

Baby Dust to All! Identity Construction in Two-Week Wait Online Discussion Forums

Danielle R. DeRose
Marquette University

Recommended Citation

DeRose, Danielle R., "Baby Dust to All! Identity Construction in Two-Week Wait Online Discussion Forums" (2016). *Master's Theses (2009 -)*. 386.
https://epublications.marquette.edu/theses_open/386

“BABY DUST TO ALL!”
IDENTITY CONSTRUCTION IN TWO-WEEK WAIT
ONLINE DISCUSSION FORUMS

by

Danielle R. DeRose, M.A.

A Thesis submitted to the Faculty of the Graduate School,
Marquette University,
in Partial Fulfillment of the Requirements for
the Degree of Master of Arts

Milwaukee, Wisconsin

December 2016

ABSTRACT
“BABY DUST TO ALL!!!”
IDENTITY CONSTRUCTION IN TWO-WEEK WAIT
ONLINE DISCUSSION FORUMS

Danielle DeRose, M.A.

Marquette University, 2016

Women with a self-identified infertility status sometimes choose to address this status by seeking medical intervention. There are a variety of methods available when attempting to conceive using medical treatments, with the choice heavily dependent on the health of each partner. A common first approach by reproductive endocrinologists is that of intrauterine insemination, or IUI. Women undergoing IUI invest significant time and money into the process and often must undergo procedures or take medication that can be enormously distressing. Once the IUI is complete, the woman must wait an emotional two weeks before she finds out if she is pregnant or not.

One important way women are dealing with the emotional turmoil inherent in the two-week wait, 2WW, is through online participation in topically organized forums devoted to this specific timeframe. As such, this study uses a constant comparative method to analyze how identities are constructed in two-week wait, 2WW, online forums. My findings yield women willing to construct support giving and support seeking identities to be a part of their current in-group, those in 2WW forums, inasmuch as it will help them get into their desired out-group—the currently pregnant.

ACKNOWLEDGMENTS

Danielle DeRose, M.A.

For my husband, Robert.

My sincerest thanks to Dr. Sarah Feldner for her time and attention to this project. Dr. Feldner's patience and understanding as I navigated this study and this program were invaluable; I am forever grateful. Additional thanks to Dr. Pam Nettleton for her spirited advice, genuine support, and thoughtful encouragement. To Dr. Pauly, for his calm reassurance and guidance when I first started this thesis; it is that much better for his involvement.

Finally, to the women who participate on forums dedicated to the two-week wait, and to the women undergoing medical treatment for infertility in fear, desperation, frustration, and sadness. Your struggle matters.

TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	i
CHAPTER	
I. INTRODUCTION	
Overview of the Problem.....	1
Preview of Study.....	2
II. REVIEW OF LITERATURE AND THEORETICAL FRAMEWORK	
Infertility Factors.....	2
Defining Infertility.....	3
The Process Involved in Medical Intervention.....	5
IUI/IVF.....	6
Financial Costs and Psychological Distress.....	7
IUI Specifically and Further Rationale.....	9
The Narrative of Being a Mother.....	10
Our Performed Narratives.....	11
The Master Narrative for Women.....	12
Online Representations.....	15
Online Support and Characteristics.....	15
Statement of Research Question.....	19
Theoretical Framework	
Identity Construction.....	19
Summary of an Infertility Identity.....	24

III. METHODOLOGY

Context of Participant and Forums..... 24

Data Collection and Method of Analysis..... 25

IV. RESULTS

Overall General Pattern of Forums..... 28

Characteristics and Markers of Participation..... 29

Emergent Themes..... 38

Implications of Two-Week Wait Forums on Identity Construction. 56

V. DISCUSSION OF FINDINGS AND CONCLUSION

Overview of Findings..... 59

Theoretical Implications..... 60

Pragmatic Implications..... 63

Personhood before Motherhood..... 63

Marketing and Medical Support..... 64

Education..... 65

Limitations..... 66

Recommendations for Future Study..... 67

Conclusion..... 69

REFERENCES..... 71

APPENDIX A: Acronyms Defined..... 85

Introduction

*Here, I would like to recount a little story so beautiful
I fear it may well be true (Foucault, 1976, p. 225).*

Each month, women trying to get pregnant experience an exciting time in the two weeks after an attempt to conceive and before the onset of menses or positive pregnancy test. Some women are taking this anticipation online, to public forums where they share intimate details about their feelings, symptoms, and pregnancy test results within their “two-week wait.” The emergence of the term “two-week wait” exists, largely, because of how women talk about this timeframe online. Online support is marked by shared behaviors that include specific language and symbols, and two-week wait, 2WW, forums are no different. When the women in these forums are undergoing infertility treatments, the way they communicate with one another also adheres to norms of online support—albeit 2WW forums structure the interactions in unique ways.

Just as discussion boards are broken down into specific topic, so are the forums these women use to share about the procedures they are engaging in. There are a variety of medical treatments available to women with an infertility status, and a first approach used by medical professionals is often that of intrauterine insemination, or, IUI (Smith, 2013). Women engaging in IUI to conceive create and participate in online 2WW forums using symbols and language specific to this procedure in an effort to support one another as they negotiate what it means to be a woman with infertility and in her 2WW. Although a number of physiological reasons for a woman’s impaired reproductive capacity exist, important psychosocial issues involving identity and self-image also emerge for women when confronted with infertility. The psychosocial issue of identity is

particularly salient for women because a woman's identity is more strongly attached to her ability to conceive and parent a child (Exley & Letherby, 2001; Greil, 1991a; Parry, 2005). Indeed, women represent the physical embodiment of new life, and 2WW forums provide these women a place to reconstruct their infertility narrative together, through co-constructed discourse centered on the 2WW. It is the construction process and identities displayed that this study examines to better understand how participants make sense of their identity as a woman with an infertility status and in her 2WW.

The outline of this study includes an examination of the surrounding discourse on infertility physically, psychologically, and psychosocially, and how that discourse impacts the master narrative of motherhood for women. I further show how women are using online forums to address this dominant narrative, and reveal how the forums are a representation, through discourse, that leads to identity construction. In the methods section I provide details about the forums I chose to interrogate and reveal the identities identified, arguing that a woman's infertility identity is further multiplied into 2WW support identities that women use to maintain an in-group status, those in the 2WW, only to help one another get into their desired out-group—those currently pregnant. I conclude with a discussion on the findings of this analysis and further implications for future study.

Review of Literature and Theoretical Framework

To fully understand how infertility affects women and motivates them to communicate with others online about their struggle, particularly in their two-week wait, 2WW, an examination of specific points in the infertility process is necessary. In this section I define what it means to be infertile and explain the process couples engage in

when seeking medical treatment to conceive. Within that process, I explain the more general medical reasons for infertility—including costs associated with treatment—and provide research on the psychological and psychosocial impact of infertility. This background is essential because it provides clues as to why women in their 2WW participate in forums and what they hope to gain.

Defining Infertility

First, there are often two different ways to define infertility. In this study I define infertility as a socially constructed reality with a medical component, as opposed to a medical illness with a social component (Griel, McQuillan, Slauson-Blevins, 2011). A medical illness with a social component, or medicalization, as defined by Griel, McQuillan, and Slauson-Blevins (2011) is “...the process by which certain behaviors come to be understood as questions of health and illness, and therefore subject to the authority of medical institutions” (p. 736, referencing Conrad & Schneider, 1980). Additionally, the medical community itself medicalizes infertility such as this definition by the World Health Organization (2016), suggesting infertility is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected” (Infertility definitions and terminology section, para. 1). However, defining infertility as solely a reproductive issue, either of male or female origin, is too one dimensional for such an important phenomena.

A better definition of infertility comes from sociologists who contend that while infertility has health and illness characteristics, it is best understood as a socially constructed reality (Griel, McQuillan, Slauson-Blevins, 2011). Slauson-Blevins and

McQuillan, (2010) provide an understanding of how this socially constructed reality operates given four points.

First, couples are the only ones who can define themselves as infertile and usually only after an acceptance that parenthood is a desired goal. For example, if a couple is unable to have a child, for whatever reason, and they want to have a child, they will self-identify as infertile. In contrast, a couple may be unable to have a child, but if they do not want a child, they do not self-identify as infertile. Second, although the salience of parenthood may be greater for women, infertility is often considered a problem for the couple together. Thus infertility involves negotiations with the partner, with medical professionals, and with a greater social network. Third, there are typically no somatic symptoms associated with infertility, but instead the absence of what is desired, and finally, there are non-medical alternatives to an infertility status, ones that include using a surrogate, living childfree, adopting, or even changing partners.

A further demonstration of these points comes from Greil's (1991a) momentous work interviewing couples negotiating infertility individually and as a couple. In his work, he found that separate from a physiological medical condition, all types of infertility influence the socially constructed reality of being without a child, and thus impact the afflicted far beyond treatments prescribed for biological impairment. Further embedded in this psychosocial understanding, is how a woman manages the way she thinks about herself as an infertile person, as a potential mother, and as someone connected to a larger pro-natalist society—namely, her infertility identity.

To summarize then, we can define infertility as a socially constructed reality because couples must self-identify as infertile, infertility does not typically present with

somatic symptoms, choices for infertility involve negotiations within a larger social and medical community, and there are non-medical options for couples who identify as infertile and want to parent a child.

The Process of Medical Intervention

There is much confusion in the general public as to the medical options available for couples when it comes to infertility. Infertility treatment involves many crucial points, and each is best understood by looking at the stages involved in the process of seeking and receiving medical intervention.

At the outset, unless a patient has, in the course of health and wellness appointments, discovered a fertility hindrance, most couples discover whether or not they have trouble conceiving after a full year of unprotected sex, and for women over 35, after six months of unprotected sex (The National Infertility Association [RESOLVE], 2016a). Once a couple commits to seeking medical intervention, they will be referred to a reproductive endocrinologist, RE, a doctor who specializes in matters of infertility. The RE will conduct a comprehensive exam of each partner and ultimately order a battery of blood tests to rule out progesterone deficiencies in women—an important hormone necessary for conception and carrying a child (Beall, 2014)—and testosterone deficiencies in men. Men will be asked to produce a sperm sample to rule out issues of motility and sperm count, because just under half of medical causes for infertility can be linked to the male partner's issue with sperm count and motility (Irvine & Cawood, 1996; Kumar & Singh, 2015). Depending on the outcome of those tests, more invasive procedures may be required to examine a woman's reproductive organs or to address an

irregular or absent menstrual cycle (RESOLVE, 2016b). This is important, because a third of women trying to conceive are unable because of an abnormal or absent menstrual cycle or damage to reproductive organs and systems (Irvine & Cawood, 1996). If a determinant factor emerges for the woman, the RE may recommend she undergo surgery to repair reproductive organs or to make her uterus more hospitable to conception. The RE may also recommend medication for various reasons. A first route to addressing a woman's abnormal menstrual cycle is through hormones prescribed orally or injected periodically. Although these medications can help with regulating cycles or increasing viable eggs, they can often alter a woman's hormones resulting in depression, weight gain, irritability, and menopausal symptoms (Peterson, Gold, & Feingold, 2007). Men too may be prescribed medication to mitigate issues with testosterone. The barriers to successfully conceiving and giving birth may fall under one of these categories, but 25% of infertility among couples is the result of more than one factor or is unexplainable (The American Society for Reproductive Medicine [ASRM], 2016).

IUI/IVF

During the course of these tests and procedures, the RE will begin to suggest the appropriate medical treatment given a couple's specific hindrance. In the United States, there is some awareness of assisted reproductive technology as a method women use to conceive. Assisted reproductive technology, when an egg and sperm are handled outside the body, is a term for a number of different methods to address infertility, with *in vitro* fertilization, IVF, as the most commonly used of the ART methods (Centers for Disease Control and Prevention [CDC], 2016). IVF may be used when the woman is of advanced

age, has blocked fallopian tubes, presents with ovarian failure, or when fertility is unexplained (Vasquez, 2012). Another well-known approach used by medical professionals is intrauterine insemination, IUI, previously known as artificial insemination. IUI, in combination with hormonal medications prescribed for the woman partner, is when the sperm is handled outside the body and then injected directly into the woman's uterus, and is often used to address male factor infertility, unexplained infertility, or issues with cervical mucus or the cervix (Smith, 2013). Although using IUI, IVF, and additional ART procedures may seem routine, they only account for 3% of infertility services used (ASRM, 2016).

Financial Costs and Psychological Distress

Undergoing IUI or IVF can give couples hope to successfully conceive, but embarking on a medical treatment plan does not come without significant financial costs. For example, couples utilizing IVF treatment spend, on average, roughly \$19,000 for treatment and out of pocket expenses (A Multi-center Prospective Infertility Cohort Study [AMPICS], 2015; Katz et al., 2011). The median cost for IUI treatments is over \$2,000 not including non-cycle therapy. The success rates for the two procedures are heavily dependent on individual factors such as age and health, but generally, IVF puts the majority of women with a per cycle success rate at 20-35% (CDC, 2016). Studies that looked at the statistical success rates for women undergoing IUI reveal a 7.5-10% chance per attempt (Schorsch et al., 2013), and this too is dependent on the specific diagnosis, age, and health of the couple. Therefore, most couples will need to undergo more than one treatment when using medical intervention to conceive (RESOLVE,

2016c). Even if couples have an exceptional medical team and the financial resources to address infertility medically, adequate funds cannot always help with the physical and psychological effects of infertility and the choice to undergo treatment.

For instance, medical treatments in their various forms have been found to affect couples by causing lowered life satisfaction, depression, and relational distress (Anderson, Sharpe, Rattray, & 2003; Schmidt, 2006). Further research conducted with infertile couples has found the experience can be likened to a chronic illness or disability (Becker, 1997; Exley & Letherby, 2001; Greil, 1991b) in that it's "long-term in nature, it becomes a focal point in sufferers' lives, and its 'illness' trajectory is uncertain" (Greil, 1991b, p. 17). Additionally, the relationship between couples working through an infertility diagnosis can be significantly impaired and heavily dependent on how each person communicates about the problem (Pasch, Dunkel-Schetter, & Christensen, 2002). This alludes to the distressing psychosocial issues surrounding infertility, such as how to manage within a society that values reproduction. Although men suffer much of the same distress that women suffer, women with infertility, both biological and social, show significantly greater hardships than men do (McQuillan, Greil, White, & Jacob, 2003). Even when an infertility diagnosis is deemed undeterminable or attributable to male factors, women are still more likely to blame themselves for the problem (Robinson & Stewart, 1996). More specifically, women struggling with infertility report levels of depression on par with patients undergoing treatment for heart attacks, cancer, and HIV (Cousineau & Domar, 2007).

IUI Specifically and Further Rationale

Thus, in this study I have chosen to examine communication between women undergoing IUI to conceive. As such, a more detailed discussion of the process of IUI is necessary. First, IUI is often used in combination with hormonal medications prescribed for women, which are taken at specific times during her menstrual cycle. She must then monitor her body, typically using ovulation predictor kits, for her most fertile times—approximately two days before ovulation—and in the case of women who still cannot ovulate on their own, a woman will need to get a hormonal injection to trigger ovulation (Smith, 2013). Once the woman is at her optimally fertile time, the male partner must produce a sperm sample a day or two before ovulation and usually at the fertility clinic. The sperm are washed prior to insemination to winnow out the least motile or ineffective sperm. The woman arrives at her doctor's office and the doctor injects the sperm directly into her uterus, thereby more efficiently encouraging conception (RESOLVE, 2016d). After the IUI, women with poor endometrial lining in the uterus—an important building block to embryo attachment, will have to take supplemental progesterone, typically capsules inserted into the vagina twice a day (RESOLVE, 2016e). Then the couple waits two weeks to find out if the attempt worked.

