Illness Narrative and Self-Help Culture – Self-Help Writing on Age-Related Infertility

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ABSTRACT IN ENGLISH

Both self-help books and illness narratives are motivated by an impulse to overcome a crisis and, simultaneously, to help others who suffer from similar conditions. In doing so, authors of self-help and illness narratives move in between polar opposites: they have both individual and collective motives, they have a desire to overcome uncertainty and achieve control and they negotiate the authority of experience versus the authority of expertise. This paper has two objectives: (1) It describes the intersections of illness life writing and self-help culture and traces the thematic, cultural and historical similarities. (2) It analyzes a selection of four autobiographical U.S.-American self-help books on age-related infertility published between 1987 and 2009. In juxtaposing these books with research perspectives from self-help criticism and medical humanities, the paper suggests that the authors blur the boundaries between patient and expert in their attempts to achieve control over what is ultimately uncontrollable – the body. The paper closes with a reflection on how scientific discourses and the *Quantified Self*-movement influence self-help narratives on illness.

ABSTRACT IN GERMAN

Autoren und Autorinnen von Selbsthilfebüchern und autobiographischen Krankheitserzählungen wollen eine persönliche Krise überwinden und gleichzeitig anderen Betroffenen helfen, die unter ähnlichen Bedingungen leiden. Verbunden mit dieser doppelten Zielsetzung ist eine Position der Autoren zwischen gegensätzlichen Polen: sie haben sowohl individuelle als auch kollektive Motive, sie wollen ihre Ungewissheit überwinden und mehr Kontrolle erreichen und sie verhandeln die Bedeutung ihrer individuellen Erfahrungen gegenüber der Autorität von Fachexperten. Dieser Beitrag verfolgt zwei Ziele:

(1) Er beschreibt die Verbindungen zwischen autobiographischen Krankheits-erzählungen und der Selbsthilfekultur und arbeitet die thematischen, kulturellen und historischen Parallelen heraus. (2) Er analysiert eine Auswahl von vier autobiographischen Selbsthilfebüchern von U.S.-amerikanischen Autorinnen über altersbedingte Unfruchtbarkeit aus den Jahren 1987–2009. Der Beitrag stellt diese Bücher kritischen Ansätzen aus der Selbsthilfeforschung und den „medical humanities" gegenüber und beschreibt wie die Autorinnen Grenzen zwischen Patient und Arzt auflösen, um Kontrolle über das zu erlangen, was letztlich unkontrollierbar ist – der eigene Körper. Der Beitrag schließt mit einer Reflexion über den Einfluss wissenschaftlicher Diskurse und der *Quantified Self*-Bewegung auf Krankheitserzählungen und Selbsthilfebücher.

Keywords: autopathography/illness narrative, self-help, infertility

INTRODUCTION

In *Saving the Modern Soul: Therapy, Emotions, and the Culture of Self-Help* (2008), Eva Illouz analyzes the intersections of self-help, autobiographical discourse and therapy. She maintains that a variety of culture industries, among them self-help books, "have all been essential cultural platforms for the diffusion of therapy throughout the U.S. society and culture" (7). This diffusion of therapy with its simultaneous blurring of psychologists' specialized knowledge and popular consumer culture has been impelled by certified therapists who have written advice books that address a wide public readership offering specialized insight into therapeutic practice (14). Conversely,

[t]he therapeutic narrative has significantly transformed autobiographical discourse in that it makes the public exposure of psychic suffering central to the account of oneself. If nineteenth century autobiographical narratives were characterized by their 'rags to riches' storyline, a new contemporary autobiographical genre takes an opposite character: these stories are about psychic agony, even in the midst of fame and wealth, and they are about the very act of telling them. (181)

The intersections of therapy, autobiography and self-help culture – involving a blurring of professional expertise and individual experience, as I will argue in this paper – do not only occur when individuals try to come to terms with their mental health. Self-help culture also impacts autobiographical negotiations of physical disease, similar to illness narratives studied in medical humanities. (Auto)pathographies, that is narratives about illness, disability and treatment (Couser 1997; Hawkins 1999), share many

structural and thematic similarities with self-help culture: Not only did self-help and illness literature emerge at similar times, both genres also negotiate similar thematic dichotomies such as individual vs. collective, uncertainty vs. control, the authority of experience vs. the authority of expertise.

These dichotomies, however, are not polar opposites or mutually exclusive. Instead, we can observe how authors of self-help books, while stressing their individual experiences and solutions, tell their stories against a background of collective experiences and opinions voiced by other patients, who are interviewed and whose stories are incorporated into the (auto)biographical self-help books. Moreover, the boundaries between the authority of expertise and the authority of experience, advice and self help blur. Even though individual experiences are presented as motivators of writing the book, the patient-authors do not only assume the role of experts of their own experiences. By adopting a medical jargon and scientific strategies such as quantification and objectification, these self-help authors also become (medical) experts of their physical conditions, treating their health issues as case studies and their bodies as objects. These strategies help these authors achieve a sense of control over their physical crises and newly discovered illness identities. Paradoxically, some of the authors simultaneously celebrate the beauty of uncertainty by referring, for instance, to mystical or spiritual concepts, thus relativizing the medical aura of objectivity and science they invoked before.

These observations complicate the notions of patient emancipation and democratization that have been associated with (auto)pathographies (Hawkins 1999, 3; Damen et al. 2000, 332). On the one hand, self-help culture certainly stresses the individual's ability to overcome hardships by self-reliance and agency, thus liberating patients from their dependence on medical expertise and institutions and providing alternative forms of help via a community of 'self-helpers.' This communal spirit and sense of solidarity can be experienced in local support groups, blogs and websites or national associations dedicated to a particular health issue. On the other hand, self-help groups such as "Alcoholics Anonymous" have been criticized for their religious and spiritual subtexts, which pathologize difference and replace individuality with a de-individualized "alcoholic personality" (Warhol and Michie 1996, 339–340). Moreover, critics have accused self-help culture of perverting self-reliance into an endless obligation for self-improvement and self-transformation, delegating the responsibility for happiness (and failure) exclusively to the individual (Ehrenreich 2010). The "belabored selves" that result from the ideology of self-help are not emancipated heroes or heroines but isolated, overworked individuals, who are both the subjects and objects of their efforts

at self-improvement (McGee 2005, 16, 19). The ideal of patient emancipation becomes highly questionable from this perspective, as self-care and care for others, subjectivity and objectification seem to constitute two sides of the same medal.

