

Speaking from the margins: one man's perspective.

My closest friend is to give birth in June. I have been privileged to witness quite a few of her emotional highs and lows. I distinctly remember her rushing over to my house when she was very early into her pregnancy, her excitement gushing forth in an open-ended dialogue of dreams and visions, of plans and talk of little booties and cute noses and at the same time, the almost panicked state of wanting to do everything right and by the book. It was, after all, her first baby, and one cannot simply dismiss such enthusiasm and delight.

I also have one of her voice messages on my computer that chills me to the bone. She had just thrown up and it was all in her hair. There was no time to make it to the bathroom, and at the time of the call, she was lying down on the lounge room floor. Her husband was unfortunately unable to get away from work, and so she rang me, at best, simply to have someone to talk to.

I now watch my friend rest her hands on her belly, her face serene and content. A smile passes over her lips, the almost imperceptible raise of the eyebrow and small gush of breath comes from her, and I know that the child she carries has decided to move/kick/swim/do somersaults or whatever it is that babies do when they decide it's time to be active.

At times I love my friend to bits.

At other times, I can't stand to be around her.

I turn to watch my wife. She's lying down – just as my friend was when she was sick – but my wife isn't ill. No throwing up, no feeling of nausea, but I notice the doctor in the room, and the two nurses who stand somewhat awkwardly beside my wife, one on either side of the bed. The scientist comes out with a long tube like device – a catheter of some sort - and both men attempt to do what my wife and I have been trying to do for almost three years.

I honestly thought it wouldn't be such an emotional experience. I didn't think that my friend's pregnancy – her ability to conceive like many other couples within 6 months of trying – would cause me such heartache. I didn't think that shopping for groceries would actually make me cry. I didn't think eating out would cause me so much distress that all I wanted to do was go home and hide...

...My wife closes her eyes and squeezes my right hand, her face a picture of concentration and defiance. With 1 in 6 couples now having infertility treatment, I feel the need to at least tell part of my story. As a man. As a person. As being labeled infertile.

Will you let me?

I read with interest the birthing stories submitted to your journal. The end result that makes things all worth while, preceded however by the complications that inevitably seem to arise, the frustrations felt by a lack of continuity of care, the differing advice, yet also the support so wondrously given by various people within the profession and appreciated by those who need it most – the woman and child.

But I wonder if such a continuity of care extends to infertile couples around the period of perinatal care and even before? I wonder also what such care may look like if asked for by the male, particularly, when stereotypically, I have been positioned by society to *not* talk about my feelings, to *not* ask for help, to be the rock, steadfast and firm, all the while the medical discourse surrounding infertility is focused on results - the *end result that makes things all worth while* - which becomes so much more clichéd each time you return to the clinic.

My intent here is not to grovel at your feet and cry out “oh woe to me!” My intent is to simply provide a perspective that has perhaps been thought about, but not so adequately expressed or heard. If we are serious about continuity of care, if we are serious about the ‘social, cultural and psychological factors influencing childbirth’ as per the Maternity Coalition’s philosophy, then I wonder what role the Coalition may play? Of course, there are lines of communication that exist with those going through IVF. There are doctors, nurses, scientists and psychologists to explain, clinically and emotionally, what is going on and why I may feel a certain way. Yet there are underlying issues that do not get spoken about. You see, I have a fairly good grasp of the medical jargon used relating to IVF – PCO, morphology rates, spermatozoa, ART, FET, ICSI, etc. but I wonder if you know the husband of the wife you’re finally assisting giving birth to perhaps cried on his way home from work on many occasions simply because he saw women with prams walking down the street? How the proverbial “it will happen” loses its gloss after the obstetrician engages in talk about cricket and rugby whilst your wife has her legs in stirrups and you helplessly look on, pretending that you actually give a damn about Australia losing the World Cup. Or I wonder if you know about the time I had to go back to the nurses to ask for a specimen container because there were none available in the room in the basement of the medical centre. That is, after being told to check because there was one guy who masturbated into a brown paper bag as there were no containers available...and I’ve been told that this room is actually one of the best in the State...

I wonder if the jingoism and forms of colloquialism used are for my benefit, as, being male, I apparently only engage in talk relating to beer, football and sex. That varying forms of crass talk is acceptable, as once again, we are conducting a fairly personal operation and one must not become too involved. I wonder if you know of the feelings of jealousy, of hate, of disbelief, of anger – all tied up in a rather existentialist way of being.

Why do I tell you this? What right do I have to promulgate such feelings onto you? Perhaps it’s because the guy standing next to his wife giving birth has gone through years of having his identity stripped away and it is only now, with you standing next to him, that he is able to breathe (a little) easier. Or perhaps it’s because the guy sitting in the

waiting room, wearing a mask that says “I’m ok”, really just wants to cry. Or maybe it’s the guy who thinks if he can just keep busy and do something other than think about the processes he and his wife are going through (‘cause this is what the psychologist said to do), then he’ll be ok.

But maybe it’s because I think you’ll listen. Because you yourself may have been through the same thing. Because I *need* you to hear my story.

Because I’m struggling with who I am.

Research suggests that meanings relating to IVF are ‘mediated by a hegemonic masculine culture, which equates “real masculinity” with heterosexual conquests and with the potency or virility indexed by fathering a child’ (Throsby & Gill, 2004: 244). Such a definition (Coltrane, 1994; Connell, 1987, 1995, 2000) relates to gendered forms of power and privilege, whereby forms of masculinity are acted out within idealized and dominant cultural formations (Kimmel, 1994). There is a typically westernized view that suggests being a male, being a ‘real man’ lies in his ability to start a family, to raise a child, to laugh and play yet at the same time still be the breadwinner. What happens then, when a man cannot engage within such a discourse, a way of life, and where sleepless nights, dirty nappies, first steps, giggles, Johnson and Johnson’s *No more tears*, trips to beaches and walks to parks become almost inconceivable. Does a continuity of care involve the male and varying forms of masculinity? Does it involve those struggling to conceive? How can we work together to provide a voice for those who speak from the margins?

I didn’t want this to be a despondent piece of writing. Desperate, yes, I’ll be honest and say that on more occasions than not I flounder. Maternity care, however, must be willing to listen to those voices who are not yet able to write their own birth story, yet who have perhaps sat next to men and women who have.

I asked at the start if you would be willing to listen – I wonder if you still are?

S.

References

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