At every juncture in this process, the couple is affected in significantly distressing ways. In the case of IUI, the process starts with the expense, adjusting to hormonal medications, timing ovulation, producing a sperm sample in an otherwise awkward environment, and then managing the anxiety of the two weeks before the onset of menses or positive pregnancy test. Because all points in treatment involve “the repetitive raising and dashing of the hope of pregnancy, perhaps resulting in an increase in the salience of

parenthood identity” (McQuillan et al., 2003, p. 1009 referencing Dunkel-Schetter & Lobel, 1991) there is a need for research that explores how one part in that repetitive cycle impacts, reveals, and displays multiple identities in the infertility process. It is in the two-weeks after a woman has undergone treatment, but before she finds out whether or not she is pregnant that I contend engenders the most anxiety in the treatment process, and that offers valuable information about a woman’s infertility identity. Although in-person infertility support groups do exist for women and couples, in-person support groups for women in these two weeks, exclusively, do not exist. (RESOLVE, 2016f).

However, online forums devoted to this heightened time flourish, and it is in these shared spaces where women are telling stories about their symptoms, struggles, hopes, and fears surrounding their infertility status. Online forums devoted exclusively to the 2WW provide women an anonymous place to negotiate what it means to be a woman who is not a mother, but who may be considered a mother-to-be in 14 days or less. These spaces further explore the tensions inherent in the narrative of motherhood, the one that suggests woman and mother are synonymous. Therefore, in this next section I explore how our performed narratives interact with dominant cultural narratives, and in this case how the narrative of woman as mother acts as a master narrative for women. I further explain how the component of identity is an important part of how women perform their narratives.

The Narrative of Being a Mother

The sometimes unspoken narrative for women in a pro-natalist society—one that encourages childbearing—is that of motherhood (McQuillan, Greil, Shreffler & Tichenor,

2008). In the trajectory of a woman's life, it is often assumed that marriage and adulthood will ultimately lead to motherhood. When that narrative is challenged by infertility, women must renegotiate what it means to be a woman whose story does not follow that cultural script, and that renegotiation is often done through newly constructed narratives because narratives are one way we make sense of our lives.

Our Performed Narratives

We tell stories and listen to stories first as a human communication practice, or what can be referred to as performing narrative (Langellier & Peterson, 2004). How we tell and listen to stories “constitutes the event and conditions of communication, not as a singular or intentional act but as the reiterative practice by which discourse produces the effect it names” (Langellier & Peterson, 2004, p. 3 referencing Butler, 1990). That is, the discourse we use to perform narrative calls into existence that which it pretends to merely name. Our constructed or performed narratives created together give way to larger narratives under which we live and have our being. The mere existence of our narratives further demonstrates how we attempt to explain, understand, and see ourselves as we shape and are being shaped by the plots of our lives (Kirkman, 2003). In essence, “Each life is understood through multiple layers of narratives, perhaps linked by a larger explanatory plot” (Kirkman, 2003, p. 244), or the sequential and larger meaning of our lives. When the plot of a woman's life is disrupted by a biomedical life course event, the master narrative for a woman and motherhood is challenged (Ezzy, 2000; Webb & Daniluk, 1997).

The Master Narrative for Women

The larger community often serves as a reflection of a master narrative, or dominant cultural story, influenced by specific political and cultural landscapes at one point in time (Bamberg, 2004). The dominant cultural story, or master narrative, for a woman is one that includes marriage and parenthood (McQuillan et al., 2008). In Western societies, in particular, women are confronted with the assumption that they are or should want to be mothers (Letherby, 1994). In interviews done with women who were mourning the loss of motherhood, Kirkman (2003) found that most of the women she spoke to had, from childhood, constructed identities as mothers. Even as society allows women to be voluntarily childless, the dominant cultural message is that “motherhood is the ultimate expression of femininity” (Deveraux & Hammerman, 1998, p. 66). An additional component of the dominant narrative of motherhood includes status—that of a positive identity, a sense of achievement, or the fulfillment of adulthood (Fernandes, Papikononou & Nieuwoudt, 2006). Complicating the dominant narrative that women should become mothers is *how* they should become mothers. Having a child without medical intervention tends to be thought of as having a child naturally, and thus is a more acceptable and preferable narrative route when attempting to have children (Todorova & Kotzeva, 2006). Similarly, Lundin and Elmerstig (2015) conducted interviews with women and men in an effort to discover how sexuality is affected by the experience of infertility and found that for many of the women “having children biologically was associated with being a “real” woman” (p. 439). Women with infertility then have two dominant narratives about motherhood with which to

contend. The first suggests that if you are a woman of an appropriate childbearing age and in a reasonably comfortable social situation, then motherhood should be in your future. The second suggests how a woman should have children—biologically, without medical intervention.

As explained, our performed narratives and the narratives by which we live are fused such that one cannot exist without the other. An important component of our performed narratives is that of identity. Our identity is constructed through our performed narratives and in relation to the dominant narratives under which we operate. The link between narrative performance and identity has been explored and refined by multiple scholars (Bamberg, 2009; Langellier & Peterson, 2004; Mishler, 1999). Langellier and Peterson (2004) write of a performance identity that “is not the act of a fixed, unified, or final essence that serves as the origin or accomplishment of experience” (p. 113). Instead, identity is negotiated and renegotiated through narrative.

When women attempt to deal with their jeopardized motherhood identity—in this case through infertility—a number of issues arise between their relationship to the world and to themselves. For example, while interviewing women on the effects of an infertility diagnosis, Daniluk (1997) found that whether or not a woman can conceive and parent directly reflects her identity and self-image. In one interview with a woman negotiating infertility, the woman poignantly describes how it has affected her sense of self,

Infertility challenges everything... Your beliefs about yourself, about what's important, about marriage, about what is fair and just, about God. Being infertile makes you question the purpose of marriage and of life... nothing is left

unaffected by this experience... it changes you, subtly, but profoundly...being infertile changes everything (p. 103).

Similarly, Todorova and Kotzeva (2006) conducted interviews with women moving through various stages in the infertility process and found that when the women reflected on who they are, they often described an overall sense of emptiness to the point of embodied physical sensation. These same women talked about themselves as different and separate from others, with some perceiving themselves as abnormal, defective, or damaged. Finally, Letherby (2002) argues that infertility serves as a profound shock to some women and involves enough distress to challenge her identity. It should come as no surprise that infertility changes everything about a woman's identity given the dominant narrative she's operated within for much of her life. However, evidence exists to suggest reconstructing a personal narrative can help in the face of a significant distressing event such as infertility (Riessman, 2008). It is this reconstructing of narrative that is happening online among women struggling with an infertility status. It is a reconstructing they can only do together because narratives exist when they are expressed and performed with others. In essence, we need others to listen to, read about, and participate in our narratives to fully make sense of our identity, which is particularly true when it comes to a woman's tenuous infertility identity (Riessman, 2008). The women in two-week wait, 2WW, forums work together to rewrite the narrative of their lives, perhaps with hopes that together they can reroute their stories of loss and motherhood.

Finally, narrative scholars Bamberg and Georgakopoulou, (2008), explain how narratives do not reflect a stable, fixed self but are used as a way to renegotiate,

reconceptualize, and reproduce multiple identities. The spoken and written words in a narrative do the work to make sense of infertility and give it meaning in a broader social, cultural, and political landscape. Thus, investigating women's narratives in the social landscape of online spaces devoted to the two-week wait, 2WW, provides a fresh perspective on an important first step in understanding the multiple identities inherent in an infertility identity. In the next section I will discuss how viewing narratives specifically online serves to provide a contemporary look at the way women are using new spaces to perform narrative and construct identities together.

Online Representations

At this point we know that infertility affects women disproportionately more than men in physiological, psychological, and psychosocial ways. Addressing the physical component of infertility through medical intervention involves several points of anxiety and distress, with virtually all procedures culminating in what is known as the two-week wait, 2WW. While women wait to find out if their attempt was successful, many take to the Internet to assuage their fears, concerns, and doubts in addition to seeking and giving support. There is something particularly unique about the online shared spaces they consult. Narratives negotiated through discourse are done differently online than in person for a variety of reasons.

Online Support and Characteristics

First, that women are constructing narratives online about their infertility story, and specifically about a highly stressful time such as the 2WW, speaks to the importance

of this new medium. Discussion boards devoted exclusively to the 2WW timeframe offer a rich source of data to mine without intervening into participants' persona lives. Further, more people than ever are consulting the Internet for health related information, advice, and support (Fox, 2011).

According to Fox (2011) with the Pew Research Center, over 65% of American adults with a chronic illness seek support from friends and family online and 27% seek help and support from others affected with a similar health condition. About 19% of Internet users with a chronic illness go online to find others with a similar condition, and 9% post specific questions online about their condition to elicit advice or support (Fox, 2011).

Infertility is a significant stressor, so there is a tremendous need for guidance and psychosocial support when navigating the emotional terrain and seeking a medical resolution (Wischmann, 2008). Multiple studies have shown that people, primarily women, are consulting the Internet for infertility-related advice, information, and support further illuminating the online connection between experience and infertility. (Haagen et al., 2003; Malik & Coulson, 2008, Malik & Coulson, 2010a, Malik & Coulson, 2010b). Indeed, Malik and Coulson (2008) found the anonymity the Internet provided made women more likely to ask sensitive and intimate questions about the infertility process. Additional evidence exists linking participation in online communication to positive psychosocial benefits such as an increased sense of well being, better coping ability, and a sense of empowerment (Gustafson et al., 2008; Lieberman, Wizlenberg, Golant, & Di Minno, 2005; van Uden-Kraan et al., 2008).

However, in their study of mostly women using online support networks dedicated to issues of infertility, Malik and Coulson (2010b) found online communication had some drawbacks. Participant identified disadvantages fell into four categories: reading about negative experiences, reading about successful pregnancies, inaccurate information posted, and its addictive nature (Malik & Coulson, 2010b). There is also the risk of deindividuation, or a participant losing her sense of self-awareness due to the anonymous and unaccountable nature of the medium, which may encourage hostile or offensive behavior (Walther & Parks, 2002). Participants don't have access to the same verbal cues face-to-face encounters provide, so there is a chance for misinterpretation as well (Finfgeld, 2000).

Still, Baym (2015) notes that, "Mediated online messages are shaped by both technological and social qualities..." (p. 79) and as such, the disembodied users of online networks tend to make up for the lack of nonverbal cues or display of emotions by appropriating what is on offer. For example, certain websites will allow users to insert emoticons that display faces with specific emotions, flashing signs of important letters, scrawling timelines, or personally uploaded photos. Using these cues creatively makes up for an embodied interaction and allows users to connect in ways that they will take to be authentic.

Online communities provide additional unique communication characteristics such as an asynchronous nature, the ability to connect despite geographical and temporal obstacles, in addition to anonymity, which prevents any stigma they may feel in face-to-face encounters (Finfgeld, 2000; Tanis, 2008; Wright & Bell, 2003). Online communities

are forming constantly, and the varied populations that make use of these networks are using communication in an important and somewhat understudied way (Baym, 2015). Communication does not cease to be a real and valid form of connecting with others just because it is taken into a digitally mediated environment (Baym, 2015). Instead, it serves as a sort of hybrid version of communicating, one that uses speech, art, and writing, sometimes in a more casual and less ordered way—but no less meaningful (Baym, 2015).

A woman's infertility identity shapes how she uses this medium. Her willingness to share intimate details about her cycle, failed or successful attempts at pregnancy, feelings about the process of invasive, expensive, and time-consuming treatment, all point to something special that happens among the women in these forums. First, the opportunity for a woman to connect with similarly struggling peers in an anonymous, moderated, and comfortable way during their 2WW does not exist in a face-to-face setting (RESOLVE, 2016f). Second, there is a sense of inclusiveness. There are fewer reasons to exclude others based on race, socioeconomic status, or motivation for seeking help. Further, many online communities have developed norms that guide appropriate behavior when participating (Baym, 2015), so a sense of security is interwoven into the process.

Finally, how women use and participate in forums dedicated to the 2WW helps in understanding the way online communication in general is practiced. For instance, some members of an online community are savvier with virtual social cues, insider jargon and acronyms, as well as specific terms and medical information. Members who are up to speed with these strategies will either encourage or ignore new members—which speaks for both the community and online communication as a whole.

The popularity of peer-to-peer digitally mediated spaces is a new medium for people to make sense of their lives. Online narratives, performed through discourse, “express the struggle over identities—interpersonal, social, moral, aesthetic—in uncertain and unstable conditions by making that struggle concrete and accessible” (Langellier & Peterson, p. 187). Online narratives in discussion forums provide a rich site for investigating identity construction by women working through an infertility experience. It is the story of their 2WW co-constructed through discourse that I have examined to see how a woman’s infertility identity is further fractured, and I have been guided by the following research question: What identities do women construct and display in narratives about their infertility identity and the two-week wait?

Theoretical Framework—Identity Construction

A valuable lens through which to view online discourse written by women in the two-week wait, 2WW is through an identity framework. Our identity is constructed by the stories we tell others and ourselves about who we are. That story is constructed from a variety of multiple, layered and competing discourses. The women in these forums use discourse to construct identities about their infertility status and their 2WW. The way they interact with discourse in the forums, by disclosing intimate details about their bodies, providing support, offering advice, is how they construct their identities together. Women in the forums reflect these discourses back onto one another, which leads to self-categorizing and self-identifying with others in the group. Identity is such a prominent part of how women see themselves in light of their infertility status and the 2WW, that the concepts of identity first need to be discussed.

First, identity, as a theory, can be defined as “...parts of a self composed of the meanings that persons attach to the multiple roles they typically play in highly differentiated contemporary societies” (Stets & Burke, 2000, p. 284). There are multiple components to this definition. Parts of a self assumes multiples—we are not persons with a fixed essence but instead persons with unstable, unfixed, and multiplying selves, or identities—plural. We can have as many identities as we have relationships and social networks, and within those social networks and relationships we assume certain positions and play certain roles (Stets & Burke, 2000). Contemporary societies refer to the myriad patterned networks, relationships, organizations, communities, and institutions we are a part of as “intersected by crosscutting boundaries of class, ethnicity, age, gender, religion and other variables” (Stets & Burke, 2000, p. 285). Thus, the identity work we are continuously and creatively negotiating provide important clues as to the roles we play and positions we assume in specific settings.

Similarly, Kondo (1990), in her study of Japanese workplaces, discovered that not only should identity be thought of in multiples, but that identity work is ongoing throughout our lives. It is a process we continuously engage in as the result of new situations, relationships, and surrounding cultural circumstances among other factors. The creative occupation that is identity work also implies “agency: that human beings create, construct, work on, and enact their identities” (p. 48), thereby working within themselves and with others to sometimes challenge cultural constraints (Kondo, 1990). In essence, identity work is lifelong and is primarily conducted with others and not just within ourselves. That work can also be used to push back against dominant cultural

narratives. The way we construct our identities is largely a result of what we do with the discourse around us.

Discourses drawn from our surroundings, relationships, and roles are the material from which we construct our identities. These discourses are not stagnant, but are fluid and often competing. Our identity is a reflection of how we negotiate and make sense of these discourses (Holmer-Nadesan, 1996). Women participating in 2WW forums bring with them all manner of background discourses they are wading through, especially ones that link motherhood with being a woman. Their identities emerge as they negotiate these multiple and competing discourses, which are reflected back on them when interacting with other women in the forums.

If we look at cultural scripts and norms for women, we find that woman and motherhood are inextricably linked. A woman may have a motherhood identity even if she is not a mother simply because she exists in a society that sees motherhood as synonymous with woman. When we look at women who cannot attain that status due to an infertility diagnosis—one that is the result of the male or female partner—it can be argued that women assume an infertility identity. Stets and Burke (2000) write that, “one’s identity is composed of the self-views that emerge from the reflective activity of self-categorization or identification in terms of membership in a particular group or role” (p. 225). A woman may self-categorize as an infertile person or part of an infertile couple further demonstrating an infertility identity. Once this infertility identity has been assumed, she further plays out an infertility identity role, one with certain expectations and standards of behavior. For instance, a Mother’s Day tradition at the Catholic Church I attend concludes that day’s mass with a blessing for all mothers. First

mothers are asked to stand for the blessing, then grandmothers, and finally aunts or women who feel they identify with a motherhood role (virtually all women are standing at this point). A woman with an infertility identity may not feel she can participate in this blessing and reflect that the experience further confirms the expectations of her infertility identity. Her reflection then is the result of how she negotiated and managed this societal expectation—the one that presumes all women want to be or feel like mothers.