This paper (1) traces the intersections of life writing and self-help writing and exemplifies the blurring of boundaries between expert and patient, individual and collective, control and uncertainty by (2) analyzing a selection of U.S.-American self-help books on age-related infertility. The topic of age-related infertility is informative for a discussion of the intersections of self-help and autopathography: It is a fairly recent topic that emerged in the form of a metaphor, the biological clock, in 1965 (*OED* 2012), shortly after the U.S. Food and Drug Administration (FDA) approved birth control on May 9, 1960. The popularity of the biological clock metaphor coincides with the rising popularity of self-help and autopathography in the 1970s and 1980s. Moreover, age-related infertility is both a highly complex (bio)medical issue (illustrated by the expanding research in reproductive medicine and assisted reproductive technology) and an exceedingly popular subject: Age-related infertility has become a recurring subject in the news (cf. Harter et al. 2005), lifestyle magazines[1] and blockbuster movies, e.g. *Fatal Attraction* (1987), and *Bridget Jones* (2001). A great amount of self-help books on age-related infertility and the biological clock have been published in the last decades. The website www.infertilitybooks.com, established by Internet Health Resources (IHR),[2] lists over 300 books on infertility ranging from 1978 to 2002, which address both consumers and professionals.

INTERSECTIONS OF ILLNESS NARRATIVES AND SELF-HELP

As distinct genres, both illness life writing (or autopathography) and self-help books are fairly recent. Even though the topic of illness has concerned writers for a long time, book-length accounts of illness experiences have been uncommon before 1950 (Hawkins 1999, 3). Rather, illness narratives were part of other text forms such as letters or diaries. The same is true for the publication of self-help books: Even though the first official self-help guide was published as early as 1859 by Samuel Smiles (*Self-Help: With Illustrations of Character and Conduct*), self-help literature achieved its vast popularity and status as a multi-billion dollar industry a century later. Central self-help books that stand for the industry's success are best-selling books on self-improvement with advice on how to optimize relationships (Dale Carnegie's *How to Win Friends and Influence People*, 1936), how to better understand one's partner (John Gray's *Men Are from Mars, Women Are from Venus,* 1992), how to be more successful in one's

career (Stephen R. Covey's *The 7 Habits of Highly Effective People*, 1989) and how to achieve self-awareness and seize the day (Eckhart Tolle's *The Power of Now,* 1997).[3] McGee locates the rise of self-help culture in the 1970s, arguing that the increased interest in and public attention to advice literature is fostered by a culture of anxiety and insecurity. Among others, McGee names two social and economic changes of the times: first, changing social life courses in which, for instance, lifelong marriage is replaced by increasing divorce rates and, secondly, economic changes that substitute permanent professional trajectories by short-term employment (12). As a result, people feel required to engage in constant makeover and self-transformation to stay marriageable and employable (11–12). Williams lists four additional reasons for the popularity of self-help: "the 'crisis' in Western health care systems, the widespread loss of confidence in experts, the declining belief in centralist solutions to social problems and a concomitant resurgence of enthusiasm for the rights of the sovereign consumer" (136). Williams' four reasons zoom in on self-help initiatives that foreground issues of mental and physical health. With the foundation of "Alcoholics Anonymous" in 1935 as a pioneer of such initiatives, organizations began to provide help on health issues by offering mutual aid in self-help groups. The market of self-help books on health issues, however, bloomed only later, coinciding with the rising popularity of illness narratives written from an autobiographical perspective.

According to Hawkins, personal illness narratives, particularly in the form of "testimonial pathographies" became popular in the late 1960s, followed by "angry pathographies" and pathographies that advocated alternative modes of treatment by the end of the 1970s (1999, 4–6). The surge of pathographies was fostered by a general boom in life writing after World War II. Langellier links the popularity of personal narratives with "new identity movements in the US" and the "burgeoning therapeutic culture" and she considers personal narrative a response "to the disintegration of master narratives as people make sense of experience, claim identities, and 'get a life' by telling and writing their stories" (699–700). In addition, it has been argued that a shift in the Western public's understanding of health and disease caused people to see illness differently: With medical advances in treatment and technology in the last century, health has become the norm (at least in the western hemisphere and for particular social groups), whereas disease is considered a nuisance and interruption of a normal, healthy life (Couser 1997, 8–9; Hawkins 1999, 11). Therefore, Couser argues that

[. . .] the backdrop against which we need to regard the flowering of illness narratives is a historical era in which certain groups of people may take

> health for granted. When illness and disability are seen not so much as inevitable natural phenomena but as unexpected and perhaps disastrous events, they become noteworthy and (potentially) narratable. (Couser 1997, 9)

Beyond the historical circumstances related to social, technological and medical developments, the acceptance and popularity of illness narratives as a means of sense-making has also been linked to cultural and ideological conditions.

In her comparison of U.S.-American and British illness narratives, Franziska Gygax foregrounds "the American fixation on self-improvement," ideals of self-cultivation, self-realization and independence (2013, 3–4). Although Gygax finds that the three American authors she studies are critical of the ideal of self-improvement, she finds that "the American tradition of personalizing and individualizing" facilitates the production of illness narratives in American contexts (14–15). Similarly, in his analysis of self-help groups concerned with chronic illness, Williams argues that the Puritan background in the United Kingdom and the United States is the "framework for particular attitudes towards health and illness" (1989, 137). From this perspective, "the preservation of health was one aspect of the Puritan duty to make the most of oneself" and illness is perceived "as a warning to the individual to alter his or her behaviour" (1989, 137).[4] Although self-help books and groups are not originally an American phenomenon, they have thrived particularly in U.S.-American culture, where "[o]ne-third to one-half of Americans have purchased a self-help book in their lifetimes" (McGee 2005, 11). Dolby describes American self-help literature as a form of self-education that provides "a welcome resource in the individual effort to grow in wisdom and lead a satisfying life" (2005, viii). This usage of self-help books as "learning projects" (xi) is based on American cultural values, such as self-reliance, self-responsibility and self-sufficiency (Williams 1989, 137). At the same time, as McGee argues, the American "fantasy of a disengaged, masterful, rational, and controlling self that creates the possibilities for endless and futile self-improvement" involves "a labor of active forgetting, of denying the dependence, vulnerability, and contingency of this purportedly autonomous self" (2005, 173).[5]

Self-help books and autobiographical accounts of illness share a concern for similar thematic issues, which present themselves as ostensible dichotomies: authors of both genres negotiate both individual and collective perspectives, they juxtapose the authority of expertise vs. the authority of experience, and they try to overcome the threat of uncertainty by a search for control. The dichotomous nature of individual vs. collective constitutes a central feature of self-help culture. According to Williams,

[s]elf-help is Janus-faced: in one guise it celebrates individual freedom against a corporatist state, however illusory or limited this freedom may be in practice; in the other it articulates a collective defence of communal resources, however paltry and dehumanizing these may be in reality. (138)

This duplicity of self-help relates to the "mixed motives" Couser has identified in pathographies: He differentiates between an individualist "urge for self-exploration" and a focus on the communal which is expressed in "a desire to serve those with the same condition" (1997, 15). The ideal of guiding others through a rendering of one's own experiences serves as a justification for the publication of individual, seemingly isolated experiences of illness. Therefore, Frank argues that, for "wounded storytellers," "storytelling is for an other as much as it is for oneself" (17). Similarly, Hawkins identifies a didactic impulse that likens pathographies to manuals (4–5). Pathographies, she argues, are read "as guidebooks on how to find a good doctor or how to buy a prosthesis or how to adapt one's lifestyle to a heart attack" (11). Hence, in both illness writing and self-help culture, the seeming opposites of individual self-reliance and mutual aid correlate and overlap.

