity, but these comments also *exhibit* conformity. In Judith Butler’s (1999) exploration of “gender performance,” femininity is learned and disciplined (e.g., forced positivity, an expectation to smile, politeness) through the choice of language, appearance (e.g., western beauty supremacy, fatphobia), evidence of caretaking, and privileging certain emotions (e.g., happiness) over others (e.g., rage). The *performative* theme investigates how cis femininity is framed in the “proper” infertility patient through “just” relaxing, positivity, reliance on faith to supplant the loss of control and adoption of the traditional feminine.

For more than 150 years, medical practitioners of all stripes urged (white) women to alter their gender performance, reign in emotions, intellectual pursuits, and “masculine strivings” (e.g., professional ambition) to conquer infertility (Jensen, 2016; Johnson & Quinlan, 2019). Individuals recirculating the century-old advice to “just relax” assume the supremacy of stress reduction for creating the “proper” environment for conception—despite the reality that women in stressful settings consistently conceive and carry to term. Researchers find that “just relax” or “stay positive” commentary is often unsolicited, thus increasing stress and anxiety rather than encouraging relaxation (Johnson & Quinlan, 2019; Nicoloro-SantaBarbara et al., 2018). Historically rooted misconceptions about the relationship between stress and infertility ensure the continuation of this advice and reproduce the construct in new ways—for example, the use of CIM to relax and destress.



It is evident the narrative script is helpful, but it is impossible as well—work hard to protect wellness (*integrative*) and think intensely about the environment you are creating while maintaining a light and happy affect without dwelling on the effort at hand (*performative*). To be clear, we did not perceive malice in these comments. Instead, they reflect a game of telephone, wherein socialized gender-performance is imbibed by commenters and passed on to Schumer.

Sorted by Instagram to exhibit the most “liked” comments or comments by Instagram users with large followings, the “stay positive” comments read like an avalanche. Thus, the social pressures of positivity encouraged more commenters to address proper patient behavior. This performance narrative is so compelling because it questions an individual’s ability to be a “good” patient, woman, and even mother if they dare to step outside a narrow range of emotions and expressions. Suffer silently, this narrative says. Perform your motherhood to earn it. This narrative works by constraining the images patients use to communicate their embodied experience, and it has the potential to categorize anyone who discontinues treatment or speaks openly about their struggles as ungrateful, weak, or even unfit.

Theme 3: *Rejective*

“Ways to Hear the Night”

“We are freezing my eggs...” —Schumer

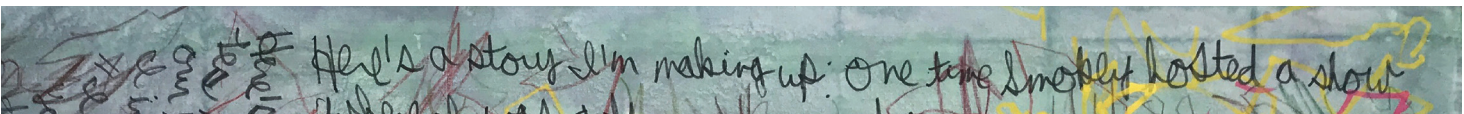
It was a moment of folly,
really, who can get
what they need on the Internet.

*Probably not what you want to hear...
but let nature take its course...
and live your life.*

Did you know that darkness
effects how well a person can hear?
This hasn’t been proven yet.

*You do not need to be the vessel.
Just supply the goods!*

It is something about
sensory overload and focus.
One sense wins in an emergency.



*Not everyone can afford
IVF, be thankful for your
beautiful Gene.*

A fog of words and emojis, pooling.
Thick, abundant, it blocks out the light.

*Thousands of kids are in the
foster system and need parents, while
you insist on artificially breeding...
Adopt; don't shop.*

Did you know that
if you cover a person
with defamation
they will identify as
a mistake?

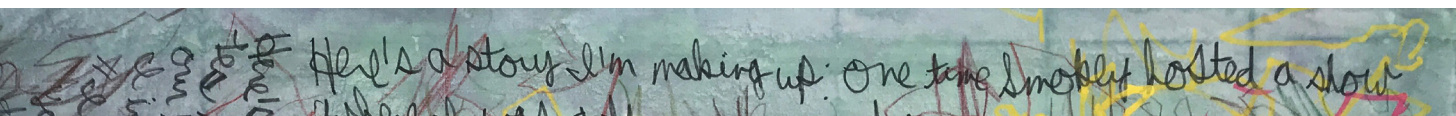
*You can't always get what you want....
you are supposed to be a feminist
and you put yourself in such a
dangerous condition.*

Are you really lost if
you walk into the fog on purpose?