Under the identity umbrella, specific concepts exist to better describe how an identity is constructed, and these concepts also contextualize how and why an identity is further fractured. First is the concept of stigma. The theory of stigma, as defined by Goffman (1963) was developed as an extension of how we categorize one another socially. When a person possesses an attribute that is discrediting, one that makes her different from the norm, that person is said to have a stigma (Goffman, 1963). Infertility qualifies as a stigma because American women value motherhood and see the ability to parent a child as a marked transition to adulthood (McQuillan, et al., 2008; Arnett, 1998). The inability to have a child puts couples, and particularly women, on the outside of an American norm. Couples with infertility may attempt to manage the social stigma attached to involuntary childlessness through isolation and apprehension (Becker, 1997; Exley & Letherby, 2001; Greil, 1991b). For instance, interviews with infertile couples who have used the internet for social support recorded couples and the individual repeatedly “using expressions such as ‘freak’, ‘odd one out’, ‘lepers’ and ‘pariahs’” (Hinton, Kurinczuk, & Ziebland, 2010, p. 438) to justify their desire to isolate. Couples further rethink what their future will be like without children or question their choice of partner (Becker, 1997; Exley & Letherby, 2001; Greil, 1991b).

The stigma for women working through infertility is further punctuated by its discreditable nature. Goffman (1963) explains that while a discredited stigma is one that is noticeable to others, a discreditable stigma is one that isn't readily noticed. This is an important distinction because while the discredited person must manage the social tensions that arise when confronted with her differentness, the discreditable must manage what information she shares about her differentness (Goffman, 1963). This contributes to a woman's spoiled identity and further stigmatization. Spoiled identity describes persons whose identity has been compromised in some way often resulting in feeling stigmatized by others because they are not like the 'norm', or normal, and are thus marginalized (Goffman, 1963). Additionally, Americans tend to generally accept that couples or individuals can elect to be childfree voluntarily, but studies have found that in such a pro-natalist society this engenders another type of stigma for women, the "secret stigma" (Greil, 1991b). A "secret stigma" may emerge for women because outwardly it is not obvious they are struggling with infertility, so the inward pain becomes that much more pronounced (Greil, 1991a, 1991b). The discreditable nature of an infertility stigma and its subsequent spoiled identity and secret stigma serve to confirm and exacerbate a woman's infertility identity—an identity that haunts women by suggesting they may not attain parenthood status. Although medical treatments exist to give women with infertility a choice in the desire to conceive, utilizing the technologies themselves can be a source of stigma (Letherby, 1999; Rotham, 1989). Living in a Western society that affirms children as providing a core life meaning filled with social support and social integration (Burton, 1998), and one that further idealizes having biological children, serves to make infertility all the more stigmatizing.

The life course concept is another important social context for understanding women's experiences with infertility (Earle & Letherby, 2007) and best understood by looking at its opposite—the lifecycle. A lifecycle “implies fixed categories in the life of the individual and assumes a stable social system” (Cohen, 1987, p. 1). A lifecycle perspective then cannot account for life and biomedical disruptions like death, divorce, or infertility (Earle & Letherby, 2007). In contrast, the life course allows for a more flexible biological pattern of development that can accommodate infertility, which has important implications for women because for many women “having children is a core component of a woman's identity, and like marriage, a crucial component of the lifecycle or life course” (Busfield, 1987, p. 67). In addition to a changed life course trajectory, a woman also must rethink her embodied identity. Thus, infertility, for women, affects identity on multiple levels—in her social networks and relationships, as she contemplates her life trajectory, and how to adapt to a socially disabling condition.

If we accept that infertility comprises both physiological and psychological illness characterizations, and if identity is unfixed, changing as our lives, situation, and place in time changes, then it is logical to conclude that an illness, and its multiple meanings, provoke questions of identity for those suffering, asking them to reconfigure and reimagine their identity in light of the illness (Riessman, 2003). One way women have attenuated this layered infertility identity, and the point at which the most is at stake—the 2WW—is in narratives co-created online through discourse.

Methodology

This study investigates how women communicate online about the two-week

wait, 2WW, and what that communication reveals about their infertility identities. To fully understand how participants construct and display identities in the 2WW, I took a grounded approach, developing theory in conjunction with methodology, analyzing data using the constant comparative method. I focused on women using websites devoted to (in)fertility, specifically the discussion boards—sometimes referred to as message boards—related to aspects of infertility and the more narrowed forums—also characterized as threads—dedicated to the 2WW. In this chapter I explain the method of data collection and how it was analyzed, focusing on how specific quotes fully illustrate the identity themes as related to an infertility status. The terms women and participants have been used interchangeably.

Investigating the shifting identities in these forums through co-created discourse also meets a narrative criterion. We can look at the data through a second narrative lens because the individual forums chosen include consistent characters with a sequential plot and resolution of their ultimate pregnancy status (Riessman, 2008).

Data Collection and Method of Analysis

To explore 2WW narratives in online settings I started with a basic Google search. I entered a common phrase women use when searching for groups or support online. In my first search I entered “9dpiui bfn” which translates to nine days post intrauterine insemination; big fat negative, or, it’s been nine days since the user has undergone intrauterine insemination, and they’ve just taken a pregnancy test that is negative. I performed three additional searches with the phrases 10, 12, and 14 dpiui bfn. I chose this specific phrase because when initially confronting an infertility diagnosis, the

first line of defense for couples is to engage in IUI (ASRM, 2016). Waiting two weeks to find out if you are pregnant, especially when you have invested excessive time, money, and energy further raises the stakes within these two weeks. It isn't unusual to take an early pregnancy test to get an answer before waiting the full two weeks.

However, when the initial results are negative, women will often reach out to see what other women with their same symptoms have received.

At the time of data collection, the 9dpiui bfn search yielded 4,900 results, the 10dpiui bfn search yielded 7,240, the 12dpiui bfn yielded 10,500, and the 14dpiui bfn yielded 10,600 results respectively. To limit the data set from the 33,240 total results, hits were read in the order they appeared to discover if the discourse co-created by users was a complete narrative. That is, was some resolution reached by the first poster—either that she found out she was pregnant or was not pregnant. If the thread did meet the criteria of including the majority of women undergoing IUI and provided a resolution, I downloaded the site as a PDF. I later printed the stories individually.

I used three total stories from each search phrase and two per site. To achieve collection diversity, I chose narratives from the following sites: Fertilethoughts.com, babybumpapp.com, twoweekwait.com, whattoexpect.com, ingender.com, fertilitycentral.org, healthboards.com, and babyandbump.momtastic.com. On each of these websites are tabs that take users either directly to specific forums devoted to various points in the in(fertility) process, or to discussion boards categorized into in(fertility) topics under which forums are housed. All of the websites are supported by advertisements displayed in the margins. Occasionally a moderator on a forum would

comment on a post, but only with a story of her own or advice of her own directly related to the first poster's inquiry.

Registration, which is free, is required to post and respond on each site. Malik and Coulson (2010b) note we can regard these types of discussion boards as an open and public space when they do not require any special membership or registration to view the postings. Thus, informed consent is not necessary. Most users did not use their first or last names when posting or as a username, so individuals posting to these sites were essentially anonymous. Those who used their first or last names, or those who included a picture with their username have not been identified—although some of their quotes have been used.

Data was analyzed using the constant comparative method that suggests concurrent data collection and analysis while comparing categories within individual stories until saturation is reached (CCM; Glaser & Strauss, 1967). CCM is cyclical and helps to discover the meaning and value individuals attach to their lived experience. CCM is made up of four processes: (a) identifying incidents of each code and compare them to one another, (b) clustering categories and their conceptual aspects, (c) identifying themes, patterns, and concepts (d) writing themes that are consistent with the data and integrated as a whole (Glaser & Strauss, 1967).

I first conducted a line-by-line analysis of each story for the initial development of open codes that could be traced back to specific quotes within each story (Charmaz, 2006). Next, I used these open codes to create more focused codes, clustering similar codes identified in open coding. I then highlighted quotes that fell under each of these clusters in different colors to ensure the accuracy and reliability of each cluster. Reading

within and across cases and clusters, I constructed a few overriding patterns and themes related to an infertility identity. To provide additional reliability I compared the larger themes with both the initial open codes, subsequent clusters, and original quotes (Charmaz, 2006). Throughout this process I created memos about emergent ideas and concepts to help in theoretically constructing the data noting any concerns I had with how the data was being used (Strauss & Corbin, 1998). Finally, because qualitative research accounts for validity in different ways than more quantitative types of research, one way this study ensures validity is through rich quotations used to serve as verification of the integrity of the themes (Kvale, 1996).

Theoretical saturation of emergent themes occurred at eleven stories.

Results

First, an overwhelming general pattern in how each individual forum was structured must be discussed. Each board began with a woman posting a concern at the timeliness of her most recent negative pregnancy test. She would include specific and intimate bodily details in her post and request feedback, advice, or support. Respondents would invariably offer encouragement, their own experience, medical advice, or a mix of each. The initial poster would provide updates on new symptoms, tests, or news from her medical professional after which respondents would offer many of the same responses. A resolution would be reached. If the initial poster found out she was pregnant, she would provide a lengthy response expressing excitement at the news and gratitude for the group's responses and availability. If the initial poster discovered she was not pregnant, she often would provide a brief thank you to fellow participants. Some participants

would offer condolences and hope for the initial poster's future success and next attempt. In each instance, shortly after a resolution was reached, the forum would trail off and close. This was the general pattern for each of the stories investigated.

It should also be noted that, often invisible, but no less important are the people who read the forums but do not post—also known as lurkers. Lurkers occupy the “most common role in most, if not all, online communities...” (Baym, 2015, p. 97). There are a variety of reasons for why lurkers do not participate (Baym, 2015), but none of which are explored in this study. However, Crawford (2011) notes lurkers can be seen as listeners and are thus important participants in online communities. While I make no note of the lurkers in my analysis, I read the data set with them in mind.

Finally, I have separated the findings into two sections. The first describes the important markers of the forums, how the participants interact with language and symbols. The second section identifies four emergent themes from the data that speak to an infertility identity. Throughout both sections, I quote each participant's posts and responses verbatim except when the post was somehow unintelligible, at which point I note the missing words or letters in brackets.

SECTION I

Characteristics and Markers of Participation

In order to contextualize the way women in the forums communicate, a thorough explanation of the markers they use to create and maintain their online community is necessary. These markers include: usernames and avatars to identify themselves, insider language including acronyms and emoticons to demonstrate an insider status, posts with rhythm and synchronicity, which highlights the emotional highs and lows in the two-

week wait, 2WW, and finally, the hope and excitement that is in stark contrast to the statistical chances of conceiving using medical procedures to conceive.

Username on the forums often refer to a desire for motherhood status. For example, *odtopreg*, *misshopeful1*, *babyexpress*, *firstbaybee*, *jesswantstobeamommy*, *YummiMummi84*, *MummyAndDaddy2Be*, *bbywsh*, and *cbabydustprayers* all illustrate choices made by users to represent themselves within these forums. The majority used brief actual names followed by numbers, for example, *ann12*, maintaining a certain amount of anonymity. Across all the boards only three women were willing to identify themselves with full first and last names and two women included pictures of themselves. The names we chose to represent ourselves signal important identity clues (Baym, 2015). The names these women choose to identify with reflect back onto them confirming or disconfirming a motherhood identity as each day passes.

Many of the websites I investigated provided women with various images to represent themselves. Depending on what the site made available and a user's technological competence, women could identify themselves with a picture and/or avatar. Several users took advantage of this opportunity and uploaded pictures of themselves or in some cases their current children, if they were struggling with secondary infertility. Similarly, avatars such as images of small babies, a sketch of a pregnant woman, or a sonogram, if a participant was currently pregnant, were among the more common avatars used across all sites. The use of every available social cue on a site—specifically usernames and pictures at this point—further shows how women in the forums create community among one another and demonstrate their insider status. It also provides the first hints of the all-consuming nature of infertility and the 2WW for participants in these

forums. Although not all women used motherhood usernames and avatars to represent themselves, all women used insider language when interacting in the forums.

The insider language women participating in online 2WW forums use is very specific to their shared interest. This is not unusual for online communities (Baym, 2015). Online shared spaces of all types use insider lingo, acronyms, vocabulary, and other styles of writing to denote they are part of the group (Baym, 2015). These shortened phrases are used for convenience, but also for a more casual and informal way of communicating. The topic then, becomes more important than the way language is used, and inversely, the way they communicate is a result of their participation in the forums.

In order for women participating in these forums to communicate, one shared behavior—albeit unspoken—is that all participants be familiar with the acronyms used in the forum. Participants in 2WW forums use acronyms to describe the days since they've ovulated or undergone intrauterine insemination, if and when they've taken a home pregnancy test, indications that their health professional requested a blood test, to describe their menstrual cycle, and for a number of other reasons. For example, on one forum a woman's initial post is, "10dpiui – 2WW! after 9dpiui HPT showed negative :(" (bbywsh, November 28, Msg 1). To translate, the woman is writing ten days post her intrauterine insemination procedure (10dpiui), and she is in her two-week wait (2WW). She took a home pregnancy test (HPT) at nine days post intrauterine insemination and it was negative. On another forum, a woman responds to a fellow participant who received a definitive negative pregnancy test by writing, "I am sorry for your BFN. FX it happens so for you" (alexisk, 2015, Msg 4). A BFN means big fat negative, which is a negative

pregnancy test, and FX means fingers crossed. A woman on a separate forum shares encouragement with another woman by writing, “Its still early! Don’t give up yet. The earliest I have gotten a BFP was the day b4 AF was due. FX for you” (mrend, 2008, Msg 4). This woman refers to two important acronyms found throughout the data—BFP, or big fat positive, which is a positive pregnancy test, and AF, or aunt flow, one’s menstrual cycle. These are the more dominant acronyms used in the forums.

Emoticons, also known as emojis, were offered by many sites as an additional way to communicate. The sites that offered an extensive array of emoticons allowed users to better display explicit feelings of hope, despair, anger, and happiness, which can make up for the disembodiment of the medium. For example, the BFP was often flashing in all caps and bright letters. One of the more important uses for emoticons was to identify menstrual cycles, often personifying the menstrual cycle with a witch on a broomstick, or with a female looking emoticon with an angry face and huge flashing red-orange hair. Women also use emoticon’s of hands praying to signify they are praying for their own positive pregnancy test or another user’s positive pregnancy test. On a few occasions, a monkey or similar emoticon is used to communicate playfulness and excitement.

Backstories are another place where emoticons are heavily used. A backstory is a place for participants to list information about themselves and their infertility journey. Each element is written using acronyms and they are vertically stacked as though a list. They may include their age and the age of their partner, a short medical history regarding a specific fertility hindrance, the number of attempts, medication used, positive or negative pregnancy tests, miscarriages, ectopic pregnancies, among other infertility

related information. Backstories followed the participant each time they posted—it was a virtual way they could communicate their particular experience and background. A majority of the sites I consulted included this feature, but not all of them. The ones with backstories had details that included emoticons attached to several different points. For example, miscarriages were given the emoticon of a smiley face with wings to signify the baby’s death has turned them into an angel. Conceiving might include an emoticon of a pregnant woman, paw prints used for pets, or an emoticon praying when women tell each other they’re praying for them.

Backstories can also include the progression of current pregnancies as marked by dates on a digital alligator or with a baby growing bigger as the months pass. The participants on sites that did not offer an extensive number of emoticons would simply use keyboard symbols such as smiley faces or sad faces to better express their excitement or struggle.