Another dichotomy with a similar interdependence can be found in the relationship between medical expert and patient. With the standardization of medical care in the nineteenth and twentieth centuries and the subsequent advances in diagnostic technologies that provided 'objective' evidence, "[p]atients have moved from a position of unique and privileged subjectivity to one of qualified objectivity, from the source of personal testimony to the source of bodily specimens" (Couser 1997, 22–23).[6] According to Couser, the patient's authority of experience was surpassed by irrefutable diagnostic evidence and patients turned into mere "objects of scientific interest" (11–12, 24). This perspective on the patient's passive role in diagnosis created an asymmetrical relationship between medical professional and patient. According to Hawkins, this asymmetry is reflected in the genres in which patient's histories are recorded: While "case reports" written by physicians are unemotional, brief, factual and objective (as well as objectifying in reducing the individual to his or her body), pathographies written by patients focus on the "emotional components of medical experience" in which the patient emerges as the subject of an extended narrative (12–13). Typically, case reports are considered to be less distorting compared to subjective pathographies, but Hawkins argues that "[c]ase report and pathography function as mirrors set at an oblique angle to experience: each one distorts, each one tells the truth" (13). To counter the disempowering and patronizing medical jargon (Couser 1997, 30–31), pathography functioned as a means to "restore

the person ignored" (Hawkins 1999, 12). In Kelleher's opinion, therefore, the rise of self-help groups is linked to a similar motivation, namely to "place a value on experiential knowledge, thus implicitly challenging the authority of professional health care workers" (qtd. in Damen et al. 2000, 332). Self-help groups became alternative sources of information, gave a voice to patients and provided emotional support (Damen et al. 2000, 332, 334). Couser links this shift in the patient's status to larger socio-cultural movements, such as the women's movement, the civil rights advances, the postmodern experience and postcolonial concepts (Couser 1997, 11).

The reclaiming of the patient's part in treatment and healing via auto-pathography also involves a wish to regain a sense of power and control: "Bodily dysfunction is perhaps the most common threat to the appealing belief that one controls one's destiny" (Couser 1997, 9). The act of writing or telling disruptive and chaotic experiences provides an opportunity to grasp such experiences, to give them meaning and structure and to "*repair* the damage that illness has done to the ill person's sense of where she is in life" (Frank 1995, 53; original emphasis). This desire to regain a sense of selfhood and control via storytelling links illness life writing to self-help culture as self-help books have been described as "technologies of selfhood" (Smith and Watson 1996, 10). Sidonie Smith defines these technologies as "the self-identifications, the narratives, the behaviors, the emotional scripts through which people . . . make sense of the world and themselves" (1996, 236). Within these attempts at sense-making, self-help groups (and self-help or advice books, as I argue) represent "non-state organizations . . . that provide localized sites through which certain kinds of subjects are recognized and misrecognized" (Smith and Watson 1996, 10). The topic of control is part of these negotiations of recognition: "Telling one's story is a way to exercise control over one's life" and during an episode of illness, when the situation can be experienced as uncontrollable or unspeakable, the telling of their story enables people in self-help groups to "get control over their loss of control" (16). In a constant repetition of his or her story, "the teller experiences healing" (16).[7]

The importance of storytelling and narrative in medical care has been highlighted in the interdisciplinary field of medical humanities, e.g. John Launer (2002), Rita Charon (2006). Among others, one focus in medical humanities lies on the collaborative dimension of the relationship between patient and expert. Howard Brody (1994), for instance, highlights the co-authorship of particular narratives that are considered to further the healing process. In a similar way, Cook speaks of a co-authorship when she describes how the medical profession "coauthors our autobiographies with us" (82). When we are sick, our bodies become "sites of

geographic and archaeological investigation" and doctors become "our personal medical historians to whom we provide the primary material: our bodies and our narratives about them" (82). This co-authorship of expert and non-expert plays a significant role in narratives that are both illness accounts and self-help texts, as for instance, in self-help books on age-related infertility.

SELF-HELP BOOKS ON AGE-RELATED INFERTILITY

In the United States, infertility has been considered a physical disease since the 1980s (Becker and Nachtigall 1992). Indicating a social problem in the 1960s and 1970s, infertility has subsequently been recast as a medical abnormality. This medicalization of infertility correlates with advances in reproductive technology (Becker and Nachtigall 1992, 457–8). Simultaneously, we can observe an increasing popularization of the biological clock metaphor (as mentioned earlier). The biological clock is, however, not only associated with a female time window of reproduction. In the late 1990s, biomedical researchers found that male reproductive capacities also decline with age, and in 2005 Harry Fisch published an advice book for men with the title *The Male Biological Clock*: *The Startling News About Aging, Sexuality, and Fertility in Men.* Despite the scientific evidence Fisch cites and his efforts to spread the news, I would argue that the biological clock metaphor is predominantly associated with women and their sense of deviance from what is considered to be normal (i.e. motherhood and childbearing). Therefore, Amir (2006) and Illouz (2012) argue that the biological clock is not only a reference to a biomedical condition but also involves heteronormative values and socially regulates the ways in which women perceive their bodies. In addition, women seem to take on a much more active role in negotiating their infertility compared to men. In interviews with 22 married couples, Arthur Greil finds that "[i]t was virtually always wives, rather than husbands, who initiated treatment, and wives continued to take the leading role throughout the treatment process" (112).

The four self-help books on age-related infertility selected for discussion in this paper focus on the female biological clock. Not only is the female clock more extensively featured in the media, there are also considerably more publications on the ticking of the clock for women. (The website <infertilitybooks.com> lists more than 300 books dedicated to infertility problems, only 13 of them deal with male infertility.) The four selected self-help books were published in the United States within a range of 22 years (1987–2009):

- Molly Mc Kaughan's *The Biological Clock: Balancing Marriage, Motherhood, and Career* (first published by Doubleday in 1987, republished by Penguin in 1989)
- Julia Indichova's *Inconceivable: A Woman's Triumph Over Despair and Statistics* (first self-published by Adell Press in 1997, republished in 2001 by Broadway Books)
- Sylvia Ann Hewlett's *Creating a Life: What Every Woman Needs to Know About Having a Baby and a Career* (first published in 2002 by Miramax Books, republished in 2003 with a new preface)
- Rachel Lehmann-Haupt's *In Her Own Sweet Time: Unexpected Adventures in Finding Love, Commitment, and Motherhood* (published by Basic Books in 2009, several chapters were adapted from articles published earlier in magazines, among them *New York* magazine, *MSN Money* and *Outside*)