Accept your lot in life.

In “Ways to Hear the Night,” a sample of negative comments from Schumer’s post are placed in their stanzas to show the disconnection between critiques of women’s choices and the complexity of one’s embodied, lived experience. The *rejective* theme reflects the practice by some of Schumer’s followers to reject a medical solution (infertility treatment at a Reproductive Endocrinology and Infertility practice) altogether, particularly the one she chose (e.g., IVF). The range of rejective messages included timing, treatment choice, number of children, and even challenges to Schumer’s commitment to feminism.

Many rejective comments were biomedically based: posters asked for clarification about Schumer’s statement about “freezing eggs,” concluding that Schumer should be freezing embryos. Some chastised her for seeking another biological conception, which they framed as being ungrateful for her son. Other commenters advocated that she rejects Reproductive Endocrinology and Infertility-based infertility treatments entirely for the “natural” route to achieve pregnancy.

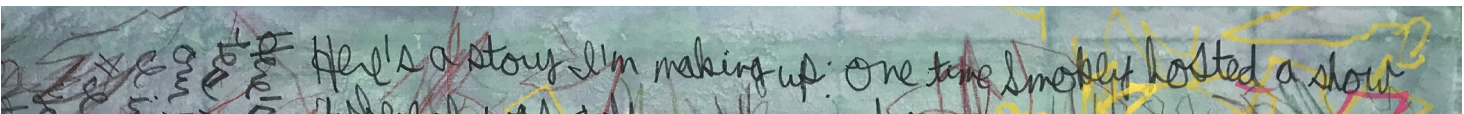


A sizable number of comments also addressed adoption. Adoption is not an emotionally neutral effort; embedded within these comments is the assumption that adoption is a simple path to parenthood. Instead of being distinct options on the road to parenthood, adoption is placed as the polar opposite of IVF. In this false binary, adoption is positioned as an ethical “good” and IVF is positioned as selfish, capitalistic, and antifeminist. The reference to Schumer’s son constructs a zero-sum equation; Schumer valued the life of an adoptive child against the presence of an unborn biological child and chose biology, so her math must be off. Unfortunately, comments on adoption were largely shame-based and articulated sentiments that seem counter to the adoption movement. Foremost, adopted children deserve warm, attentive, loving families who actively pursue adoption. Adoption is not emotionally, legally, or economically a 1-to-1 substitute for fertility treatments.

There is a long history of nuanced adoption stories and policies. Some individuals are grateful to be in an adoptive family, though the history of adoption dating back to the 19th century is complex and often problematic (Austin, 2019; O’Connor, 2001). International adoption is implicated in colonialist practices, white supremacy, and institutional racism (Cole, 2012). Informed adoption advocates seemed missing from the conversation, while self-appointed lay experts used adoption (and adopted children) as a foil for rejecting Schumer’s medical choices. Adopted children have narratives and cannot and should not be ignored; we did not find comments from individuals who shared their own adoption stories. We perceived these comments as attempts to hijack Schumer’s request for IVF advice to discuss adoption instead (for more on co-opting narratives, see Carmack, 2014; Carmack et al., 2008).

Moreover, we observed common adoption myths, including all adoption is easy, that it is more affordable than infertility treatment, that as soon as you adopt, you will become pregnant, or that there are many domestic babies available for adoption (RESOLVE, 2020). “Just adopt” narratives also fail to contend with the reality that parents with one child are less likely to have another child placed with them (Johnson & Quinlan, 2019). Finally, if Schumer and her partner do not passionately desire adoption, pursuing adoption would be a disservice to any child they might welcome into their home.

We understood all the directives in this theme as rejective of the medical path Schumer had already engaged (e.g., she was one week into IVF, a process that can take weeks or months of testing, planning, and prior treatment). While people might be well-intentioned, persistent claims to redirect Schumer’s plans are as insensitive as they accuse Schumer of being. The fundamental problem at the center of this exchange is more subtle and more diffuse: women (cis and trans) are often the targets for opinions and demands about their bodies, who those bodies belong to, and who can make choices about the reproductive capacity of said bodies.