As demonstrated, a majority of their acronyms, symbols, and vocabulary also speak to their familiarity with medical terms and procedures. Not only are they reporting their status, they have the proper language with which to communicate that status. For example, one woman writes, “...I have appointment with my RE on Monday for blood test. Although I know its BFN they still want to do the blood test to make sure. How many mature follicles did you have?” (odtopreg, 2011, Msg 11). This woman shares she has an appointment with her reproductive endocrinologist (RE) and will be going in for a blood test to see if she is pregnant because blood tests often detect smaller amounts of the hormone, human chorionic gonadotropin, HCG, (online participants refer to this test as their beta) which can confirm or disconfirm pregnancy earlier or in spite of a home

pregnancy test (Blocka & Wu, 2015). She goes on to ask another participant how many mature follicles she had. Many women engaging in intrauterine insemination are also using ovarian stimulating drugs to ensure they have adequate sized follicles to contain the eggs (RESOLVE, 2016d). This woman is fully versed in this medical terminology as are the majority of users in the forums. Another example comes from one woman's backstory. Backstories are structured in the following ways, and because each is extensive, I have provided an excerpt of one (Sarah*Smile, 2009, Msg 3) here:

Feb.-July 2008
 Clomid Days 5-9, Novarel Trigger Day 12. Timed Intercourse
 Days 13-16.
 Every month= BFN

This woman shares her initial attempts to conceive. She notes the ovarian stimulating drugs she has used (Clomid) and the exact dates in her cycle she has used them. She also shares the type of hormonal trigger she's received (Novarel) through injection, because despite using ovarian stimulating drugs, she may have been unable to ovulate on her own. She further notes the efforts she and her husband have engaged in to conceive without medical intervention. Finally, she indicates all efforts have ended in a "big fat negative" BFN, or, negative pregnancy tests. The women participating in these forums are demonstrating their familiarity with complex medical terms because they are intimately aware of and invested in anything that could or could not contribute to conception. That each participant understands and uses this medical terminology is another example of and contributor to their online community, and specific to their infertility status.

In order to participate in the forum, a woman will have to get up to speed on how to use acronyms and other symbols to characterize her story. One user dropped into an active forum and wrote, "What does BFN stand for? I'm new to these acronyms lol"

(Suzieq9867, 2016, Msg 65). The initial poster, who in this forum served as the axis around which each other participant's story was wound, responded with "big fat negative...However I use a different f word for that" (Mrs.AceInTheHole, 2016, Msg 68). Thus, even though acronyms are necessary to participate, asking about and finding out answers to what they mean does not preclude participation. This speaks to the inclusivity of the forums and how the only requirement for participation is that you are in your 2WW and are undergoing infertility treatment. If a woman meets that criteria and can get up to speed on the acronyms and insider language, then she can fully participant in the forums.

Although the phrase "I'm out" can be thought of as slang signifying someone ending their turn at a card game or leaving a party early, among other casual situations, the women in these forums use it repeatedly for a different reason. They use it when they no longer feel they are participating in the 2WW because they've gotten their period or a definitively negative pregnancy test. For example, "I started spotting this morning, so Im out for this month... I just cant believe this" (krissy5150, 2008, Msg 13). Or when they want to reassure one another they are still "in." "You aren't out yet! Just hang in there" (BabyBumpUser2, 2015, Msg 2).

Other important markers include the tone and rhythm with which they write. There is not only a frenzied nature to their postings, but their postings suggest a juvenile excitability. One way this is demonstrated is through the use of exclamation marks throughout all aspects of communication. For instance, one woman who dropped into a forum after a few women had already been communicating wrote to announce herself with, "Had my trigger Tuesday and my IUI yesterday!" (abrown83, 2016, Msg 8).

Similarly, another woman writes about the psychological toll it is taking on her life by writing, “Crying at the littlest things, DH and my two dogs think i am nuts with the emotional ups and downs lately!!!” (nikkih4184, 2016, Msg 82). There are also exclamation marks attached to support, as with this woman who is writing in response to the previous poster, “we will. I promise you. We will have babies. I’m here for you!” (Mrs.AceInTheHole, 2016, Msg 14). Another woman writes about her struggle with the wait, by writing, “From 8 dpo, I’m a mess. 19 effing cycles!!!” (evb2014, 2016, Msg 69). Finally, there is the repeated use of exclamation marks when a woman reveals she has gotten a BFP. “Those are lines girl!!! So exciting!!!” (msnycmom, 2016, Msg 92), and “Wonderful news!!!!!! Happy and Healthy 9 months to you” (cjs76, 2016, Msg 112).

The exclamation marks serve a few purposes. First, women use them to convey the tenuous nature of the 2WW by writing excitedly about their feelings. A second purpose is to simply respond with excitement at good news, but a more interesting third response is the one where exclamation marks accompany sadness or difficulty. As the woman who had undergone nineteen cycles to get pregnant demonstrates, the use of exclamation marks allows a woman to scream or yell about the difficulties associated with infertility. There’s a sense that the excitability of the timeframe gives them the covert ability to fold the frustration, disappointment, and sadness into the forum while remaining upbeat and positive.

The next most salient thing about the boards is the time and frequency with which they post. Not only do they post at unusual hours, the nature of the posts—which repeats itself time and again, creating a rhythm to their sharing—is hurried and intense for each forum such that sometimes it is as if they are writing in real time. For instance, one

woman asked for feedback from others on her posted pictures of the pregnancy tests she'd taken. Her first post was 4:20 am and the first response came in at 5:24 am. The same participants continued to respond and post until 5:00 pm only to begin again the next day at 3:04 am with the first poster writing, "Here is today's fmu. I could hardly sleep bc of anticipation. Seriously felt like a kid on Christmas eve" (v0mich01, 2014, Msg 27). In this instance, the woman is uploading pictures of the pregnancy tests she's taking to ask other users whether they think the two lines that signify a positive pregnancy test are getting darker or not. In a separate exchange but in the same forum, a woman writes at 3:10 am, "Woke up super early and this was the first thing I checked lol" (B Michaelson, 2014, Msg 28). A response comes in following this at 3:12 am. Similarly, in another forum, a woman posts at 5:49 am with seven responses and posts by four additional women before noon. The 2WW is fully fourteen days and often many days less. Each time a pregnancy test is taken or potential symptom is discovered, it raises the stakes for a woman. These examples also demonstrate how much of the 2WW dominates a forum member's thinking. As in the first example, the posts and responses happened rapidly, with no less than twenty minutes between a post, consuming over twelve hours in one day.

Finally, women in the forums communicate with one another, largely, using hopeful and excited language indicating they believe a positive pregnancy test is imminent. For example, in response to a participant who revealed she'd gotten her menstrual cycle, a woman writes, "All of our times are coming! I just know we are due for good news this year!!" (mysillyoldbear, 2009, Msg 10). She finishes the post with an emoticon that is praying. When women express a fear that this month's attempt failed,

others invariably respond with “it’s still early!” (mrend, 2008, Msg 4) or “you’re not out until AF shows” (jesswantstobeamommy, 2012, Msg 2). However, of the eleven forums I looked at, three resulted in a positive pregnancy test. Hope is also compromised by the low success rates for IUI—often less than 10% (Schorsch, et al, 2013). Additionally, backstories on certain sites reveal women who have endured harrowing infertility histories. One woman underwent nine IUIs without success and another woman had multiple miscarriages throughout her history. A separate participant’s back story revealed a recent surgery she had to help her unexplained infertility, but her next attempt resulted in an ectopic pregnancy. This explains how after revealing a BFP, women go on to give participants a full account of their progesterone counts or HCG levels, each indicators of a growing and healthy fetus (Blocka & Wu, 2015).

Each of these markers gives way to how the forums are used and provides a necessary framework for the emergent themes in the forums. The use of usernames and avatars that signify the desire for a baby, the insider language and acronyms they use to communicate, the highs and lows demonstrated in the time and frequency with which they write, along with the hope and excitement they express despite the statistical chances for success, fully describe how women participate in the forums. These markers further explain the themes and patterns that emerge in section II of the findings.

SECTION II ***Emergent Themes***

As explained above, women writing in the forums use a number of symbols and insider language to create and sustain community among one another. This rhythm and the synchronous nature of the postings further highlight the emotional highs and lows

inherent in the two-week wait, 2WW, which speaks to the overarching theme that emerged from the forums. The one suggesting women using insider language to be a part of an in-group that is, in essence, trying to be in an out-group. The obvious in-group consists of women struggling to get pregnant, and in these particular forums, women using IUI to conceive. The out-group then includes women who have conceived and are moving through the various stages of pregnancy. While the previous section provided contextual markers as to how these women communicate, this next section further develops the in-group out-group tensions through four emergent themes: pregnancy testing, forum members valuing personal experience over medical experience, self-loathing and despair, and the master narrative of support.

Testing for pregnancy is one of the primary reasons women first engage in a forum. My search criteria aimed for these types of forums because of the prevalence of pregnancy testing across all 2WW online forums. There is an inordinate amount of energy and time devoted to how many tests a woman has taken, when she will test next, types of tests to take, best times to take a test, and techniques to read a test accurately. All of this conflicts with how they feel about taking pregnancy tests at all throughout their 2WW.

Within each forum I investigated, all women discussed pregnancy tests taken and the dates they were taken post intrauterine insemination or ovulation. In one forum, a poster is confused; she's gotten conflicting results on several different tests because she's taken "5 tests today" (BabyBumpUser1, 2015, Msg 22). Another woman drops into a separate forum to confess that, "I went a bit crazy with the HPTs too...I did one 9, 11 and 12 dpiui, and all negatives" (AshRS, 2009, Msg 4). In a different forum, a woman is

responding to a poster who expresses her doubts about this month's attempt and subsequent negative pregnancy tests. The responder tries to encourage her by noting that "Believe me, I can sympathize with how you feel when you are testing those HPT's every day, and they are negative" (Heyknack, 2006, Msg 2). This response further confirms that their shared behavior is to take pregnancy tests every day to find out whether or not they're pregnant. This shared behavior extends into the inability to stop testing as well, best demonstrated by this woman, who writes, "I am so desperate to see BFP that I cannot control myself from testing. Will again test tomorrow morning and update" (odtopreg, 2011, Msg 3).

Additionally, many women in the forums have used a hormonal injection, or trigger, to stimulate ovulation, and this trigger mimics pregnancy symptoms and can give a false positive early on in a woman's cycle. As such, these women will report not only test results that indicate pregnancy, but also tests to show they have tested out their trigger. For example, one woman writes, "I was triggered early Sunday morning. I do use fmu [first morning urine] at the same time every day. Here's my log:" (Mrs.AceInTheHole, 2016, Msg 24). Below she has uploaded picture of the calendar date and day post intrauterine insemination across from four pregnancy tests taken showing the progression of the trigger testing out of her body. A woman responds with, "Ok great! I started doing the same thing this morning :)" (abrown83, 2016, Msg 25). On another forum, the initial poster writes,

I took a first response early HPT [home pregnancy test] 5dpiui and got a faint positive....but after researching on-line, I found out it was because of trigger....so

I continued testing until I got a negative and knew it was out of my system
(firstbaybee, 2009, Msg 1).

There is the desire to take an early pregnancy test to hasten an answer, but they also want to know when exactly it will begin to be accurate, to avoid a false positive. Thus many of these women are testing as early as one or two days after their attempt.

There is also significant mention of types of tests, best times to take a test, and techniques to read the test most accurately. One woman writes in a forum that, “I am 10dpiui. I tested yesterday afternoon with one of the cheaper (no branded) HPT and got a BFN” (bbywsh, n.d., Msg 1). There is often mention of where they’ve gotten tests, i.e. Dollar Tree, and at what time they take the tests, with FMU [first morning urine] as the standard. A variety of techniques to read tests are taken up in the forums as well. For instance, in a response to one woman who was getting repeated negative tests, one participant responds by writing, “just thought of something else! They say the ept test is great and probably more accurate than a dollar store test... Maybe you really have a faint line, but it’s not visible to the eye yet” (BBJones0105, 2008, Msg 7). In a separate forum, a woman has been updating participants with the pregnancy tests she’s taken each day by uploading pictures of the tests. In one response she forwards several pictures of her tests and explains, “Here’s a pic. about a 3 hour hold. using Dollar tree test and crappy phone camera... Will post better one [picture] when Dh [dear husband] gets home with his better camera” (v0mich01, 2014, Msg 18). A woman in another forum responds to a participant suggesting a Photoshop technique to better read a test and asks, “Does manipulating the colors allow you to see a super faint line? I would have never thought of that” (vssbrm, 2008, Msg 14). A final example involves posting pictures of

tests in different ways to better read the display, as a woman did in one forum, to which a fellow participant wrote, “I def see it on the invert. I can see it on the regular one too if I zoom out a little” (B Michaelson, 2014, Msg 19). Although participants in the forums are doing everything they can to see a double line on a pregnancy test, this is in contrast with what they think they should be doing when it comes to testing.

Women in the forums are conflicted about testing. They wrestle with themselves on whether or not to test—in essence, pitting their overwhelming desire for results with a medical directive that tells them to wait a full two weeks before testing. For instance, in one forum the initial poster writes, “I had 1 First response early result hpt at home, so I went for it. I told myself to resist so I peed in a cup in the morning, and I didn’t test it until 4 something hours later-so much for self control...” (Anna868, 2012, Msg 1). This woman was only a few days removed from her IUI, so presumably she knew the test would be inaccurate. Another woman writes about an irregular cycle and the progesterone she’s taking, “...but i have not tested again yet, i am just too scared to see a BFN” (amissy79, n.d., Msg 11). In yet a separate forum, a woman chastises herself for taking a pregnancy test because of the results. She writes, “I caved today and took my first HPT and got a BFN” (BabyBumpUser1, 2015, Msg 1).

The compulsive desire to test is sometimes encouraged by other participants in the

Thus, pregnancy testing consumes an inordinate amount of time and energy for the women participating in these 2WW forums. They struggle with how to feel about testing, particularly when they know the results will be inaccurate—by testing too early, for instance—or when the test reveals their worst fears, a BFN. Amidst the testing emerged another prominent theme, that of experience being valued over medical advice.

The most evidence women value one another's experience over medically professional advice is the lack of reference to one's doctor or medical team helping with their infertility status. In instances where medical directives were mentioned, they were often considered inaccurate or somehow insensitive. For example, an initial poster on a site posts with a concern about her most recent attempt, "I'm 5dpiui but 4dpo, I think. I believe they timed my IUI wrong" (Holliberger, 2016, Msg 7). In a separate forum, a participant responds to other women sharing specific medical issues by writing about progesterone she's been prescribed, "They gave me a script for Monday the 7th, but I refuse to go if I get a negative at home. I've had enough blood drawn with the losses!" (evb2014, 2016, Msg 34). A third example comes from a woman who is convinced she is pregnant based on her basal temperature over the past several days (often a way to detect changes in the body) and a late menstrual cycle. She expresses as much to her reproductive endocrinologist but dismisses the answer she was given, "The RE said I have a persistent corpus luteum this month and that AF will show eventually. Nice, huh?" (TwoBoysNeedS, 2008, Msg 6).

Women in the forums also do not question medical advice given by other participants, "Statistics say you only have a 35% chance of a pregnancy showing up on a sensitive hpt at 10 dpo" (nomorekids, 2008, Msg 11) to which another woman responds "Thanks for putting my mind at rest. :(?" (Sunny Sooz, 2008, Msg 12). In a separate forum a participant expresses doubts that her most recent attempt was successful, to which another woman writes, "Wait! No, don't give up! Lol. Implantation can happen between day 6 to 12, so it could have just implanted" (BBJones0105, 2008, Msg 5). After one woman writes about possible pregnancy symptoms and the medications she's

taken, another participant warns, "...but I do feel I should tell you that I felt very pregnant when I did my first (BFN) MS/IUI. Nobody warned me that the progesterone could make me feel that way, so that made the disappointment even more crushing" (Mom2RJA, 2008, Msg 2). In response, a woman writes back, "I have low progesterone so I'm on 100mg of B6 a day. I don't know whether that is causing these symptoms" (Sunny Sooz, 2008, Msg 5). Across all forums there is rarely an indication that a woman has contacted her reproductive endocrinologist or a nurse to get advice on symptoms. Instead, that you are a woman who struggles or has experience matters most in these forums and your infertility history, especially if you've had a viable pregnancy or a BFP in particular, the more credible you are.

Indeed, the normative standards within the forums show a hierarchy of responses. First, women struggling with infertility occupy the lowest rung of the ladder, women currently pregnant are elevated to a higher status, and those with children are among the more experienced users who speak with authority and receive the most questions and responses.