St. John (2002) suggests that sales figures are not always an indicator of public attention, as a book, such as Hewlett's *Creating a Life*, can receive much public attention even though the number of sales is low. For this reason, I selected self-help books that were reprinted and whose book jackets feature blurbs from journals and newspapers (such as the *New York Times, Washington Post* or the *Chicago Tribune*) or comments by renowned experts (such as Christiane Northrup, M.D. or Naomi Wolf), which indicate that the books were reviewed by national media and public spokespersons. The underlying assumption is that a reprinted book has struck a nerve. Sylvia Ann Hewlett's book is a case in point. The publicity Hewlett achieved with her advice book stands out, even though her book did not do well in terms of sales figures (St. John 2002, n. pag.). Nevertheless, Hewlett appeared in national American television shows such as *60 Minutes, Oprah* and *Good Morning America* to talk about her book that provoked controversial public discussion.[8] Similarly, Julia Indichova has been featured in national television shows, newspapers and magazines,[9] speaking about her improbable pregnancy after being diagnosed with a very high level of FSH (follicle-stimulating hormone), which is typically regarded as a sign of infertility.

Rachel Lehmann-Haupt stands out in this selection of authors because she is the only author in this group who is not a mother yet. In her book she describes her personal conflicts, timing issues and relationship problems with her desire to procreate. While Lehmann-Haupt is not physically infertile, her self-help book revolves around similar topics as the other authors' books: the biological clock, an intense desire to have a child and a fear of remaining childless, an interest in standard and alternative treatment options, a quest for strategies to deal with feelings of anxiety

and impatience. The other three authors – Indichova, McKaughan and Hewlett – had their first children in their early thirties and, after a couple of years, they decided to have a second child. At this point, they were close to or past their forties and experienced age-related infertility, which they describe as shocks and traumatic moments. The books depict how the women retrieved information for extensive medical and psychological (and sometimes alternative) treatment and, eventually, after utilizing reproductive technologies and changing their life styles, all of them were able to successfully give birth to another child.

Departing from their own experiences and anxieties with their biological clocks, these women recount their stories and interweave them with stories by other women. These additional narratives, retrieved through interviews or questionnaires, render the individual stories of the authors into accounts of collective experience. Throughout the self-help books, the authors intersperse biomedical, statistical and sociological data, which is meticulously explained and critically evaluated.[10] The larger objects behind the authors' books are twofold and resonate with the "mixed motives" of simultaneous self-exploration and service to the community which Couser identifies in illness narratives (1997, 15): Hence, the books are learning projects of self-discovery (e.g., Lehmann-Haupt 2009, 15) and, moreover, they are meant to "help all of us – whether or not we eventually have children – grow ourselves a life" (Hewlett 2003, xx). Similarly, Indichova sees an "obligation to share what I learned with others" (2001, 1).

The "mixed motives" of simultaneous self-help and advice revolve around a central theme in the four authors' accounts: control. To overcome the uncertainty of their individual situations, the authors emancipate from their roles as passive patients and become experts themselves. Hewlett's mantra for her activities also summarizes the other authors' conviction, namely that "*KNOWLEDGE IS POWER,*" claiming that "[a]rmed with critical information, women can be smarter and more intentional about both their bodies and their bosses—and thus put themselves in a better position to realize their dreams" (xvii; original emphasis). In a similar way, Indichova echoes Hewlett's feminist claims and maintains that women should liberate themselves from the greedy, incompetent and inhumane experts in the fertility industry and become their own experts (cf. 2). As a consequence, women should become the specialists of their own bodies.

The four authors accomplish this emancipation from medical experts by finding their own access to the field of reproductive medicine. They read sociological studies and conduct their own research by interviewing other women as well as "leading business people, inventors, doctors, and

psychological experts in the field of fertility science" (Lehmann-Haupt 2009, 14). Hence, the authors present themselves as memoirists, biographers, ethnographers and investigators who collect other patients' stories via interviews and questionnaires in order to generalize their own experiences and depict a variety of voices and ideas. In addition, they adopt a medical jargon and become knowledgeable about the field of biomedical technologies, researching medical details about reproduction and the particulars of various high-tech treatment options. They become experts in the highly specialized field of reproductive medicine and are able to explain complicated bodily processes and treatment options. Even though their individual experiences are crucial to their accounts, the authors do not simply privilege the authority of their experiences over the authority of expertise. Instead, they seem to rationalize and generalize their individual experiences and bodily reactions to infertility treatment. This rationalization is supplemented with "facts and figures" (Hewlett 2003, xiii) and with legitimizing statements by medical professionals (e.g., Indichova 2001, Lehmann-Haupt 2009). Hence, to some extent, the authors depersonalize their idiosyncratic experiences and, in doing so, they repeat the objectification that is typical of the authority of experts (Hawkins 1999, 6).

McKaughan, for instance, explains the functioning of the reproductive system by working her way into biomedical research and by adopting the professional jargon of reproductive medicine. She explains the functioning of the hypothalamus, pituitary gland, gonadotropic hormones, menstruation and ovulation cycles, FSH as well as all sorts of infections or diseases that can make pregnancies difficult, such as chlamydia, endometriosis or fibroid tumors (1987, 110–149). In addition, she explains an array of available treatments in "Assisted Reproductive Technology" (ART), such as in vitro fertilization (IVF), egg donors, sperm banks or adoption. McKaughan presents herself as a specialist of biomedical reproductive technologies, who provides top-notch information on the latest research. Similarly, Lehmann-Haupt delivers in-depth coverage of scientific studies and assures her readers in the very first lines of her book that "[f]acts are very important to me, and I've made sure that all the science and medical information in this books is absolutely correct" (2009, xi). Indichova's personal account is preceded by a foreword by an M.D., Christiane Northrup, who legitimizes Indichova's account and supports her unorthodox and critical approach towards standard medical practice.

The authors' claim to expertise is also salient in the stories of the other women quoted in the books. Their stories have been recorded through interviews and are presented as examples in the self-help books. In Indichova's book, after she has told her own story, several "letters from the

front"[11] are presented, which feature the stories of women, whom Indichova met during her own investigations. These women describe their experiences with infertility and reproductive medicine while simultaneously showcasing their expertise regarding infertility treatment. Amy from New York is a good example of the taken-for-grantedness of the medical proficiency acquired by these women. Amy has seen eleven different reproductive endocrinologists for five years and had a chance of zero to five percent of getting pregnant. After five years and several failed treatments, Amy receives a call about her blood test results and a nurse tells her: "Your HCG is 1200 but your progesterone is 13." Amy knows exactly what these numbers mean and she says: "You mean I'm pregnant?" (179), and she is. The fact that Amy is able to decipher the medical jargon, that she is familiar with the abbreviations and can interpret the numbers illustrates that Amy has truly become a specialist of her own body. Her access to her body's signs is less guided by experiences and intuitive perception than by her ability to interpret medical diagnostic methods such as blood tests and hormone levels.