Theme 4: Adaptive

“Held”

“I’m a week into IVF and feeling really run down and emotional.” —Schumer

*It’s so different for everyone at the end of the day
And we should know this by now.
Staring at the screen,
an ocean of red and pink hearts
that echo a resounding chorus,*

*We see you,
We hope that this (all of this) is
Worth it.*

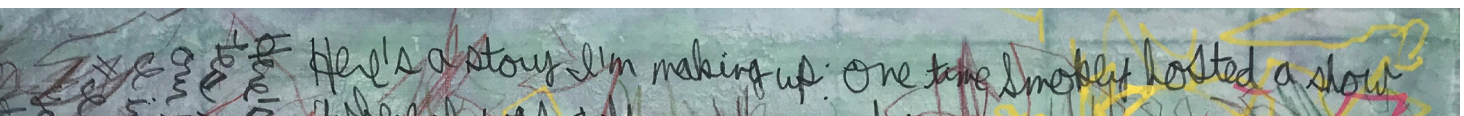
*I see what you’re going
Through and I know it’s hard,
Where learning is the battleground
And loss is in the trench
But why
does everything become a war?*

*It’s not easy, in fact, it’s 90%
mental and 10% physical.
This stretching out of hands—
thumbs on screens
to lift one another.
Bruising and swelling
built up the muscles.
They are strong. Ready.*

*Say it plain:
Punch anyone in the face
who tells you, “just relax!”*

*These are not weapons, but a force
A crashing, impending wave.
A sea, a quilt of crimson and rose,
It lands near the beachhead,
no bombs this time.*

I see you.

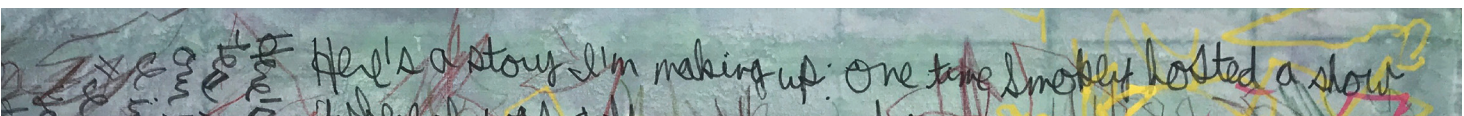


“Held” is a free verse poem integrating supportive comments Schumer received on her Instagram post. The poem also contains distinct imagery related to social media, including references to the many heart emojis posted in support of Schumer, as well as the unique strength that comes from this new and unlikely medium of support through something as small and insignificant as our thumbs (Johnson et al., 2019, 2020). The idea of unique musculature and the introduction and reorientation of warfare metaphors represent the necessity for and potential of adapting to new realities with the support of people with similar embodied knowledge. To have been in the trenches is to have earned the right to guide a new recruit.

In response to Schumer’s request for help, veterans of infertility treatment explored ways Schumer could adapt to her new embodied reality. Their feedback, comments we coded as *adaptive* included tips for maintaining emotional well-being, pain-free injections, protocol advice, and suggestions of books, social media accounts, and practitioners to follow. First, Instagrammers welcomed Schumer to the platform’s community of people seeking or undergoing fertility treatment. Dozens of commenters offered a listening ear and a place to talk through her treatment questions and concerns in “DMs,” the direct messaging function of Instagram, wherein users speak to one another directly and privately. In a distinct departure from *performative* and *rejective* comments, *adaptive* comments encouraged Schumer to make space for a wide range of emotions, including anger. Some posters also suggested Schumer might be angry about being told to relax or stay positive.

A significant portion of advice extended beyond emotional support to medical diagnosis from fellow patients, including an armchair diagnosis of polycystic ovary syndrome (PCOS), a hormonal disorder. Others gave specific medical advice about IVF cycles, including how to avoid bruising from injections. Here we observe some problematic adaptive comments where infertility treatments intersect CIM protocols such as eating regimes (e.g., keto, paleo, plant-based). These comments offered medical advice outside the practitioner/patient relationship and without detailed knowledge of Schumer’s condition, medical history, medications, or other complicating factors, which calls into question the safety and efficacy of the advice Schumer received, even from seasoned fertility patients.

Some individuals flagged where they found the information, including in infertility books, at specific practices, clinics, doctors and therapists, and infertility lay experts; most also flagged Instagram accounts connected to these resources (see also Johnson et al., 2019, 2020). These suggestions also underscored specific behavioral directions and expectations, including language that “fertility patients are tough” (Johnson et al., 2019, 2020). It seems there is a way to be a “good” fertility patient too.