As explained earlier, markers of how these women communicate speaks to a shared behavior within the forums, but it also provides clues as to what these women value about the credibility of one another. There is incorrect grammar, slang, misspellings, and other linguistic issues that in no way hamper a participant's credibility. For example, "oh you're early! I got my bfp 12 dpiui last IUI. It's was ectopic but hat doesn't matter for bfp timing. You're still early babe!" (Mrs.AceInTheHole, 2016, Msg 3). There were no instances of one participant noting another participant's incorrect use of language. Instead, linguistic rules appear to be tabled in two-week discussion forums

for the more important task of getting and giving advice. For example, in response to a woman who reveals she's gotten a negative pregnancy test nine days after she ovulated, a participant writes, "9 DPO is too early to test. The earliest is usually around 10 DPO and most suggestions are to wait until 12 or 13 DPO" (amanda77, 2011, Msg 2) In response to another woman who reveals several symptoms she thinks may be related to pregnancy, a participant writes,

the stress may be making you feel symptoms. when we get our bfp it is generally too soon to feel anything. i know because i got these several times already but with my two living children it wasn't until week 7 i had real symptoms (Sesame2012, 2016, Msg 47). When still another woman reveals she is pregnant, a fellow participant responds with "...you just needed IUI all along!" (Adventurer, 2014, Msg 72) further demonstrating what she believes was medically necessary for the woman.

Experience trumping medical advice can also be seen in the questions women ask. For instance, one woman starts the forum by asking, "When did BFP appear?" (SPIDERLAMPP30, 2006, Msg 1), and in a separate forum, another woman writes, "Hi ladies, I am looking for some uplifting 2WW success's" (krissy5150, 2008, Msg 1). A woman in yet another forum lists her symptoms and the pregnancy tests she's taken over several days. She finishes her post with, "I have accepted that it probably didn't work this time around...but do you think there is any hope left???" (firstbaybee, 2009, Msg 1). Asking others for help presumes they and their stories will somehow provide answers to a participant who either does not want to accept she did not conceive or wants anecdotal evidence it is still possible she may conceive. It also suggests she has not necessarily reached out to the medical team she is working with because women in the

forums are not necessarily interested in statistical chances. They want to match their symptoms with others who have also gotten pregnant with similar symptoms. Thus, experience matters more. These types of questions and interactions abound in the 2WW forums I investigated, and their very existence shows the value women place on other participants' experience. Even when participants feel they are benefiting from one another's experience, that does not always help the overwhelming sadness and loss they express in the forums.

Perhaps the most poignant revelation in the forums is the theme of despair. An emptiness and sadness seems to follow participants throughout their 2WW. The despair is expressed across a variety of points in the 2WW and, not surprisingly, when an attempt is unsuccessful. For example, after a woman starts a forum asking about symptoms, the forum abruptly closes when that same woman reveals she is not pregnant, "I am so frustrated. Feel like a loser" (odtopreg, 2011, Msg 12). Another woman, who also started a forum and who has been testing throughout her 2WW writes, "14dpiui – HPT=BFN I've completely lost hope. The end" (Sarah*Smile, 2009, Msg 8). On a separate forum, the initial poster reveals her bad news by writing, "ok so my beta reports came out negative :(, heart broken" (bbywsh, n.d., Msg 14). Women tell stories of hopelessness and frustration over and over again in the forums. One woman expresses her feelings by writing, "I got a BFN. I am just feeling so angry and disappointed right now. I just want to get in bed and feel miserable all day" (Anna868, 2012, Msg 1). In the middle of an ongoing forum, the originator of the forum confesses to others by writing, "I had my daily breakdown in the shower about an hour ago..." (Mrs.AceInTheHole, 2016, Msg 70). In a separate forum, but also in the middle of waiting, one woman writes that, "I am

starting to get very down thinking that this was not my time again” (SPIDERLAMPP30, 2006, Msg 1). In still another forum, a woman who has been consistently testing throughout her 2WW writes, “i tested today (probably 10 dpo or 11 dpo) and it is BFN. Feeling really sad...” (Sesame2012, 2016, Msg 93).

Women also negotiate their feelings of despair and hopelessness to better deal with the pain, as with one woman who admits, “even though the HPT was negative...I was holding out a slight bit of hope...even though deep down I knew and already accepted it” (firstbaybee, 2009, Msg 8). Similarly, after a woman received a negative blood test, a fellow participant provides condolences. The woman responds with, “Its okay, I knew it was gonna be, but I’m just fed up with the failure at this point” (TwoBoysNeedS, 2008, Msg 10). Women in the forums also make attempts to be positive in the face of consistently negative pregnancy tests, demonstrated by this woman who writes, “I just keep telling myself it is going to happen but getting discouraged” (sbhsmnr, 2011, Msg 4). Their attempts to be encouraging and hopeful with others and with themselves are often undercut by frustration and hopelessness. For instance, one woman who finds out she is not pregnant writes, “I had all the symptoms it felt like and I really had my hopes up that this was it. So it’s been an emotional day” (BabyBumpUser1, 2015, Msg 15). Women also apologize for their feelings or their behavior in the 2WW. For example, one woman writes, “know its my fault for not waiting and taking HPT... but I’ve been on an emotional rollercoaster” (firstbaybee, 2009, Msg 1). Another participant apologizes for herself and her situation when she writes, “I hate that I’m so negative but after 2 years of just seeing one line it’s so hard” (scottsgirl12, 2016, Msg 6). The despair is often expressed within the context of how

long they have been trying to conceive or measured in cycles. For instance, one woman who has been testing consistently writes, “Want to cry...Tested in the morning again BFN...This cycle is wasted for sure” (odtopreg, 2011, Msg 6). Another woman who has received a number of negative pregnancy tests writes, “I am really depressed...been trying for almost an year now...” (odtopreg, 2011, Msg 1). There is also an all-encompassing nature to the despair that women have in their 2WW as demonstrated by one woman who writes, “The thoughts and anxiety is killing me. I try to think of other things but always comes back to infertility” (SPIDERLAMPP30, 2006, Msg 1). Despair eventually gives way to desperation as demonstrated by one woman whose backstory includes emoticons of people praying and the quote, “Please God let this be our time!” (mysillyoldbear, 2009, Msg 7). Another woman, who has yet to find out if she is pregnant, writes “I mean I feel so defeated :(I just want this so badly” (shortcakebec, 2016, Msg 83). Women in the forums struggle with grief and loss throughout their 2WW, and one way they create a storyline for their struggle is by making their menstrual cycle into the antagonist of the narrative.

Thus, an added element to the theme of despair is that of personifying one’s menstrual cycle. In an effort to both encourage one another and mitigate the underlying hopelessness, participants collectively make the menstrual cycle into an enemy or obstacle in the way of a positive pregnancy test. Women use emoticons of a witch on a broomstick moving back and forth, or an emoticon with bright red hair and an angry face that flashes fiercely to make the personification more dynamic. These emoticons are typically followed up with language such as “Uggh, sorry to hear that. AF is so rude” (babyexpress, 2015, Msg 16), or “you’re not out until the witch shows.” Additional

examples include responses by two participants to a woman who has received an early negative pregnancy test, one writes “so sorry, but you aren't out til she shows!” (orionslight, 2012, Msg 2) repeated by another participant who writes the same thing but replaces “she” with a witch on a broomstick. Similarly, the personification extends to one's menstrual cycle as something or someone who can be hidden from, for instance, “...so sorry AF found you!” (sbhsmnr, 2011, Msg 10). As stories of each woman's background and current situation come into focus, the narrative further expands into an us versus them battle creating a bond between the women. This battle is also present in the largest theme in the forums, that of support.

Support dominates the forum because each post and reply is laced with its characteristics. Support, the way these women help one another, fell into two major categories—support seeking and support giving. This theme and its components consume the majority of communication in the forums. Support seeking is how forums begin, and without it the forums would neither exist nor progress, so it is fitting to begin with this category.

Support seeking involves distinct components. As noted earlier, most women start forums with a question about their most recent negative pregnancy test, such as “14 dpiui...bfn...any hope left?” (firstbaybee, 2009, Msg 1). Women in the forums deliberately ask fellow participants undergoing IUI or struggling with infertility to share their experience, situation, or medical advice. In a few forums, the women that started the forums didn't ask an explicit question, but asked directly for support, for example, “Hey friends, anyone else in the tww for IUI? Looking for a buddy :)” (Mrs.AceInTheHole, 2016, Msg 1). However, in most instances, initial seeking language

included a question about the date and time of their most recent negative pregnancy test. This was most often coupled with the precise time since their IUI, “Today I am 9dpiui, 11dptrigger (technically 11.5)” (v0mich01, 2014, Msg 1). It is then, invariably, accompanied by revealing and intimate bodily details. When seeking support, participants often engage in high disclosure. Size, consistency, and color of cervical mucus is discussed, cramps, bowel movements, cervix position, etc. For instance, one woman writes “still pretty crampy and boobs are tingly of and on” (krissy 5150, 2008, Msg 1). Another woman writes that in her last cycle, “I had that brownish mucousy discharge on the progesterone applicator tip” (Sarah*Smile, 2009, Msg 1). High disclosure can be thought of as a form of support seeking because it motivates other participants to reveal their own symptoms and experience. Women in the forums are willing to reveal anything that could give fellow participants a full and complete picture of their current situation. This, ostensibly, so everyone can weigh in with advice, their own experience, and a full diagnosis. For example, after one woman shares her symptoms and doubts these symptoms are predictive of conception, another woman responds with, “There’s still tons of hope, and just think, you may actually be pregnant right now, but the HCG just may not be high enough yet. Or another scenario is that you’ve had late implantation...” (Heyknack, 2006, Msg 2).

Finally, although each woman that starts a forum frames her initial post under the guise of asking for support, the intimate and precise details she shares belie that request. Instead, there is an underlying desire for others to tell her that her symptoms indicate a BFP is imminent given their own experience or knowledge—in essence, a way to ask for hope. For example, after providing a lengthy account of her most recent IUI, previous

attempts, and current symptoms, only then does the woman write, “Any thoughts or opinions would be so helpful to me” (firstbaybee, 2009, Msg 1).

Support giving and support seeking were often intertwined in posts, although not always. The support women in the forums give to one another all have similar patterns and are comprised of similar language but are best explained where they are located in the forums. That is, support is given during the 2WW, and after a BFP is announced or a BFN is definitive. A third component is the way women write about their struggle with infertility and the 2WW within the larger context of their lives.

First, throughout the forums, during the ups and downs of taking tests and negotiating feelings about their pregnancy status, reassurance is one of the first signs of support given. For example, when women reveal negative tests they’ve taken before the full 14 days have passed participants respond in this manner, “I still think you have a really good chance at a BFP I hope you have good news soon!” (Mom2RJA, 2008, Msg 2). Participants also make blanket statements of encouragement to all women in the forums, writing such things as, “I’ll keep my fingers crossed for all of us!” (Larmstr09, n.d., Msg 8) or, “Baby dust to all!” (Marie815, 2016, Msg 134), and, “Prayers for everyone!!!” (nikkih4182, 2016, Msg 38). As the forums progress, participants get to know one another and begin to offer more personalized reassurance. For example, when a participant reveals a symptom that she believes is predictive of pregnancy, a woman responds with, “well I’ll be praying this is a good sign for you. Please update with whatever you want!” (Mrs.AceInTheHole, 2016, Msg 44). Similarly, in a separate forum, a woman describes a concern she has with her latest symptoms, to which a participant responds, “this doesn’t mean anything, don’t worry” (Sesame2012, 2016, Msg 57). The

personalization is also characterized by prompting, such as with a woman who asks the initial poster about her symptoms, “Do you record your basal temps? Any possible early pregnancy symptoms? Where are you in your TTC journey? Sending good thoughts” (misshopefull, 2015, Msg 2). It further extends to terms of endearment used among one another. For example, “Hang in there honey...i know its tough but stay positive..! I will pray for you...” (bbywsh, n.d., Msg 10). There is also the implication that participating in the forums themselves will provide overall support for each other, as with this woman, who writes, “I just started my 2wks, is only been 2 days past my IUI, Trying to find a place were I can relax the mind as well as to get info, so i don’t go Google crazy” (ryvaz, 2016, Msg 51). When a woman on a separate forum expresses a similar sentiment, a participant responds with, “You found the right place!! Best of luck to you! How are you feeling?” (Mrs.AceInTheHole, 2016, Msg 53). When participants share with one another after a BFP or BFN, their support takes important turns. Responses to and reveals of BFPs or BFNs are of a markedly different nature. While a BFN does not stop participants from providing hope and encouragement, support around a BFP seems to suggest that hope and encouragement were somehow responsible for the result.

First, the BFP is prayed for, hoped for, and users send one another “baby dust” to encourage conception. They wish each other good luck, tell them their fingers are crossed for a BFP, and write that they are praying for one another. When the initial poster of one forum found out she was pregnant, an outpouring of congratulations and excitement ensued, “I knew it!!! Congrats, I’m so happy for you! I’m literally crying right now, lol. The time has come for all of our LTTcers [long term trying to conceivers] to finally get their miracles!” (choobey, 2014, Msg 50). Another woman writes “WOO

HOO, sending may prayers your way for a sticky bean!!! Congrats Momma!!”

(tammylynn1230, 2014, Msg 47). Still another woman writes, “Another lil miracle in April! Can’t tell you how excited I am for you” (B Michaelson, 2014, Msg 32). Second, there is the sense that one woman’s BFP is a BFP for all the women in the forum.

This demonstrated by one participant in a forum where a woman has revealed a possible positive pregnancy test, “I’ll be stalking! Trying not to get too excited but I really want this line to get darker for you” (B Michaelson, 2014, Msg 5). On a separate forum a woman responds to another woman who has received her BFP by writing, “Eeeeeeeeeee!!!!!! That’s so exciting!!!!!! Congrats. Praying for you and this little one... I’m so so happy for you” (zatlaw15, 2016, Msg 119). An added dimension is the idea that those suffering should be rewarded for their pain. For instance, after one woman reveals she’s pregnant, a \participant responds with “Wow!!! Congratulations hun!!! So well deserved!!!” (Maz882, 2012, Msg 7).

The third element of BFP support lies with the women who have received a positive pregnancy test and as a result will be signing off from the forums. They respond by thanking participants, sometimes noting the helpfulness of the site, and by giving support to those still struggling. For example, one woman writes, “Thank you all so much! I am so overwhelmed with the support from this site! seriously! I love every one of you, and hoping so hard many of you will follow [in getting pregnant]” (v0mich01, 2014, Msg 57). In a separate forum the woman who initialized the discussion finds out she’s pregnant. When her doctor confirms it, she shares with all the women she’s been interacting in the forums by writing,

You all are incredible women. Wherever you are in your journey I am so glad I've come across each and every one of you. I promise you I'll never forget all of the love and prayers you have given me in the past year. I could never have survived it or been strong enough to pick myself back up. We all have hard roads. Ttc with fertility issues or not is hard as anything. I am praying for all of you. And I'm always here for you if you need support or someone to talk to. Always. Xo (Mrs.AceInTheHole, 2016, Msg 124).

When looking at support in the forums, discovering a BFP then, can be characterized by an outpouring of excitement and encouragement, the sense that one woman's BFP provides a hopeful signal of success for all participants in the forums, and the effusive thanks given from those who get a BFP.

In contrast, support for a BFN then, or a negative pregnancy test, can also be thought of in a number of different ways. First, when participants initially report receiving a BFN, supporters typically respond with encouragement and reassurance that their BFP is still imminent. For example, "Try and keep smiling. It could still be a little early" (Tigerlicious, 2011, Msg 7), and "I hope you see that BFP in a day or two!" They provide support in the form of hope—hope that an early BFN is not definitive because it's too early to tell, or that they will pray, care, and think of them while they wait because they know what it feels like. For example, "I know all too well of being "out" It is so very hard. FX that you are wrong and you get a BFP!!" (Mae41083, 2012, Msg 4). Another example is a woman who writes, "I know it's hard to stay positive when you've seen those BFN's, but it may still be too early, don't lose hope. I still think you have a good chance this month!!!" (Heyknack, 2006, Msg 2).