In all of the four self-help books, the issue of control takes center stage. The authors try to control time, their emotions or bodies. The authors use expressions such as "buy time" or "freeze time" (a reference to the prophylactic treatment option of egg freezing). And Lehmann-Haupt describes the dilemma of control for the women of her generation with the following words:

> As women of a post-boomer generation, we are used to being in control of our lives, professionally and financially. The fact that we do not have control over the duration of our fertility is incredibly frightening, something many of us would like to ignore for as long as possible. (16)

As a response to this anxiety, these authors try to assume control by getting informed about their options, by applying strategies of self-management, by rationalizing their fears and by adopting a scientific perspective towards their bodies. Lehmann-Haupt (2009), for instance, maintains that she wants to intellectualize biology (64). She evaluates potential sperm donors and calculates the emotional and pecuniary costs of reproductive medicine. Moreover, she adopts "pragmatic attitudes" and sets deadlines, makes plans and prioritizes (26). The other authors follow medical advice on diets and lifestyles, they self-medicate by injecting hormones, by measuring their temperature and by scheduling intercourse with their husbands at the exact time of their ovulation. Fittingly, Lehmann-Haupt realizes: "I need to manage my fertility like I've managed my career" (26–7).

These self-managing strategies suggest the concept of a body that is uncooperative and has betrayed these otherwise very successful and self-sufficient women. It's "Nature's cruel joke," Lehmann-Haupt argues, "that my biology has not caught up with me" (49). For Indichova (2001), her embodied self appears as "fluid" and "alterable" (75). In response to this loss of control, these women sense an imperative to action, which they seem to glorify as liberating and empowering. Lehmann-Haupt maintains, for instance:

> Since I have no control over when my fertility will begin to decline, I want to learn as much as I can about my body so I can weigh more knowledgably the odds of each possible outcome of the choices before me. (33)

And Indichova argues that

> [. . .] moving forward helps me climb out of the feeling of defeat. That, right now, is as strong a motivator as the need to get pregnant. I am pouring all my frustration and pain into action. If I don't conceive, at least I'll have the healthiest body I've ever had. (75)

By adopting proactive, self-managing and rationalizing strategies as a compensatory measure, the women re-imagine their bodies in two different, yet related ways: 1) the body is considered a resource for learning and optimization; 2) the body is dissociated from the self and becomes an object that is temporarily out of control but ultimately fixable and manageable by a competent, proactive and knowledgeable self. This view of the body and the patient's agency partly resonates with illness life writing.

JUXTAPOSING PERSPECTIVES FROM MEDICAL HUMANITIES AND SELF-HELP

According to Arthur Frank, the expectation that a sick person can be restored to the status quo ante is a typical assumption by "wounded storytellers" and lies at the foundation of the "restitution narrative" (80, 83), which is the culturally preferred master narrative that is also preferred by medicine because it suggests the triumph of medicine (2005, xii; 1995, 80, 83, 115). In restitution stories, as Frank argues, the body is split from the self and becomes an "'it' to be cured . . . The body is a kind of car driven around by the person inside; 'it' breaks down and has to be repaired" (86). The responsibility of the patient in the restitution narrative "is limited to taking one's medicine and getting well," the curing is done by medical professionals (91). In contrast to the restitution pattern,

the four authors discussed earlier understand themselves as self-responsible agents who contribute actively to the curing of their condition. This self-image is spurred by the women's disappointment in medical treatment (and thus a form of emancipation) and their refusal to accept the limits of their bodies. In doing so, they embark on a quest, which Frank defines as "the ill person's belief that something is to be gained through the experience" of illness (115). What seems to be particular about the quest of the writers is the idea of the body as a learning project through which they self-educate. Consequently, the women adopt the jargon, attitude and strategies from medicine, thereby crossing the borders of patient and expert.

The body as a project of self-education also involves the assumption that this "body-project" can be optimized when appropriate measures are applied. As part of the managing of their "body-project," the self-help authors engage in practices of quantification and rationalization, measuring and scheduling. Through these strategies, their bodies seem to turn into manageable objects, defined by numbers and statistics, hormone levels, body temperature and age. When McKaughan, for instance, has a miscarriage, she reacts in the following way: First, she reads everything she can about miscarriage (328). She learns that "[her] menstrual cycles over the past couple of years had shortened down to twenty-three or twenty-four days from twenty-eight to twenty-nine. [She] found out that this was a sign that [she] was entering the premenopausal period" (328). Secondly, she makes lists "of all the possible things that had gone wrong" (328).[12] This strategy is her way of dealing with her "self-recrimination" resulting from her sense of failure: "I'd failed. My body had failed" (328). When she tries to conceive again, she takes her temperature every morning and schedules intercourse with her husband as soon as her temperature rises "a few tenths of a degree" (329). When her period continues to come, she decides "to lose the last seven or eight pounds I'd gained and concentrate on that. I counted calories and lost the weight. I also took my temperature and waited for the bleeding not to begin. This time it didn't. I was pregnant" (329).

From the perspective of self-help culture, McKaughan's view of her body is emblematic of a problematic attitude towards responsibility. Critics of self-help culture have described the downside of the strategies that involve self-responsibility, self-management and relentless activity. McGee argues, for instance, that instead of helping people in their despair and sense of defeat, the ideology of American self-help culture ultimately accelerates people's slide into despair, transforming them into (what she calls) "belabored selves" and thus into overworked and isolated individuals who infinitely work on their self-improvement (16). This frenzy of

activity, which the four authors also seem to have adopted, is informed by economic reasoning and promoted in self-help books as a panacea against anything that is uncontrollable such as social context or one's upbringing. Therefore, McGee argues, in self-help literature readers learn to think of themselves as an "economic animal – *Homo economicus* – an instrumentally rational creature engaged in calculations and strategy to advance his position. Cost-benefit analysis serves as the model for decision-making" (29). The problem with this strategy is a hyper-emphasis on self-responsibility, agency and an economically shaped understanding of problem-solving and decision-making. Self-help books suggest that those who work hard and never stop thinking positively, will eventually be rewarded; those who fail are, however, solely responsible for their failure (Ehrenreich 2010). According to this line of reasoning, dying of cancer then implies that a cancer patient has not tried hard enough to fight his or her disease (Ehrenreich 2010, 42–43). The economic reasoning that McGee identifies in the self-help books also reverberates in the self-help books on the biological clock: The authors make cost-benefit-analyses when they weigh their options regarding assisted reproductive technologies and compare freezing eggs to "call options" on the stock market (Lehmann-Haupt 2009, 48). Concurrently, the authors are critically aware of the profit-oriented business behind reproductive technologies (e.g. Lehmann-Haupt 2009, 46, 56).