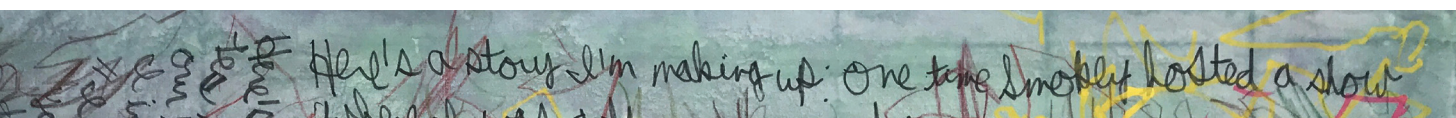


The *adaptive* theme offers the clearest example of narrative cocreation, even when participants relied on stereotypes about motherhood and femininity to build connections to Schumer's narrative (e.g., mothers always endure so much). Engaging storytelling, medical advice, informational support, and emotional support to encourage Schumer, these commenters welcomed her into an online community of individuals pursuing conception and adapting to health-related challenges. This community's increasing visibility is quite promising for opening up public dialogue around conception issues, reproductive health, and even miscarriage (Johnson et al., 2019, 2020).

Can Poetic Inquiry Interrupt?

If discussing fertility is breaking taboos on Instagram, then poetic inquiry allows us to explore and interrogate infertility narratives and the stereotypes they may or may not perpetuate. Amy Schumer's call for advice produced a rich data set to examine the cocreation of narratives by exchanging advice, including medical information (e.g., supplements, dietary regimes, Reiki, PCOS diagnosis). Some narratives (*rejective*) reflect less familiarity with the embodied experience of treatment, while others (*integrative*) illustrate emergent trends in treatment, including CIM (Ajayi, 2018; Johnson & Quinlan, 2019; Lin, 2018). However, all of these themes include unspoken narratives, the most prominent being Schumer can easily access and afford the best medical treatment. Next, we'd like to explore this subsumed narrative, how this narrative might impact posters and observers, and consider if and how poetic inquiry has the potential to interrupt it.

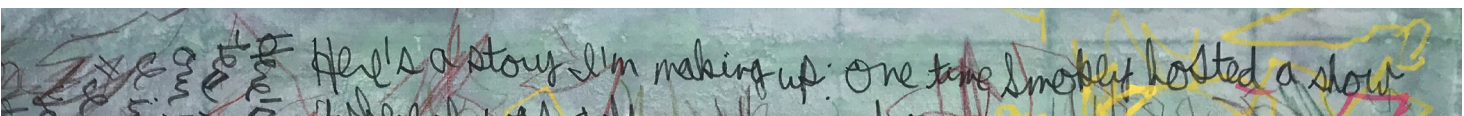
The methods, practitioners, and perspectives in our dataset reflect an overwhelmingly middle- to upper-class economic perspective. Posters suggested Schumer receive daily massages, take a plane to Colorado where stars such as Giuliana Rancic received care (see also Bute et al., 2016), and have genetic testing, which can cost an additional \$2,500 to 6,500 per cycle, on top of the already steep cost of IVF (Winfertility, 2020). Specialized diets and supplements, acupuncture, meditation tools, and Reiki—these all require a substantial, sustained financial investment. Unfortunately, in a country where insurance companies routinely contest everything from necessary medicines to emergency room visits, there is very little monetary assistance for patients seeking these treatments, considered “additional” or unnecessary. Many insurance companies consider regular therapy a luxury in terms of access, particularly if it extends past a few sessions. As therapy specializing in infertility-related trauma is regarded as a subspecialty, insurance coverage is even more limited. Thus, in Charlotte, North Carolina, a local reproductive endocrinology and infertility practice offers this therapy for \$200 per session; insurance is not accepted.



Posters accurately assumed a comedian whose net worth is \$25 million could afford any treatment modality (Wallin, 2021). Yet an overwhelming majority of these posters suggested treatments, practices, supplements, and practitioners they had used; by and large, commenters accessed resources that allowed them a similarly wide array of integrative therapies. The recommendations reflect the concentration of wealth and economic privilege (access to capital, business loans, etc.) that privileges white families. According to the Brookings Institution, the net worth of a white family is, on average, ten times that of a black family, and that was before the most recent recession and massive job loss that occurred as a result of COVID-19 (McIntosh et al., 2020). Within American capitalism, the individuals who can easily avail themselves of the broadest range of treatments, alongside traditional methods such as IVF, are few and predominantly white. However, to be a “good” patient, one must avail themselves of as many potential supports and interventions as possible. Thus, many patients go into debt, take on additional work, or make other sacrifices to receive treatment (Johnson et al., 2017).