When a BFN was definitive, and a woman expressed despair or confusion, fellow participants gave support in the form of encouraging words, platitudes, suggestions, or condolences. Prayers and religion were also used with more frequency in this area of support. A majority of the support was written briefly in this manner, “Tracy, I am so sorry. I know how much it hurts” (landshark20, 2009, Msg 9), and, in another forum, “I am sorry for your BFN. FX it happens so[on] for you” (vssbrm, 2015, Msg 4). The more emphatic examples were written in this way, “Do not give up. I’m not giving up. You have to RISE UP. You’re more than this. And it WILL happen. I really believe it” (Mrs.AceInTheHole, 2016, Msg 107). In another forum, a woman writes more generally to those who have been unsuccessful, “Keep at it ladies. We will all get fortunate soon enough” (ajtslp, 2009, Msg 7).

Support is sometimes given in the context of sharing their own story, as with this woman who posts about her frustration with trying to get pregnant after years of trying not to get pregnant, “...and now that I want it, it’s so difficult (and expensive)! It’s a cruel joke. But one that I, too, hope we all get through successfully!!” (Holliberger, 2016, Msg 12). and similarly with another woman, who writes,

I’m so sorry girl, I know how you feel. I’ve had a loss at 10 weeks, chemical and ectopic I finally miscarried around 8 weeks. I feel like all of this needs to make sense some how. For all of us. I’m really hoping for you! (Mrs.AceInTheHole, 2016, Msg 10).

When women have accepted their attempt was negative, they often couch their thanks for the support they’ve been given in a hope for everyone’s success. For example with this

woman who ends her forum by writing, “Thank you all for your support. I hope you all get your BFP soon!” (krissy5150, 2008, Msg 13).

Thus, support given during the course of the 2WW, and when a BFP is revealed and when a BFN is definitive, can be characterized into different components, but each contributes to the largest theme of support—that of support given and support sought throughout the forums.

Implications Of Two-Week Wait Forums On Identity Construction

In my analysis of two-week wait, 2WW, online forums I found that women’s participation in the forums does serve as a way to construct and display a specific 2WW identity. This identity further gave way to a support seeking and support giving identities. Pregnancy testing, despair, and experience emerged as larger themes throughout the forums, but when looking at identity construction, these too can be situated under a support seeker and support giver identity. Support seekers and support givers are not mutually exclusive. Instead, virtually each woman participating in the forums is constructing both identities concurrently. This further explains how multiple identities can exist under an infertility identity and further under a 2WW identity.

However, there are certain distinguishable characteristics to each constructed identity.

When women in two-week online forums occupy the role of support seeker they are asking questions about their respective symptoms, dates, and feelings. They use the anonymity of the forums to provide intimate bodily details about themselves, their specific situation, and their emotions to get answers. Underlying their specificity is the desire for other participants to give them good news—namely that they may be pregnant.

The forums only progress when others respond to a seeker in hopeful language. This hopeful language is another component of the support a seeker desires. To receive that support, a seeker can provide all manner of despair, hopelessness, and details without consequence. This provides a space for the seeker to be completely honest and forthright, even filled with self-pity or anger. A support seeking identity then is one that almost all participants construct at one point in the forum. Women in the forums construct this identity when they provide intimate bodily details, requests for a diagnosis, questions about the two-week wait process and its accompanying benchmarks, and their medical situation. Backstories on some sites can also serve as a way to seek support because they provide other participants with a more full picture of one another's infertility history.

A constructed support giving identity is displayed when women respond to support seekers with hopeful language, medical advice, and their own experience. A support givers' identity is constructed during the progression of a forum. It emerges immediately following the start of a forum, sometimes after they themselves have sought support, and when a resolution with the first poster surfaces. They are acting out this identity based on their support seeking identity. Thus, in many ways one cannot exist without the other. Additionally, the way they provide support is dependent on the occasion of the forum. A support giver knows to provide elation when there is a positive pregnancy test, but condolences and hope when there is a negative pregnancy test. A support giver also knows how to encourage during the waiting process and identify with the seeker.

While a support seeking identity and support giving identity are different, they provide important clues about what it means to be in the two-week wait in-group. First, their identities confirm there is an in-group because one can only participate on these forums if they are familiar with the acronyms, know how to use particular medical language, and understand how to seek and give support to one another. Each identity bounces back and forth throughout the forums better demonstrating the fluidity of identity construction as a whole. The stories they tell one another about their individual two-week wait also provides evidence for the socially constructed reality of infertility. One element of that socially constructed reality involves how women with an infertility status must negotiate their future within a larger social circle, which in this instance, is among fellow participants in the 2WW. Further, this discourse exists because each woman has identified as both wanting a baby, wanting to birth a baby, and not being able to conceive without medical intervention. The discourse and subsequent constructed support identities are also a way participants negotiate their infertility status in light of the master narrative of motherhood—one that suggests all women can and should be mothers.

Thus, this study demonstrates that adopting an infertility identity comes with complex struggles and challenges, and when women engage in online two-week wait forums, they not only construct a 2WW infertility identity—one filled with despair, compulsive pregnancy testing, and valuing one another's experience over medical advice—two support identities emerge as well. These support identities are a way for women in the forums to negotiate the anxiety, tension, and fear they feel while waiting to see if they are among their desired in-group—that of a woman who is pregnant.

Finally, the themes and identities also help explain how using an online medium to address an infertility status, and especially in the two-week wait, brings with it some troubling behaviors—that of compulsive pregnancy testing, the desperation to know the outcome of an attempt, as evidenced in the synchronous postings at often unusual times, and trusting anecdotal advice over one’s medical team.

Discussion of Findings and Conclusion

In this study I investigated eleven online two-week wait forums, co-constructed through discourse, by women who self-identified as infertile and who were undergoing IUI to conceive. I described the online markers they use to communicate with one another, and through an analysis of their discourse discovered four emergent themes. These themes further gave way to two specifically constructed identities—support seeker and support giver. These two identities exist by virtue of the medium used and the timeframe in which they are used—online during the two-week wait. Thus, I argue that participants are willing to co-construct these support identities to both help one another make sense of their infertility status in light of the inability to follow the master narrative of motherhood. Finally, I explained how the use of an online support community during the two-week wait serves to solidify an infertility identity in sometimes troubling ways.

In this final chapter, I detail the ways this study builds on infertility communication work and identity construction at a very particular time in a woman’s infertility process. I further explain how my findings may contribute to the relationship between medical professionals and women with an infertility status during their two week wait, and I discuss the marketing aspect of two-week wait forums. Finally, I

acknowledge the limitations of this study and provide suggestions for future research in this area.

Theoretical Implications on Identity Construction and Infertility

This study contributes to a larger body of infertility communication work by focusing on one specific point in the infertility process—the two-week wait, and how it is discussed in online forums by women undergoing IUI. The findings of this study have implications for the master narrative of motherhood and the identity construction process for women with an infertility status. Narratives co-created through discourse in 2WW forums allow women a place to seek and give support to one another during the most crucial time of their attempted pregnancy. As such, I argue that in two-week wait forums, women adopt a support seeking and support giving identity interchangeably to help one another make sense of their infertility status, and, more importantly, to help one another get out of the forums, either altogether or by changing their status to currently pregnant.

Identity construction through online discourse has gained considerable attention over the last several years and for good reason. More and more people are seeking support online because of the anonymity and asynchronous nature of the medium. Further work has built on both online support communities and infertility, and additional work has been done around these online communities and what they mean for an infertility identity. When women engage in two-week wait forums, they demonstrate this infertility identity both by virtue of their participation and how they choose to participate. To fully participate in the forums, each woman must adopt certain markers and be willing

to co-construct a support seeking and support giving identity. The support identities as analyzed help show how this construction operates. Just as one woman uses language to seek support, to move forward in the forum she will need to become a support giver at some point. This further demonstrates the postmodern definition of identity as multiplying, existing fluidly, overlapping, and situated within a complex web of factors.

My analysis also shows how identity is a reflective process of self-identification and categorization. The women in the forums have self-identified as infertile. With the entrance of each new participant, that self-identification and categorization as a woman with an infertility status grows. It expands into a two-week wait identity as women participate in the forums using shared behaviors to suggest they too are waiting to find out if they are pregnant. The discourse further gives way to support as women reiteratively seek and give support to one another. This solidifies them as infertile, in the two-week wait, and willing to co-construct support identities to collectively make sense of their two week wait and infertility status. Yet, they only participate in the forums in this way to get out of the forums. Adapting a support identity confirms their willingness to be in the forums, but only inasmuch as it allows them to move past the road block or interruption that is infertility. This interruption threatens their narrative as a woman, a narrative that does not follow the dominant cultural narrative for their lives. The forums exist under the auspices of giving and receiving support, as evidenced by the analysis. If they can effectively get through the forums successfully, they will not have to confront the way their story is not following the master narrative that equates womanhood with motherhood.

Women in two-week wait forums wrestle with their challenged narrative all throughout the two weeks and especially after each pregnancy test, which either confirms or disconfirms their infertility status. Never in the forums is the suggestion that although you may want to have a child biologically, it may not be possible. Instead, support is given because each woman uses language and symbols to indicate that they too want the two-week wait to yield a positive pregnancy test. Through discourse, participants in the forums are performing this narrative just as others reflect their performed narratives back onto them. Their identity then is negotiated and renegotiated in the forums by adopting a support identity and using it to eschew the fact that their narrative is not the master narrative for women and motherhood.

Finally, online forums add an additional dimension to the study of identity construction. Women in these forums fall under Goffman's (1963) discreditable stigma. A discreditable stigma asks the stigmatized to make choices about what to share because the stigma is not visible. In many ways, women using online forums for infertility related issues do not have to decide what to share and what not to share. Almost all women in the forums are interacting in anonymity, and thus the risk involved with disclosure is largely removed. They can disclose as much, as little, as intimate, or as vague of details as they want, virtually without risk. However, their anonymity does not change the fact that they are interacting in a public space, where innumerable people can follow their story with all its particular and idiomatic details. It could be argued they assume people reading their stories, those without a vested interest in them or the topic, will react in the same way one might react when sitting in a dentist's office overhearing an argument between a child and his mother—what Goffman (1971) refers to as “civil

inattention.” (p. 126). You would neither interject yourself into the argument nor act as if you heard it. It is a social norm with which we have agreed upon, and the women in these forums demonstrate this concept online by revealing intimate parts of themselves in a public space. This embodied social norm translates into mediated communication because communication transcends the medium used. Still, that does not mean each tool used to communicate is not changing the way we communicate (Baym, 2015). These women do not have a physical place to offer one another support during this crucial timeframe, so they have created a place online. The creation and use of these forums—in their entirety—show participants creating shared language, symbols, and ways of providing support, all of which show how communicating online broadens the tent of what it means to be in communication with one another. In essence these women have provided themselves with a new way to construct a part of their infertility identity. This construction process and the identities identified would not exist without the medium. Mediated communication then, is fundamentally changing the way a woman thinks, talks, and feels about her infertility process.

Pragmatic Implications *Personhood before Motherhood*

Even as the master narrative for women as mothers is shifting in society, it may not be communicated as such. Educating women on what it means to be a person separate from having reproductive capabilities is perhaps an important first step in reshaping the intertwined narrative of motherhood and womanhood. Whether in schools, through media representation, or in the medical field, educating women on their

personhood may help women separate what is a desire made between consenting adults and what is a cultural script that she thinks she must follow simply because it's what is expected of her at a specific point in time. At the current point, and from studying the forums, it is clear there is never the question of what this means or why this is such an important desire. The analysis was of forums where women were actively trying to get pregnant, so an argument could be made that these women had already made their decision. Yet, throughout the analysis, there was the sense that it was never questioned even before participating in the forums.

Marketing and Medical Support

All sites investigated advertised for fertility drugs, supplements, therapies or other services within the margins of the site. This is not uncommon with websites because advertisers pay for the site's maintenance and updates. On a few sites, however, posters are given symbols to represent how many times they've posted to the site. For instance, on one site, the number of times you post can elevate you to "girlfriend status" or "princess status", this represented under your chosen avatar, so it follows the participant across the site as they post in other forums. This lets other participants know that this person has been on the site and has experience posting, which seems to increase that participant's credibility. It also serves another purpose. It gives this woman status by virtue of her anecdotal experience, however ill advised or helpful. It also continues to encourage her and others to keep posting to attain a higher status symbol. This could be thought of as a clever way to keep women posting, which registers to advertisers that

this site is viewed enough times to be lucrative. Monetizing the two-week wait and infertility generally can encourage users to use the site compulsively or to allow the use of the site to stand in for medical advice.

Women clearly have demonstrated a need for support and advice during their two-week wait. As such, I recommend medical professionals, reproductive specialists and psychologists, fill this need in an online space supported financially by their medical facility, which would not require advertising. Medical professionals in reproductive endocrinology or obstetrics, in addition to psychologists, could moderate the forums. Medical professionals often express concern about liability when providing medical advice online. In that instance, a staff psychologist might be made available to women in their two-week wait for counseling. To that end, a support group created among women working through infertility in the same clinic could be formed and moderated by a psychologist. Women undergoing treatment could be asked if they were willing to meet or speak with other women in their two-week wait. Either a support group or the tangible experience and reassurance from a woman in a similar position might allow patients a healthy outlet for the stress and anxiety in the two-week wait.

Education

In the literature review and analysis on the findings of this study, I made note of how certain hormones women are given during their IUI can mimic the symptoms of pregnancy. Women who cannot ovulate on their own must go to their reproductive endocrinologist's office to receive a hormonal injection in her abdomen to trigger ovulation in the 24-48 hours before insemination. There are a number of different

hormones used in this process, but all eventually make the patient feel nauseas, sensitive to certain foods or smells, and sometimes lethargic. These symptoms are incredibly confusing for women in their two-week wait and were discussed throughout the forums. Many users lamented the fact that they were not given this information prior to receiving the trigger nor at any other point in treatment. These symptoms suggest to the women that something is different about how their bodies are reacting and they often assume this is because they are pregnant. Although some literature explains these potential side effects briefly, the information is not communicated personally, or perhaps not considered significant enough to discuss. A simple way to prevent such heartache for the women who do not get pregnant may be with her medical team. A follow-up after the injection may alert staff to a patient's emotional status and help her navigate the two weeks better informed as to how her body might react.

Limitations

No study is without limitations, and neither is this one. In this study I made the deliberate choice to look at two-week wait forums where a resolution was reached by the woman who started the forum. A number of two-week wait online forums do not come to a resolution. Many are started by a support seeker, but either no one responds or just a few women respond before the forum closes without any resolution. Looking at a sample of forums, with resolutions and without, could have provided a more nuanced picture of two-week wait forums as a whole instead of just the ones represented through narrative.

A second limitation involves participants' background information. Some forums gave backstories of a participant's infertility history, but many sites did not include this

information. There was no socioeconomic, age, education, or heritage background available. Having this information could have important implications for how the data is interpreted. There is considerable research suggesting infertility studies focuses too much on white, westernized women with financial resources (Culley, Hudson, & Van Rooij, 2012). Because the search for forums originated in the United States, the representative population may also have been primarily American and thus contribute to this argument. Finally, many women suffering with infertility may not have Internet access or means with which to pursue treatment. (Greil, Slauson-Blevins, & McQuillan, 2010). This study then, may not necessarily account for that population as well.

Recommendations for Future Study

The purpose of this study was to explore how women are constructing identity in the two-week wait, and how those identities are demonstrated. After analyzing all forums, I have two recommendations to build on this work in the future. First, one site, twoweekwait.com, contains the largest hub of forums devoted to the two-week wait and all aspects of infertility. Users can scroll through and find people going through their respective situation or procedure and join a group or start a new forum at any point. This site is vastly more developed and used than other sites. It may serve additional work around the two-week wait to focus primarily on this site because of its extensive offerings and widespread use. Using just one site may also provide clues as to additional ways women are constructing identities when they participate on such a developed site with a large following—to what extent that is a factor would also be important to know.

A second recommendation involves follow-up interviews with women who participate in these forums. Interpreting language and symbols online speak volumes about the use of the medium and how it is manipulated to meet contemporary needs. However, interviewing participants may provide important insights for infertility research. Understanding the impetus for starting a forum or participating in a forum may best be understood by talking to women who use these forums directly. Essential background information might put the findings of online support in a new light, and that background information could also be a way to discern what resources are missing from her medical team.

