Social Science & Medicine 147 (2015) 184–189

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

An internet forum analysis of stigma power perceptions among women seeking fertility treatment in the United States☆

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ARTICLE INFO

Article history:
Received 5 June 2015
Received in revised form
31 October 2015
Accepted 2 November 2015
Available online 5 November 2015

Keywords:
United States
Infertility
Stigma
Stigma power

ABSTRACT

Infertility is a condition that affects nearly 30 percent of women aged 25–44 in the United States. Though past research has addressed the stigmatization of infertility, few have done so in the context of stigma management between fertile and infertile women. In order to assess evidence of felt and enacted stigma, we employed a thematic content analysis of felt and enacted stigma in an online infertility forum, *Fertile Thoughts*, to analyze 432 initial threads by women in various stages of the treatment-seeking process. We showed that infertile women are frequently stigmatized for their infertility or childlessness and coped through a variety of mechanisms including backstage joshing and social withdrawal. We also found that infertile women appeared to challenge and stigmatize pregnant women for perceived immoral behaviors or lower social status. We argue that while the effects of stigma power are frequently perceived and felt in relationships between infertile women and their fertile peers, the direction of the enacted stigma is related to social standing and feelings of fairness and reinforces perceived expressions of deserved motherhood in the United States.

A great deal of research finds that the stigma of infertility can have negative health implications (Slauson-Blevins et al., 2013; Clark et al., 2006; Goffman, 1963; Kimani and Olenja, 2001; Nachtigall et al., 1992; Greil, 1997), including long-term depression (Schwerdtfeger and Shreffler, 2009), lower life satisfaction (Greil et al., 2011), or social isolation (Miles et al., 2009). Infertility serves as both a visible and invisible stigma – infertile individuals decide both when and to whom they disclose the details of their condition while childlessness remains highly visible and stigmatized. In order to better understand the impact and implications of stigma faced by infertile women, we focused on how infertile women seeking fertility treatment perceived and expressed discontent with fertile women in their lives.

According to Goffman (1963), stigmatization occurs after an individual's undesirable condition is acknowledged by "the normals" – those who do not depart negatively from society's expectations (p. 5) – who attach negative associations or attitudes to an individual and his or her condition (Crocker and Major, 1989; Berger et al., 2011; Joachim and Acorn, 2000). The frequent conflation of motherhood with womanhood (Hird, 2007; Rich et al., 2011; Peterson and Engwall, 2013) and cultural expectations of completed fertility (Musick et al., 2009; Sweeney and Raley, 2014) are among the factors that set the "national context" for infertility-related stigma (Pescosolido et al., 2008).

However, as Lekas et al. (2011) argue, a generalized description of stigma "obscures the delineation between sources and targets of stigmatization" (p. 1206), with social expectations pertaining to motherhood not limited to fertile women. Research on stigma often differentiates between the perceptions of others' discrediting actions of "felt stigma" and the actual discriminatory behaviors against a stigmatizing condition of "enacted stigma" (Jacoby, 1995; Brewis et al., 2011; Scambler, 2004). Felt stigma and internalized blame lead individuals to frequently respond to everyday social interactions as if they were enacted stigma (Barlösius and Philipps, 2015), whether or not the actual intent of individuals in their social networks are known (Brewis et al., 2011). Both actual and felt

☆ A previous version of this research was presented at the Midwest Sociological Society. The authors wish to thank Mehrangiz Najafizadeh and David Smith for comments on a previous draft. This manuscript benefitted immensely from detailed and insightful comments from the editor and anonymous reviewers. We also thank the *Fertile Thoughts* forum for providing this service and most importantly, the women who posted on the forum for sharing their intimate and painful struggles with infertility.

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http://dx.doi.org/10.1016/j.socscimed.2015.11.002
0277-9536/

stigma can reinforce the internalization of stigma by infertile women and lead to decreased self-esteem (Corrigan et al., 2006), marginalization, or feelings of social isolation (Ferland and Caron, 2013) that may potentially compromise relationships (Pescosolido et al., 2008). Contextualizing infertility in a framework of felt versus enacted stigma sheds light on stigma responses by infertile women by socially situating women within hierarchical relationships.

Maintaining positive social relationships throughout struggles with infertility can be critical to the maintenance of infertility-induced anxiety and stress, especially because most women wish to discuss their infertility with others (Schmidt et al., 2005; Peterson et al., 2006) but frequently complain about difficulties in finding adequate social support (Domar, 1997; Lechner et al., 2007; Verhofstadt et al., 2007). Johansson and Berg (2005) studied involuntarily childless women two years after unsuccessfully completing infertility treatment and highlighted their difficulty in relating to peers with children and found that women socially withdrew at gatherings of family and friends as a result of feeling marginalized. Remennick (2000) emphasized that the infertile women in her study intentionally avoided conversation topics related to family or children, and many admitted to selectively disclosing the truth or simply telling lies to avoid uncomfortable conversations. Miall (1986) found that nearly all of the infertile female respondents she interviewed were concerned that others would view them in a "new and damaging light" if made aware of their infertility problems (p. 271). While friends and family members may aim to be supportive, social networks of infertile women are often inexperienced or ill-equipped to provide the emotional support infertile women desire. For example, High and Steuber (2014) found that women often received unwelcome advice and information from friends and family, suggesting that friends and family often overwhelmed infertile women rather than offering meaningful forms of desired social support or empathy.