The critical views on self-help culture shed light on two distinct features that can be observed in the four self-help books: 1) a tendency to rationalize, objectify and quantify experiences and 2) an inclination to achieve self-knowledge and self-optimization through the body. These features bear resemblance to a recent movement in the United States, the *Quantified Self*-movement, which emerged in the San Francisco Bay Area. In 2007, Gary Wolf, a journalist, and Kevin Kelly, co-founder and executive editor of *Wired* magazine, started the *Quantified Self*-website, which is an online community of technology aficionados, who track their lives with self-developed devices and who present their results during *Quantified Self*-conferences all over the world. Self-trackers are interested in all kinds of devices, such as smart phone apps, that help them quantify their heart beats, moods, concentration, food habits and the like. In his self-tracking manifesto, published in 2010 by the *New York Times Magazine,* Gary Wolf mentions several advantages of self-tracking. Three benefits stand out as they suggest an interconnection between the motives of the self-tracking movement and the aims of the self-help books on infertility discussed here: First, Wolf emphasizes the possibilities of democratization and emancipation that self-tracking offers. The devices of self-trackers are meant to "defend [the users] against the imposed generalities of

official knowledge," help patients explore alternatives to "the standard course of treatment" and find individual solutions to their problems (45). Secondly, from the perspective of self-trackers, the body is a controllable and knowable entity. While the self-trackers' objectives are not comparable to scientific trials that look for generalizable results through clinical trials, the self-trackers use their devices to attain a sense of individual self-discovery *through* their bodies. The body is thus both the object of self-optimization and the medium of self-knowledge.[13] Thirdly, Wolf describes a distrust in the human capacity to understand the body via intuition, experiences or memory. "Humans make errors. We make errors of fact and errors of judgment," Wolf claims at the beginning of his article (40). He continues that "[t]hese weaknesses put us at a disadvantage. We make decisions with partial information. We are forced to steer by guesswork. We go with our gut" (40). As a remedy to this faulty judgment, Wolf praises the advances of technology to deliver objective numbers and hard facts, to which he ascribes a greater truth-value than to words. Moreover, he voices a logocentric critique of the "dominant forms of self-exploration [which] assume that the road to knowledge lies through words" (41). Instead of "the prolix, literary humanism" of psychoanalysts or "the chatty inquisitiveness of a self-help questionnaire," Wolf promotes an "alternate route" of self-tracking and quantification: "Instead of interrogating their inner worlds through talking and writing, [the self-trackers] are using numbers. They are constructing a quantified self" (41). Tellingly, "self-knowledge through numbers" is the credo of the self-tracking movement.

Evidently, the authors of the self-help books discussed in this paper primarily rely on words and language to capture their personal stories and their quests for self-knowledge. So does Wolf, by the way, who is a very talented storyteller and who knows how to use language, individual life narratives and anecdotes to be gripping and persuasive. A similar ambivalence as the one in Wolf's eloquent plea for numbers is also present in the self-help writers' accounts. While the authors hail managerial strategies and the truth-value of biomedical numbers and facts, they also invoke holistic alternatives and the power of intuition. Indichova, for instance, sees a Native American medicine man, she tries traditional Chinese medicine and practices yoga. Lehmann-Haupt counterbalances her fervent journalistic (and personal) investigations into the hard sciences of western reproductive medicine with travels to Costa Rica, India and South Africa, where she experiences alternative worldviews that foreground serenity and faith. Alongside their fascination with scientific facts, Lehmann-Haupt, MacKaughan and Indichova emphasize the spiritual enlightenment and, in Indichova's and McKaughan's case, the miracles that her hard-fought pregnancies and miracle babies represent. Hence, parallel to immersing

themselves in the empirical facts of biomedical science and sociologi-
cal statistics they "de-quantify" the results of their endeavors by speaking
of miracle babies, by calling themselves "miracle workers" (McKaughan
1987, 334), by alluding to fairy-tale endings of "happily-ever-after" or by
using a religious rhetoric of pilgrimage and redemption[14] (Indichova
2001, 180). In addition, Lehmann-Haupt and Indichova emphasize alter-
native approaches to infertility and consult non-scientific options, such as
meditation, herbal treatments and a radical change of diet. These strate-
gies seem to contrast with the practices of quantification and rationaliza-
tion and realign the stories within narrative formulas of conversion and
divine intervention. It seems that numbers, data and statistics had several
functions for the authors: By suggesting rationality, facticity and objectiv-
ity, the numbers helped calm the irrational feelings and appease the panic
of having to negotiate an uncontrollable body. Sociological researchers
have argued that numbers and science grant social recognition and truth-
value in western cultures (e.g., Heintz 2010), which may explain why the
authors, who start out with describing their emotional upheaval and sense
of insecurity, invoke strategies of quantification and management in their
attempts to legitimize their experiences and stories. At the same time it
seems that the authors wish to combine two contradictory approaches –
the down-to-earth rationalization and the simultaneous spiritualization:
As soon as the body eventually cooperates, as soon as the panic has calmed
down and the 'miracle' has happened, the unpredictability of the body
is actually worshipped without the need to intellectualize biology any
further.

The use of these heterogeneous strategies and explanatory models
may be an indicator of the larger socio-cultural repercussions caused
by the quickly developing biomedical advances. After all, while the
introduction of birth control did provide women with control over their
bodies, the "pill" also brought into existence the specter of the biolog-
ical clock, which has come to signify the opposite of control, being a
relentless reminder of the unpredictability of fertility and the indeter-
minacy of the body. In a German research project on gendered knowl-
edge practices regarding reproductive technologies, which is based on
ethnographic interviews with women (2004–2006), Michi Knecht and
Sabine Hess observe similar hybrid strategies of meaning-making as the
ones analyzed here and interpret them as a form of "reflexive medicaliza-
tion" (186). The interviewed women are described as informed patient-
consumers who selectively and critically gather knowledge from diverse
resources and who produce hybrid rationalization patterns, in which
'natural' and assisted reproduction strategies blend (186–188). When
mainstream medicine fails to provide satisfying solutions or answers,

Knecht and Hess find that the women resort to everyday wisdom and refer to heterogeneous moral positions, even if these hybrid strategies are inconsistent with one another (183, 186). Greil interprets these contradictory strategies as creative techniques of "working the system" and thus as subtle ways of making the model of mainstream medicine "better meet [the women's] own goals" (103).

I referred to the *Quantified Self*-movement to contextualize the rationalization strategies used by the self-help authors, suggesting that the ideal of the quantified self might be a broader American trend of meaning-making and self-fashioning. One might object that the *Quantified Self*-movement is too recent to have had an actual influence on the self-help books I discuss in this paper. And indeed, most of the books were published long before the movement became public. The *Quantified Self*-network, however, is not the first popular undertaking that focuses on recording minute details about a person's life. In his blog, Kevin Kelly describes several experiments with "lifelogs" since the mid-1980s, among them projects by Ted Nelson, Steve Mann and Gordon Bell (n. pag.). Moreover, self-quantification has been practiced by athletes or the chronically ill (e.g. diabetes) for a long time. One might even argue that Benjamin Franklin and his autobiographical practice of meticulously tracking the routines of his day in order to become more efficient and optimize his time and energy is an early forerunner of self-quantification and self-tracking (Franklin 1996, originally published in 1793).