Finally, a more theoretical recommendation could be developed from one of the themes in the findings—that of experience mattering more to users than medical advice. This also ties into how often women post on the site entirely and within each forum. These two ideas contribute to the question of authority. Women in the forums derive their credibility, in large part, from the number of times they post. They may have been pregnant or have gotten a positive pregnancy test, and admittedly that does give one immense authority. However, my analysis signals support is a larger theme in the forums such that if a woman is on the forums frequently, she learns and uses the signals, language, and symbols skillfully enough to become an authority in support. What does this suggest about how a person becomes an authority on any subject matter, and in this instance, online and often as a stand-in for medical professionals? Further, why are women, and people generally, willing to allow one another to be authorities simply because they have mastered this form of communication? What does that say about communication online and does it change when the subject is one of support? Finally,

how does acting as an authority or being perceived as an authority, contribute to identity construction? If the process of identity construction requires an interaction with multiple and competing discourses, then constructing an identity of authority in a group online, especially if that group is working with a medical question, suggests a new process or new discourses exist.

Conclusion

This study expands on infertility identity research by showing how women with an infertility status co-construct support identities in their two-week wait to better make sense of their infertility identity. The women starting and participating in these forums do so with marked behaviors suggesting excitement, apprehension, fear, and despair at a crucial time in their infertility journey. Through that discourse they seek and provide support. This seeking and giving support becomes a part of who they are—women who want to be mothers but cannot, women who self-identify as infertile, and women who have chosen to make online communication a part of their infertility identity.

Women in the forums display behaviors suggesting they are desperate to be out of the in-group they are working hard to be a part of, the 2WW, so they can get into the out-group of the currently pregnant. Maintaining a hopeful and positive outlook helps assuage the very real possibility they may not be successful. The inability to conceive and parent a child comes with intense emotional strife, and asks women to make an almost heroic leap into the unthinkable—the inability to conceive themselves or possibly the inability to parent a child. What does a woman's life look like if she is not a mother?

That is a question society currently asks and answers, but not with nearly enough depth and understanding. From the time they are born, women are taught, shown, and groomed to be mothers in subtle and powerful ways. A larger discussion on how this overarching narrative impacts women who identify as infertile may better allow all women to ask themselves a pivotal question. Why do I want to be a mother?

References

- A Multi-center Prospective Infertility Cohort Study. (2014). *J*, 9-10.
- Abbey, A., Andrews, F. M., & Halman, L. J. (1994). Psychosocial Predictors of Life Quality How Are They Affected by Infertility, Gender, and Parenthood?. *Journal of Family Issues*, 15(2), 253-271.
- abrown83. (2016). Had my trigger Tuesday and my IUI yesterday! [Msg 8]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- abrown83. (2016). Ok great! I started doing the same thing this morning :)... [Msg 25]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- abrown83. (2016). It looks darker than yesterday's! Congrats girl :)... [Msg 98]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Adventurer. (2014). Wow, congrats!!!!... [Msg 72]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- ajtslp. (2009). well, I am nervous wreck as well... [Msg 7] Message posted to <http://www.fertilethoughts.com/forums/two-week-wait-2ww-and-betas/672012-14-dpiui-bfn-any-hope-left.html>
- alexisk. (2015). 12 dpiui bfn. [Msg 4] Message posted to http://forums.thebump.com/discussion/comment/87856036#Comment_87856036
- amanda77. (2011). Hang in there hun! [Msg 2] Message posted to <http://babyandbump.momtastic.com/two-week-wait/630742-bfn-9dpiui.html>
- American Society for Reproductive Medicine [ASRM]. (2015). Frequently asked questions about infertility. Retrieved from <http://www.reproductivefacts.org/awards/index.aspx?id=3012>
- amissy79. (n.d.). My cycles were never regular so not sure when... [Msg 11]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/10piui-2ww-after-9dpiui-hpt-showed-negative.html>
- Anderson, K. M., Sharpe, M., Rattray, A., & Irvine, D. S. (2003). Distress and concerns in couples referred to a specialist infertility clinic. *Journal of psychosomatic research*, 54(4), 353-355.

- Anna868. (2012). 10dpIUI BFN- feeling so angry and disappointed. [Msg 1]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?t=193526>
- Arnett, J. J. (1998). Learning to stand alone: The contemporary American transition to adulthood in cultural and historical context. *Human Development*, 41(5-6), 295-315.
- AshRS. (2009). Firstbaybee...I had my beta today... [Msg 4]. Message posted to <http://www.fertilethoughts.com/forums/two-week-wait-2ww-and-betas/672012-14-dpiui-bfn-any-hope-left.html>
- B Michaelson. (2014). I hope its not trigger... [Msg 2] Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- B Michaelson. (2014). I'll be stalking!... [Msg 5] Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- B Michaelson. (2014). I def see it on the invert... [Msg 19] Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- B Michaelson. (2014). I woke up super early and this was the first thing... [Msg 28] Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- B Michaelson. (2014). CONGRATS Victoria!... [Msg 32] Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- BabyBumpUser1. (2015). I have PCOS... [Msg 1]. Message posted to <https://babybumpapp.com/community/groups/1730/posts/6591461>
- BabyBumpUser1. (2015). No, I am seeing if AF comes. [Msg 15]. Message posted to <https://babybumpapp.com/community/groups/1730/posts/6591461>
- BabyBumpUser1. (2015). 5 tests today... [Msg 22]. Message posted to <https://babybumpapp.com/community/groups/1730/posts/6591461>
- BabyBumpUser2. (2015). You aren't out yet!... [Msg 2]. Message posted to <https://babybumpapp.com/community/groups/1730/posts/6591461>
- BabyBumpUser2. (2015). Pee on something again!! [Msg 21]. Message posted to <https://babybumpapp.com/community/groups/1730/posts/6591461>
- babyexpress. (2015). Ugggh, sorry to hear that... [Msg 16]. Message posted to http://forums.thebump.com/discussion/comment/87856036#Comment_87856036

- Bamberg, M. (2004). Considering counter narratives. In: M. Bamberg & M. Andrews (Eds.), *Considering counter narratives: Narrating, resisting, making sense* (pp. 351-371). Amsterdam: John Benjamins.
- Bamberg, M. (2009). Identity and narration. In P. Huehn, J. Pier, W. Schmid & J. Schoenert (Eds.), *Handbook of narratology*. Berlin: Walter de Gruyter.
- Bamberg, M., & Georgakopoulou, A. (2008). Small Stories as a New Perspective in Narrative and Identity Analysis. *Text & Talk*, 28(3), 377-396.
- BBJones0105. (2015). just thought of something else!... [Msg 5]. Message posted to http://forums.thebump.com/discussion/comment/87856036#Comment_87856036
- BBJones0105. (2015). Wait! No, don't give up!... [Msg 7]. Message posted to http://forums.thebump.com/discussion/comment/87856036#Comment_87856036
- bbywsh. (n.d.). This cycle i had my first IUI... [Msg 1]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/10piui-2ww-after-9dpiui-hpt-showed-negative.html>
- bbywsh. (n.d.). Hey!! ok so my beta reports cam out negative... [Msg 14]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/10piui-2ww-after-9dpiui-hpt-showed-negative.html>
- Beall, S. (2014). Luteal phase defect: How it impacts fertility and how to treat it. *RESOLVE*. Retrieved from <http://www.resolve.org/about-infertility/medical-conditions/luteal-phase-defect-how-it-impacts-fertility-and-how-to-treat-it.html>
- Becker, G. (1997). *Disrupted lives: How people create meaning in a chaotic world*. Univ of California Press.
- Blocka, K. & Wu, B. (2015). Quantitative hCG blood test. *healthline*. Retrieved from <http://www.healthline.com/health/hcg-blood-test-quantitative#Overview1>
- Busfield, J. (1987). *Parenting and parenthood. Policy is Personal: Sex Gender and Informal Care*. London: Tavistock.
- Butler, J. (1990). *Gender trouble: feminism and the subversion of identity*. New York: Routledge
- CayleyJean. (2016). Sending good vibes and baby dust your way... [Msg 99]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- CDC. (2016). Infertility FAQs. Retrieved from <http://www.cdc.gov/reproductivehealth/Infertility/index.htm>

- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage.
- choobey. (2014). I knew it!!!... [Msg 50] Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- cjs76. (2016). Wonderful news!!!! Happy and Healthy 9 months to you” [Msg 112]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Cohen, G. (1987). *Social change and the life course* (Vol. 354)???. London; New York: Tavistock Publications.
- Conrad, P. & Schneider, J.W. (1980). *The medicalization of deviance: From badness to sickness*. St. Louis: Mosby.
- Cousineau, T. M., & Domar, A. D. (2007). Psychological impact of infertility. *Best Practice & Research Clinical Obstetrics & Gynecology*, 21(2), 293-308.
- Culley, L., Hudson, N., & Van Rooij, F. (Eds.). (2012). *Marginalized reproduction: Ethnicity, infertility and reproductive technologies*. Routledge.
- Daniluk, J. C. (1997). Gender and infertility. *Infertility: Psychological issues and counseling strategies*, 103-125.
- dmdank. (2014). Yay Victoria!! Can't wait to see your test tomorrow!! [Msg 13]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- Dunkel-Schetter, C., & Lobel, M. (1991). Psychological reactions to infertility. In A. Stanton & C. Dunkel-Schetter (Eds.), *Psychological adjustment to infertility: Perspectives from stress and coping research* (pp. 29-57). New York: Plenum.
- Dunkel-Schetter, C., & Stanton, A. L. (1991). Psychological adjustment to infertility. In *Infertility* (pp. 197-222). Springer US.
- Earle, S., & Letherby, G. (2007). Conceiving time? Women who do or do not conceive. *Sociology of health & illness*, 29(2), 233-250.
- evb2014. (2016). They gave me a script for Monday the 7th, but I refuse to go if I get a negative at home. [Msg 34]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>

- evb2014. (2016). From 8 dpo, I'm a mess. 19 effing cycles!!!" [Msg 69]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Exley, C., & Letherby, G. (2001). Managing a disrupted lifecourse: issues of identity and emotion work. *Health: An Interdisciplinary Journal For The Social Study Of Health, Illness & Medicine*, 5(1), 112.
- Ezzy, D. (2000). Illness narratives: time, hope and HIV. *Social science & medicine*, 50(5), 605-617.
- Fingfeld, D. L. (2000). Therapeutic groups online: the good, the bad, and the unknown. *Issues in mental health nursing*, 21(3), 241-255.
- firstbaybee.(2009). Hi everybody!!! I am new... [Msg 1] Message posted to <http://www.fertilethoughts.com/forums/two-week-wait-2ww-and-betas/672012-14-dpiui-bfn-any-hope-left.html>
- firstbaybee. (2009). Im sorry to hear that you got a bfn... [Msg 8] Message posted to <http://www.fertilethoughts.com/forums/two-week-wait-2ww-and-betas/672012-14-dpiui-bfn-any-hope-left.html>
- Fox, S. (2011). Social media in context. Health professionals and offline resources are central, but people use online social tools, too. *Pew Research Center*. Retrieved from <http://www.pewinternet.org/2011/05/12/social-media-in-context/>.
- Foucault, M. (1976). *The archeology of knowledge and the discourse on language* (A.M. Sheridan Smith, Trans.). New York: Harper Colophon.
- Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Goffman, E. (1968). Management of spoiled identity. *Deviance: The interactionist perspective. Text and readings in the sociology of deviance*, 344-348.
- Goffman, E. (1971). Relations in public. microstructure of the public order. *Hannondsworth: Penguin*.
- Greil, A.L. (1991a) Not Yet Pregnant: Infertile Couples in Contemporary America. New Brunswick, NJ: Rutgers University Press.
- Greil, A. L. (1991b). A secret stigma: The analogy between infertility and chronic illness and disability. *Advances in medical sociology*, 2(1), 17-38.

- Greil, A. L. (2002). Infertile bodies: medicalization, metaphor, and agency. *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*, 101-118.
- Greil, A. L., Slauson-Blevins, K., & McQuillan, J. (2010). The experience of infertility: a review of recent literature. *Sociology Of Health & Illness*, 32(1), 140-162. doi:10.1111/j.1467-9566.2009.01213.x
- Gustafson, D. H., Hawkins, R., McTavish, F., Pingree, S., Chen, W. C., Volrathongchai, K., & Serlin, R. C. (2008). Internet - based interactive support for cancer patients: are integrated systems better?. *Journal of Communication*, 58(2), 238-257.
- Haagen, E. C., Tuil, W., Hendriks, J., de Bruijn, R. P. J., Braat, D. D. M., & Kremer, J. A. M. (2003). Current Internet use and preferences of IVF and ICSI patients. *Human Reproduction*, 18(10), 2073-2078.
- Heyknack. (2006). Believe me, I can sympathize with how you feel... [Msg 2]. Message posted to <http://www.healthboards.com/boards/infertility/429315-when-did-bfp-appear.html>
- Holmer-Nadesan, M. (1996). Organizational identity and space of action. *Organization Studies*, 17(1), 49-81.
- Hinton, L., Kurinczuk, J. J., & Ziebland, S. (2010). Infertility; isolation and the Internet: A qualitative interview study. *Patient education and counseling*, 81(3), 436-441.
- Holliberger. (2016). I'm 5dpiui but 4dpo, I think. I believe they timed my IUI wrong... [Msg 7] Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Holliberger. (2016). Absolutely. I'm trying to keep the faith!... [Msg 12]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Irvine, S., & Cawood, E. (1996). Male infertility and its effect on male sexuality. *Sexual and Marital Therapy*, 11(3), 273-280.
- jesswantstobeamommy. (2012). You aren't out until AF shows. [Msg 2]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?t=193526>
- Katz, P., Showstack, J., Smith, J. F., Nachtigall, R. D., Millstein, S. G., Wing, H., Eisenberg, M., Pasch, L., Croughan, M. & Adler, N. (2011). Costs of infertility treatment: results from an 18-month prospective cohort study. *Fertility and sterility*, 95(3), 915-921.

- Kirkman, M. (2003). Infertile women and the narrative work of mourning: barriers to the revision of autobiographical narratives of motherhood. *Narrative inquiry*, 13(1), 243-262.
- Kondo, D.K. (1990). *Crafting selves: Power, gender, and discourses of identity in a Japanese workplace*. Chicago: University of Chicago Press.
- krissy5150. (2008). 11 dpo & 12 dpiui – still BFN [Msg 1]. Message posted to <http://www.ingender.com/forum/thread.aspx?ID=63982>
- krissy5150. (2008). I started spotting this morning... [Msg 13]. Message posted to <http://www.ingender.com/forum/thread.aspx?ID=63982>
- Kumar, N., & Singh, A. K. (2015). Trends of male factor infertility, an important cause of infertility: A review of literature. *Journal Of Human Reproductive Sciences*, 8(4), 191-196. doi:10.4103/0974-1208.170370
- Kvale, S. (1996). *Interviews. An introduction to qualitative research writing*. Thousand Oaks, CA: Sage.
- landshark20. (2009). I am so sorry... [Msg 9]. Message posted to <http://fertilitycentral.org/intrauterine-insemination-iui/2020179609-13dpiui-no-symptoms-good-sign.html>
- Langellier, K. M., & Peterson, E. E. (2004). Performing narrative: Storytelling in daily life.
- Lieberman, M. A., Wizlenberg, A., Golant, M., & Di Minno, M. (2005). The impact of group composition on Internet support groups: Homogeneous versus heterogeneous Parkinson's groups. *Group Dynamics: Theory, Research, and Practice*, 9(4), 239.
- Lundin, U., & Elmerstig, E. (2015). “Desire? Who needs desire? Let's just do it!”—a qualitative study concerning sexuality and infertility at an internet support group. *Sexual and Relationship Therapy*, 1-15.
- Mae41083. (2012). It's not over until AF shows up!! [Msg 4]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?t=193526>
- Malik, S. H., & Coulson, N. S. (2008). Computer-mediated infertility support groups: an exploratory study of online experiences. *Patient education and counseling*, 73(1), 105-113.
- Malik, S. H., & Coulson, N. S. (2010a). Coping with infertility online: an examination of self-help mechanisms in an online infertility support group. *Patient education and counseling*, 81(2), 315-318.