While the consequences and struggles with infertility are well documented, less is known about stigma-related power differentials within relationships. As Parker and Aggleton (2003) describe, stigma must be understood at the intersections of culture, power, and difference in order to contextualize its influence on social order. Stigma power is frequently conceptualized as uni-directional, where the "normals" have access to the power and avenues for exclusionary and discriminatory behavior to prevent status gains (keeping people down), to maintain social norms (keeping people in), or to present social barriers (keeping people away) (Phelan et al., 2008; Hatzenbuehler et al., 2013; Link and Phelan, 2001). Alternatively stated, stigma power maintains the public stigma of infertility and reinforces the potentially damaging effects of power differentials within presumably supportive networks.

Stigma power potentially works in three ways. First, stigma power may be exclusively enacted by the non-stigmatized group. Link and Phelan (2001) suggested that while "stigmatized groups often engage in similar types of stigma-related processes in their thinking about individuals who are not in their stigmatized group" they do not have the "social, cultural, economic, and political power to imbue their cognitions" thereby resulting in no serious discriminatory or stigmatizing consequences to their processes (p. 376).

Second, unequal relative social standings of individuals in a relationship may serve as a buffer to felt stigma. Access to resources and protective social factors may reduce the felt effects of stigma power. Indeed, women seeking treatment are more likely to be middle- and upper-class, highly educated, employed, and part of the ethnic majorities in their communities (Green et al., 2001). In a quantitative study of women seeking treatment, Donkor and Sandall (2007) found that tertiary education and higher social status were mediating factors in reducing a woman's perceived stigma.

Third, the active resistance or negotiation of felt stigma may serve as an active challenge to stigma power and the corresponding social hierarchies (Parker and Aggleton, 2003). As evidenced, women frequently take action to mask (i.e., passing) or hide their infertility. While passing or hiding is a frequent stigma management strategy, this ability to remain invisible may be more readily available to individuals with higher social standing. Thus, increased access to social resources may actually reverse the direction from "stigmatized" to "stigmatizer" in terms of moral judgments of "deserving" motherhood.

We extend previous research on the unique stigma challenges facing women seeking fertility treatment. Specifically, we analyzed the content of initial threads on the infertility forum *Fertile Thoughts*, the largest infertility forum available online, to explore perceptions of power within socially situated stigma experiences. Timmermans (2013) suggested that, "[inter-situational research] helps to contextualize health issues within other pressures of living and within biographies across the life course" (p. 5). Forum analysis allows for an assessment of statements written from the personal spaces of infertile women without the probing or questioning frequently present in other methodologies. Furthermore, online forum participation offers a support system that is both convenient and affordable, and communication amongst members provides aid when other types of support may be unavailable (Malik and Coulson, 2008, 2010). Accessibility facilitates relationships between infertile women and provides "a new reference group capable of validating their feelings and restoring their sense of normalcy" (Greil, 1991, p. 151). Importantly, online forums present an outlet for expressing intimate thoughts on perceptions of felt stigma and perceived power dynamics and provides the advantage of total anonymity if so desired. Analyzing a space where individuals can readily access support and post anonymously minimizes social desirability biases in discourse – a particularly important quality for understanding stigma power dynamics. As such, our central aim was to analyze the relationship dynamics between infertile and pregnant women and assess the evidence of felt and enacted stigma in an online forum setting. Accordingly, our results highlight the role of perceptions of felt and enacted stigma in infertile/non-infertile relationships, and examine the role of expressed responses to perceived stigma power.

1. Methods

We selected two infertility forums on the website *Fertile Thoughts*, the largest social networking site dedicated to fertility and infertility (Fertile Thoughts, 2014). We chose *Fertile Thoughts* due to its high usage and reputation for fostering a strong community. Using a Google search for "infertility forum," *Fertile Thoughts* is the top search result out of 1.9 million. The website was launched in 1996 and has provided a space for infertile individuals for 19 years. The forums have over 87,000 members and over 4.8 million posts to the site on an array of forums about parenthood. In the infertility section of the website alone, there are 59 unique infertility-related forums.

Specifically, we selected a forum exclusive to women attempting to conceive and coping with other women's pregnancies, *TTC and Coping with Other Women's Pregnancies*, which included 432 posts. We chose to analyze the initial post on each thread as a thematic analysis in order to best understand what prompted users to access the forum. We did this for two reasons. First, approximately one-third of the users visited the site for one year or less, with many only posting once. Second, the majority of the posts on the forum did not lead to dialog between users; most posts either (1) did not