The four books discussed here reflect strategies that also appear in other self-help books on age-related infertility, e.g. Francis-Cheung (2001), Birrittieri (2006) and Meredith (2011). Nevertheless, the findings of my analysis here need to be read with caution: The authors I selected for this paper represent a particular viewpoint as they are white, heterosexual, middle-class, educated women with careers and a public voice. At this point, I can only speculate in how far these strategies also matter in self-help books written by men or by people who, for example, do not conform to heteronormativity (e.g. Toevs and Brill 2002, Pepper 2008). Research on queer temporalities suggests, for instance, a non-normative, nonlinear approach to questions of timing and aging, which might lead to different coping strategies compared to the ones suggested by the heterosexual authors in this article (e.g. Goltz 2010). Another avenue of research, which could challenge the findings of this analysis, would be an investigation into accounts written by women who did *not* manage to conceive, despite the various strategies suggested in the books discussed here (e.g. Falker 2004, Shapiro 2010). Dealing with the realization that one will never be able to have a biological child may not only result in other narrative forms (chaos narratives instead of restitution or quest

narratives as suggested by Frank 1995), it could also trigger different self-help strategies and lead to other types of advice (if at all).

The aim of this paper was to juxtapose self-help culture and illness life writing in order to understand contemporary ways of dealing with health issues. From the perspective of self-help culture, life writing on illness appears as a form of "cultural work," required by people who are confronted with new biomedical technologies and opportunities and who have to negotiate the individual and ethical consequences of using these technologies (Kaufman 2010). The self-help books discussed here highlight the authors' engagement with cultural discourses and norms, such as self-reliance, self-responsibility, agency, scientific strategies and quantification, which represent socially accepted ways of dealing with health issues. Self-help culture can serve as a critical lens that elucidates how illness narratives interweave socio-cultural norms and ideologies, providing an array of cultural practices through which patients negotiate conflicting expectations and roles.

WORKS CITED

Amir, Merav. "Bio-Temporality and Social Regulation: The Emergence of the Biological Clock." *Polygraph* 18 (2006): 47–72.

Becker, Gay and Robert D. Nachtigall. "Eager for Medicalisation: The Social Production of Infertility as a Disease." *Sociology of Health and Illness* 14.4. (1992): 457–471.

Birrittieri, Cara. *What Every Woman Should Know About Fertility and Her Biological Clock.* Franklin Lakes, N.J.: New Page Books, 2006.

Brody, Howard. "'My Story Is Broken; Can You Help Me Fix It?' Medical Ethics and the Joint Construction of Narrative." *Literature and Medicine* 13.1 (Spring 1994): 79–92.

Brouard, Josephine. "10 Most Famous Self-help Books of All Time." *Reader's Digest Australia.* The Reader's Digest Association, Inc, n.d. Web. 28 June 2014. <http://www.readersdigest.com.au/self-help-books>.

Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness.* New York: Oxford University Press, 2006.

Cook, Kay K. "Medical Identity: My DNA/Myself." *Getting a Life: Everyday Uses of Autobiography.* Eds. Sidonie Smith and Julia Watson. Minneapolis: University of Minnesota Press, 1996. 63–88.

Couser, G. Thomas. *Recovering Bodies: Illness, Disability, and Life Writing.* Madison: University of Wisconsin Press, 1997.

Damen, Sofie, Dimitri Mortelmans and Erik Van Hove. "Self-help Groups in Belgium: Their Place in the Care Network." *Sociology of Health and Illness* 22.3 (2000): 331–348.

Dolby, Sandra K. *Self-Help Books: Why Americans Keep Reading Them.* Urbana: University of Illinous Press, 2005.

Ehrenreich, Barbara. *Smile or Die: How Positive Thinking Fooled America and the World*. London: Granta, 2010.

Falker, Elizabeth Swire. *Infertility Survival Handbook: Everything You Never Thought You'd Need to Know*. New York: Riverhead, 2004.

Fisch, Harry. *The Male Biological Clock: The Startling News About Aging, Sexuality, and Fertility in Men*. New York: Free Press, 2005.

Francis-Cheung, Theresa. Help Yourself: Cope with Your Biological Clock. *How to Make the Right Decision About Motherhood*. London: Hodder and Stoughton, 2001.

Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago: U of Chicago P, 1995.

Frank, Arthur W. "Foreword: Stories By and About Us." *Narratives, Health, and Healing: Communication Theory, Research, and Practice*. Eds. Lynn M. Harter, Phyllis M. Japp and Christina S. Beck. New Jersey, London: Lawrence Erlbaum Associates, 2005. xi-xiv.

Franklin, Benjamin. *The Autobiography of Benjamin Franklin*. Mineola, New York: Dover Publications, 1996.

Goltz, Dustin Bradley. *Queer Temporalities in Gay Male Representation: Tragedy, Normativity, and Futurity*. New York: Routledge, 2010.

Greil, Arthur L. "Infertile Bodies: Medicalization, Metaphor, and Agency." *Infertility Around the Globe: New Thinking on Childlessness, Gender and Reproductive Technologies*. Eds. Marcia C. Inhorn and Frank Van Balen. Berkeley and Los Angeles: University of California Press, 2002. 101–118.

Gygax, Franziska. "On Being Ill (in Britain and the US): Illness Narratives of the Self." *The European Journal of Life Writing* 2 (2013): 1–17.

Harter, Lynn M., Erika L. Kirby, Autumn Edwards and Andrea McClanahan. "Time, Technology, and Meritocracy: The Disciplining of Women's Bodies in Narrative Constructions of Age-Related Infertility." *Narratives, Health, and Healing: Communication Theory, Research, and Practice*. Eds. Lynn M. Harter, Phyllis M. Japp and Christina S. Beck. New Jersey, London: Lawrence Erlbaum Associates, 2005. 83–105.

Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Pathography*. 2nd ed. West Lafayette, Ind.: Purdue University Press, 1999.

Heintz, Bettina. "Numerische Differenz. Überlegungen zu einer Soziologie des (quantitativen) Vergleichs. *Zeitschrift für Soziologie* 39.3 (June 2010): 162–181.

Hewlett, Sylvia Ann. *Creating a Life: What Every Woman Needs to Know About Having a Baby and a Career*. New York: Miramax Books, 2003.

Illouz, Eva. *Saving the Modern Soul: Therapy, Emotions, and the Culture of Self-Help*. Berkeley: U of California P, 2008.

Illouz, Eva. *Why Love Hurts*. Cambridge: Polity Press, 2012.

Indichova, Julia. *Inconceivable: A Woman's Triumph Over Despair and Statistics*. New York: Broadway Books, 2001.