- Malik, S., & Coulson, N. S. (2010b). 'They all supported me but I felt like I suddenly didn't belong anymore': an exploration of perceived disadvantages to online support seeking. *Journal of Psychosomatic Obstetrics & Gynecology*, 31(3), 140-149.
- Marie815. (2016). You are so sweet and I am so happy for you! [Msg 134]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Maz882. (2012). Wow!!! Congratulations hun!!! [Msg 7]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?t=193526>
- McQuillan, J., Greil, A. L., White, L., & Jacob, M. C. (2003). Frustrated fertility: Infertility and psychological distress among women. *Journal of Marriage and Family*, 65(4), 1007-1018.
- McQuillan, J., Greil, A. L., Shreffler, K. M., & Tichenor, V. (2008). The importance of motherhood among women in the contemporary United States. *Gender & Society*.
- Mishler, E. G. (1999). *Storylines: Craftartists' narratives of identity*. Harvard University Press.
- misshopeful1. (2015). Sorry to hear... [Msg 2]. Message posted to http://forums.thebump.com/discussion/comment/87856036#Comment_87856036
- Mom2RJA. (2008). 12dpiui is still really early... [Msg 2] Message posted to <http://www.ingender.com/forum/thread.aspx?ID=63982>
- mrend. (2008). 11 dpo & 12 dpiui – still BFN [Msg 4]. Message posted to <http://www.ingender.com/forum/thread.aspx?ID=63982>
- Mrs.AceInTheHole. (2016). Hey friends, anyone else in the tww for IUI? [Msg 1]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Mrs.AceInTheHole. (2016). oh you're early! I got my bfp 12 dpiui last IUI... [Msg 3]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Mrs.AceInTheHole. (2016). I'm so sorry girl, I know how you feel... [Msg 10]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Mrs.AceInTheHole. (2016). we will. I promise you. We will have babies... [Msg 14]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>

- Mrs.AceInTheHole. (2016). My husband asked me not to test before that [blood test]. I don't know why it matters. I'm sure I will!" [Msg 18]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Mrs.AceInTheHole. (2016). I was triggered early Sunday morning... [Msg 24] Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Mrs.AceInTheHole. (2016). You found the right place!!... [Msg 53]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Mrs.AceInTheHole. (2016). big fat negative... [Msg 68]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Mrs.AceInTheHole. (2016). I had my daily breakdown in the shower about an hour ago..." [Msg 70]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Mrs.AceInTheHole. (2016). Do not give up. I'm not giving up... [Msg 107]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Mrs.AceInTheHole. (2016). You all are incredible women... [Msg 124]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- msnycmom. (2016). Those are lines girl!!! So exciting!!!" [Msg 92]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- mysillyoldbear. (2009). Unless... [Msg 7]. Message posted to <http://fertilitycentral.org/intrauterine-insemination-iui/2020179609-13dpiui-no-symptoms-good-sign.html>
- mysillyoldbear. (2009). Sarah... I am so sorry!... [Msg 10]. Message posted to <http://fertilitycentral.org/intrauterine-insemination-iui/2020179609-13dpiui-no-symptoms-good-sign.html>
- nikkih4182. (2016). Prayers for everyone!!!... [Msg 38]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>

- nikkih4184. (2016). Crying at the littlest things, DH and my two dogs think i am nuts... [Msg 82]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- nomorekids. (2008). Statistics say... [Msg 11] Message posted to <http://www.ingender.com/forum/thread.aspx?ID=63982>
- odtopreg. (2011). I am really really depressed... [Msg 1] Message posted to <http://babyandbump.momtastic.com/two-week-wait/630742-bfn-9dpiui.html>
- odtopreg. (2011). I am so desperate... [Msg 3] Message posted to <http://babyandbump.momtastic.com/two-week-wait/630742-bfn-9dpiui.html>
- odtopreg. (2011). Want to cry... [Msg 6] Message posted to <http://babyandbump.momtastic.com/two-week-wait/630742-bfn-9dpiui.html>
- odtopreg. (2011). Thank you sbhsmnr... [Msg 11] Message posted to <http://babyandbump.momtastic.com/two-week-wait/630742-bfn-9dpiui.html>
- odtopreg. (2011). 13dpiui BFN... [Msg 12] Message posted to <http://babyandbump.momtastic.com/two-week-wait/630742-bfn-9dpiui.html>
- orionslight. (2012). *hugs* so sorry,... [Msg 2]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?t=193526>
- Parry, D. C. (2005). Work, leisure, and support groups: An examination of the ways women with infertility respond to pronatalist ideology. *Sex Roles, 53*(5-6), 337-346.
- Pasch, L. A., Dunkel-Schetter, C., & Christensen, A. (2002). Differences between husbands' and wives' approach to infertility affect marital communication and adjustment. *Fertility and sterility, 77*(6), 1241-1247.
- Peterson, B. D., Gold, L., & Feingold, T. (2007). The experience and influence of Infertility: Considerations for Couple Counselors. *The family journal, 15*(3), 251-257.
- PinkUmbrella. (2014). Oooo!! This makes me want to test on thurs or Friday! [Msg 11] Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- RESOLVE, The National Infertility Association. (2016a). What is infertility? Retrieved from <http://www.resolve.org/about-infertility/what-is-infertility>
- RESOLVE, The National Infertility Association. (2106b). Medical conditions. Retrieved from <http://www.resolve.org/about-infertility/medical-conditions/>

- RESOLVE, The National Infertility Association. (2106c). Why IVF success rates matter to you. Retrieved from <http://www.resolve.org/family-building-options/ivf-art/why-ivf-success-rates-matter-to-you.html>
- RESOLVE, The National Infertility Association. (2106d). Luteal phase defect: How it impacts fertility and how to treat it. Retrieved from <http://www.resolve.org/about-infertility/medical-conditions/luteal-phase-defect-how-it-impacts-fertility-and-how-to-treat-it.html>
- RESOLVE, The National Infertility Association. (2106e). IUI. Retrieved from <http://www.resolve.org/family-building-options/iui/>
- RESOLVE, The National Infertility Association. (2106f). Online support communities. Retrieved from <http://www.resolve.org/support/online-support-communities.html>
- Riessman, C.K. (2003). Performing identities in illness narrative: masculinity and multiple sclerosis. *Qualitative Research*, 3(1), 5-33.
- Riessman, C.K. (2008). Narrative methods for the human sciences. London & Thousand Oaks: Sage Publications.
- Robinson, G. E., & Stewart, D. E. (1996). The psychological impact of infertility and new reproductive technologies. *Harvard Review of Psychiatry*, 4(3), 168-172.
- Rothman, B. K. (1989). *Recreating motherhood: Ideology and technology in a patriarchal society*. New York: Norton.
- ryvaz. (2016). I just started my 2wks, is only been 2 days past my IUI... [Msg 51]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Sarah*Smile. (2009). Girls, I'm scared to death to HPT... [Msg 1] Message posted to <http://fertilitycentral.org/intrauterine-insemination-iui/2020179609-13dpiui-no-symptoms-good-sign.html>
- Sarah*Smile. (2009). Thank you... [Msg 3]. Message posted to <http://fertilitycentral.org/intrauterine-insemination-iui/2020179609-13dpiui-no-symptoms-good-sign.html>
- Sarah*Smile. (2009). 14dpiui... [Msg 8]. Message posted to <http://fertilitycentral.org/intrauterine-insemination-iui/2020179609-13dpiui-no-symptoms-good-sign.html>
- sbhsmnr. (2011). I did iui the sunday... [Msg 4] Message posted to <http://babyandbump.momtastic.com/two-week-wait/630742-bfn-9dpiui.html>
- sbhsmnr. (2011). I used femara as well... [Msg 10] Message posted to <http://babyandbump.momtastic.com/two-week-wait/630742-bfn-9dpiui.html>

- Schmidt, L. (2006). Psychosocial burden of infertility and assisted reproduction. *Lancet*, 367(9508), 379-380. doi:10.1016/S0140-6736(06)68117-8.
- Schorsch, M., Gomez, R., Hahn, T., Hoelscher-Obermaier, J., Seufert, R., & Skala, C. (2013). Success rate of inseminations dependent on maternal age? An analysis of 4246 insemination cycles. *Geburtshilfe Frauenheilkd*, 73(8): 808-811. doi: 10.1055/s-0033-1350615
- scottsgirl12. (2016). I hate that I'm so negative but after 2 years of just seeing one line it's so hard. [Msg 6]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Sesame2012. (2016). the stress may be making you feel symptoms... [Msg 47]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Sesame2012. (2016). this doesn't mean anything, don't worry... [Msg 57]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Sesame2012. (2016). i tested today (probably 10 dpo or 11 dpo) and it is BFN... [Msg 93] Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- shortcakebec. (2016). I mean I feel so defeated :(I just want this so badly... [Msg 83]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- Smith, D. (2013). Intrauterine insemination: Will it help me conceive? *RESOLVE*. Retrieved from <http://www.resolve.org/family-building-options/iui/intrauterine-insemination-will-it-help-me-conceive.html>.
- SPIDERLAMPP30. (2006). When did BFP appear? [Msg 1]. Message posted to <http://www.healthboards.com/boards/infertility/429315-when-did-bfp-appear.html>
- Stets, J.E., & Burke, P.J. (2000). Identity theory and social identity theory. *Social Psychology Quarterly*, 63(3), 224-237.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA. Sage.
- Sunny Sooz. (2008). Thanks for putting my mind at rest... [Msg 12]. Message posted to <http://www.ingender.com/forum/thread.aspx?ID=63982>

- Suzieq9867. (2016). What does BFN stand for? [Msg 65]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>
- tammylynn1230. (2014). WOO HOO Victoria, sending may prayers... [Msg 47]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- Tigerlicious. (2011). Try and keep smiling... [Msg 7]. Message posted to <http://babyandbump.momtastic.com/two-week-wait/630742-bfn-9dpiui.html>
- Todorova, I. L., & Kotzeva, T. (2006). Contextual shifts in Bulgarian women's identity in the face of infertility. *Psychology and Health, 21*(1), 123-141.
- TwoBoysNeedS. (2008). It's still early... [Msg 6]. Message posted to <http://www.ingender.com/forum/thread.aspx?ID=63982>
- TwoBoysNeedS (2008). Its okay, I knew it... [Msg 10]. Message posted to <http://www.ingender.com/forum/thread.aspx?ID=63982>
- v0mich01. (2014). Ugh! why do I test early?... [Msg 1]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- v0mich01. (2014). Don't worry ladies... [Msg 15]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- v0mich01. (2014). Here's a pic. about a 3 hour hold... [Msg 18]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- v0mich01. (2014). Here is todays fmu... [Msg 27]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- v0mich01. (2014). Thank you all so much!... [Msg 57]. Message posted to <http://www.twoweekwait.com/community/viewtopic.php?f=2&t=224766>
- van Uden-Kraan, C. F., Drossaert, C. H., Taal, E., Shaw, B. R., Seydel, E. R., & van de Laar, M. A. (2008). Empowering processes and outcomes of participation in online support groups for patients with breast cancer, arthritis, or fibromyalgia. *Qualitative Health Research, 18*(3), 405-417.
- Vasquez, J. (2012). What is in vitro fertilization: Why to select it. *RESOLVE*. Retrieved from <http://www.resolve.org/family-building-options/ivf-art/what-is-in-vitro-fertilization-why-to-select-it.html>
- vssbrm. (2015). I had spotting my last go around... [Msg 4]. Message posted to http://forums.thebump.com/discussion/comment/87856036#Comment_87856036

- vssbrm. (2015). what is the photoshop test? [Msg 14]. Message posted to http://forums.thebump.com/discussion/comment/87856036#Comment_87856036
- Walther, J. B., & Parks, M. R. (2002). Cues filtered out, cues filtered in. *Handbook of interpersonal communication*, 529-563.
- Wischmann, T. (2008). Implications of psychosocial support in infertility—a critical appraisal. *Journal of Psychosomatic Obstetrics & Gynecology*, 29(2), 83-90.
- World Health Organization. (2016). Infertility definitions and terminology. Retrieved from <http://www.who.int/reproductivehealth/topics/infertility/definitions/en/>
- Wright, K. B., & Bell, S. B. (2003). Health-related support groups on the Internet: Linking empirical findings to social support and computer-mediated communication theory. *Journal of Health Psychology*, 8(1), 39-54.
- zatlaw15. (2016). Eeeeeeeeeee!!!!!! That's so exciting!!!!!! Congrats... [Msg 119]. Message posted to <http://www.whattoexpect.com/forums/fertility-treatments/topic/4dpiui-anyone-else.html>

Appendix A
(Adapted from twoweekwait.com, terms section)

A

AF - Aunt Flo - Menstrual Cycle

ART - Assisted Reproductive Technology

B

B4 - Before

BBT - Basal Body Temperature

BBs - Breasts

B/C - Because

BC - Birth Control

BCP - Birth Control Pills

BD - Baby Dance (intercourse)

BFN - Big Fat Negative (Negative Pregnancy Test)

BFP - Big Fat Positive (Positive Pregnancy Test)

C

C# - Cycle Number

CB - Cycle Buddy

CD - Cycle Day

CF - Cervical Fluid

CM - Cervical Mucus

D

DA - Dear Angel

DH - Dear Husband

DP - Dear Partner

DD - Dear daughter

DS - Dear Son

DSD - Dear Step-Daughter

DSS - Dear Step-Son

DPO - Days Post-Ovulation

DPIUI – Days Post-Intrauterine Insemination

E

E2 - Estradiol

ENDO - Endometriosis

EPT - Early Pregnancy Test

EW,EWCM - Eggwhite Cervical Mucus

F

FP - Follicular Phase

FSH - Follicle Stimulating Hormone

FTTA - Fertile Thoughts To All

FYI - For Your Information

G

G - Grin

GFY - Good For You

GP - General Practitioner

H

hCG,HCG - Human Chorionic Gonadotropin

hMG,HMG - Human Menopausal Gonadotropin

HPT - Home Pregnancy Test

HRT - Hormone Replacement Therapy

HSC - Hysteroscopy

HSG - Hysterosalpingogram

I

IF - Infertility

IME - In My Experience

IMHO - In My Honest/Humble Opinion

IMO - In My Opinion

IRL - In Real Life

ITI - Intra-tubal Insemination

IUI - Intra-uterine Insemination

IVF - InVitro Fertilization

J

JIC - Just In Case

J/K - Just Kidding

L

LAP - Laparoscopy

LH - Luteinizing Hormone

LMP - Last Menstrual Period (start date)

LOL - Laugh Out Loud

LP - Luteal Phase

LPD - Luteal Phase Defect

LSP - Low Sperm Count

LUF,LUFS - Luteinized Unruptured Follicle Syndrome

M

MC,m/c - Miscarriage

MF - MaleFactor

MIFT - Micro Injection Fallopian Transfer

M/S, MS - Morning Sickness

N

NA (N/A) - Not Applicable, Not Appropriate

Newbie - New to the Internet or Bulletin Board

NP - No Problem

O

O - Ovulation, Ovulated

OB - Obstetrician

OB/GYN - Obstetrician/Gynecologist

OC - Oral Contraceptives

OD - Ovulatory Dysfunction

OMG - Oh My God

OPK - Ovulation Predictor Kit

OPT - Ovulation Predictor Test

OT - Off Topic

P

PCO - Polycystic Ovaries

PCOD - Polycystic Ovary Disease

PCOS - Polycystic Ovary Syndrome

PCP - Primary Care Physician

PCT - Post Coital Test

PG - Pregnant

PID - Pelvic Inflammatory Disease

POAS - Pee on a stick (Home Pregnancy Test)

PPL - People

R

RE - Reproductive Endocrinologist

R-FSH - Recombinant Human Follicle Stimulating Hormone

Rx - Prescription

S

SA - Semen Analysis

SFMP - Sorry For Multiple Posts

SHG - Sonohysterogram

SO - Significant Other

T

TCOYF - Taking Care of Your Fertility

THX - Thanks

TMI - Too Much Information

TTC - Trying To Conceive

TWW - Two week wait (also 2WW)

TY - Thank You

Tx - Treatment

U

UR - Urologist

U/S - Ultrasound

UTI - Urinary Tract Infection

V

V - Vasectomy

VR - Vasectomy Reversal

W

W/O - WithOut

WTG - Way To Go

WTH - What The Heck??