As we have seen here, the advice Schumer received reflected assumptions about her net worth and access to medical experts. Other patients may lack access to specific treatments, particular foods, and supplements, lack insurance coverage, social support, and be denied time off work. By removing the *integrative* advice and putting it in poetic form, the reader can experience the wide range of suggestions together, from guided meditation to cold water, and consider who is represented, who has access to treatment, and what it might feel like to navigate these treatments with varying financial resources, disparate identities and differing access to emotional support. Unfortunately, gendered expectations for patient behavior (e.g., submit to medical authority) and motherhood (e.g., we sacrifice everything for our babies) are impressed upon individuals of any net worth. After taking hundreds of separate comments and placing them together in poetic form, we created a stark representation of the impact *performative* and *rejective* comments can have.

Performative comments also reveal the intense expectation to perform cisness and traditional femininity. But if femininity, in this case, is the sacrifice of one’s body by way of grueling medical treatment to conceive, what is left for those who never have a successful treatment? Strung together in a paragraph, comments that might seem nice become a harpoon launched at individuals struggling to maintain the “proper” composure of angelic self-sacrifice. And what of the patients who are not female or who have a gender more complex and nuanced than those on the gender binary? How will they be perceived or treated? We also hinted at this in the *rejective* poem, which placed some of the harshest critiques together, illustrating that even those that fit most stereotypes continue to receive crushing criticism after making autonomous health choices. These poems ask us to imagine the cascading

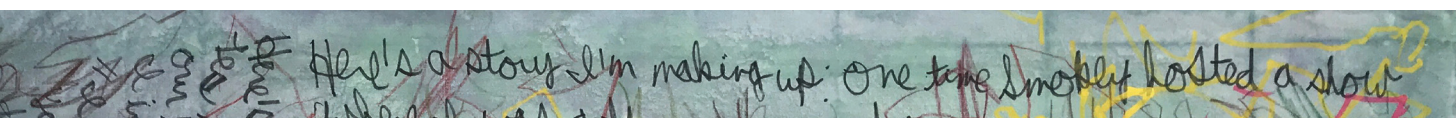


judgment directed at a less “worthy” patient and consider why many people keep these treatment cycles a secret from friends or family (Johnson & Quinlan, 2019).

Finally, the *adaptive* poem considers supportive messaging, in some cases as simple as “I see you.” On the one hand, this theme perpetuates some of the ideas of the *performative* theme, yet some commenters urged Schumer to reject others’ expectations as a form of support. To show this complexity, we included comments that could be perceived as emotionally liberatory or constricting. This will, hopefully, interrupt what readers perceive as helpful or supportive communication with patients in treatment. Perhaps the storyworlds of the *integrative*, *performative*, and *rejective* poems highlight responses that aren’t as helpful as they might seem. This allows us all to consider what it means to slow down and hold someone’s grief by simply being with them.

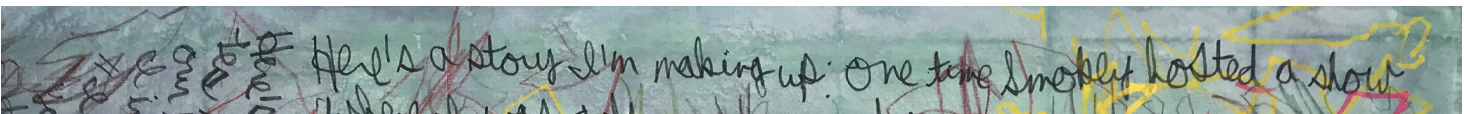
The interruption here is the slowing down of time through the extraction of the dialogue, which continued to populate Schumer’s Instagram feed even after we recorded, coded, and analyzed the data. Time doesn’t stop on Instagram, but we can put it on pause with poetic inquiry, allowing a level of observation and introspection impossible in the initial onslaught of social media activity. This extraction and distillation can disrupt widespread narratives about patienthood, womanhood, and motherhood, most of which teach us to “be good” at the loss of our autonomy and individuality. Damaging narratives are disrupted when they are named, and once they are named, we can begin to deconstruct them in our poetry, our conversations, our institutions and most of all, ourselves.

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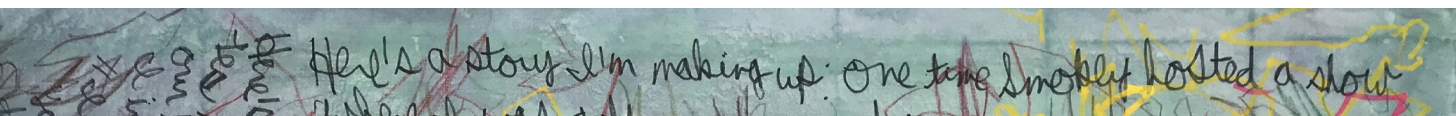


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