Kaufman, Sharon R. "Time, Clinic Technologies, and the Making of Reflexive Longevity: The Cultural Work of Time Left in an Ageing Society." *Sociology of Health and Illness* 32.2 (2010): 225–237.

Kelleher, David. "Self-Help Groups and Their Relationship to Medicine." *Challenging Medicine*. Ed. Jonathan Gabe, David Kelleher and Gareth Williams. New York: Routledge, 1994. 104–117.

Kelly, Kevin. "Lifelogging, An Inevitability." *The Technicum*. 21 Feb 2007. Web. 13 Feb 2014. <http://kk.org/thetechnium/archives/2007/02/lifelogging_an.php>

Knecht, Michi and Sabine Hess. „Reflexive Medikalisierung im Feld moderner Reproduktionstechnologien: Zum aktiven Einsatz von Wissensresourcen in gendertheoretischer Perspektive." *Wissen und Geschlecht: Beiträge der 11. Arbeitstagung der Kommission für Frauen- und Geschlechterforschung der Deutschen Gesellschaft für Volkskunde, Wien, Februar 2007*. Eds. Nikola Langreiter, Elisabeth Timm, Michaela Haibl, Klara Löffler und Susanne Blumesberger. Wien: Verlag des Instituts für Europäische Ethnologie, 2008. 169–194.

Langellier, Kristin M. "Personal Narrative." *Encyclopedia of Life Writing*. Ed. Margaretta Jolly. London: Fitzroy Dearborn, 2001. 699–701.

Launer, John. *Narrative-based Primary Care: A Practical Guide*. Abingdon: Radcliffe Medical Press, 2002.

Lehmann-Haupt, Rachel. *In Her Own Sweet Time: Unexpected Adventures in Finding Love, Commitment, and Motherhood*. New York: Basic Books, 2009.

McAdams, Dan. P. "The Redemptive Self: Generativity and the Stories Americans Live By." *Research in Human Development* 3.2-3 (2006): 81–100.

McGee, Micki. *Self-Help, Inc.: Makeover Culture in American Life*. Oxford: Oxford UP, 2005.

McKaughan, Molly. *The Biological Clock: Balancing Marriage, Motherhood, and Career*. New York, NY: Penguin Books, 1989.

Meredith, Ann. *The Baby Dilemma: How to Confidently Decide Whether or Not to Have a Child and Feel Good About It*. San Francisco: Bush Street Press, 2011.

Oxford English Dictionary (OED). Oxford University Press, 2012.

Pepper, Rachel. *The Ultimate Guide to Pregnancy for Lesbians: How to Stay Sane and Care for Yourself from Preconception Through Birth*. 2nd ed. San Francisco: Cleis, 2005.

Shapiro, Constance Hoenk. *When You're Not Expecting: An Infertility Survival Guide*. Mississauga, Ontario: Wiley, 2010.

Smith, Sidonie and Julia Watson. *Getting a Life: Everyday Uses of Autobiography*. Minneapolis: University of Minnesota Press, 1996.

Smith, Sidonie. "Taking it to a Limit One More Time: Autobiography and Autism." *Getting a Life: Everyday Uses of Autobiography*. Eds. Sidonie Smith and Julia Watson. Minneapolis: University of Minnesota Press, 1996. 226–248.

Smith, Brett and Andrew C. Sparkes. "Changing Bodies, Changing Narratives and the Consequences of Tellability: A Case Study of Becoming Disabled Through Sport." *Sociology of Health & Illness* 30.2 (2008): 217–236.

St. John, Warren. "The Talk of the Book World Still Can't Sell." *The New York Times*. 20 May 2002. Web. 19 Oct 2013.

Toevs, Kim and Stephanie Brill. *The Essential Guide to Lesbian Conception, Pregnancy, and Birth*. Los Angeles: Alyson Books, 2002.

Warhol, Robyn. R. and Helena Michie. "Twelve-Step Teleology: Narratives of Recovery/ Recovery as Narrative." *Getting a Life: Everyday Uses of Autobiography*. Eds. Sidonie Smith and Julia Watson. Minneapolis: University of Minnesota Press, 1996. 327–349.

Williams, Gareth H. "Hope for the Humblest? The Role of Self-Help in Chronic Illness: The Case of Ankylosing Spondylitis." *Sociology of Health and Illness* 11.2 (1989): 135–159.

Wolf, Gary. „The Data-Driven Life." *The New York Times Magazine*. May 2, 2010. 38–45.

Zola, Irving Kenneth. „Medicine as an Institution of Social Control." *Sociological Review* 20 (1972): 487–504.

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NOTES

1 A search for "biological clock" on the Academic Research Library (ProQuest) in U.S.-American magazines results in over 700 articles. The search excluded thematic keywords, such as circadian rhythm, sleeplessness and jetlag, which are unrelated to infertility.

2 IHR describes itself as „the trusted source of everything you ever need to know about infertility." Founded in 1995, the web portal works with fertility organizations, IVF clinics and donor agencies and promotes their services as „the number one provider" (<http://www.ihr.com/>, <http://www.ihr.com/ihr/main.html>, accessed on February 7, 2014).

3 For a list of ten, allegedly most famous self-help books, see Brouard.

4 Williams' analysis deals with the impact of self-help in health care in Britain. With his references to the cultural background of self-help, he alludes to both English and American ideals (1989, p. 136–137).

5 Self-help culture and its significance for academic research is not, however, only relevant for American cultural studies. As Illouz states, self-help has become a global phenomenon and has been readily adopted as a "global therapeutic habitus" (2008, p. 190, 217).

6 Irving Kenneth Zola (1972) has called this development "medicalization." For a critical discussion of Zola's concept, see Knecht and Hess (2008).

7 Of course, storytelling has its limits, as there are illnesses or impairments that are neither curable (and thus controllable) nor narratable (and thus therapeutic in their effect) (e.g. Frank 1995, Smith and Sparkes 2008).

8 Lehmann-Haupt describes the „media circus" that Hewlett's book caused (p. 6). According to Lehmann-Haupt, Hewlett warned women against the mistakes of the baby boomer generation, who had ignored the signs of their bodies and had believed in the myth that they could have children whenever they wanted (p. 6). Feminists perceived Hewlett's statements as a „backlash against the achievements of feminism" (p. 6).

9 On the homepage *Fertile Heart*™ *Ovum Practice*, an „original mind body fertility program," founded by Indichova, a list of public media appearances is provided: http://www.fertileheart.com/about-fertile-heart/julia-on-oprah-good-morning-america/

10 The four authors emphasize different issues in their self-help/advice books: Indichova focuses on alternative treatment options, consulting Native American and Chinese healers as well as practicing Yoga and changing her diet; Hewlett is interested in the social and political contexts and advocates for political activism; McKaughan combines a sociological approach with intensive research into biomedicine; Lehmann-Haupt combines her autobiographical quest with journalistic approaches when she interviews women and researches egg freezing or in-vitro fertilization.

11 Hewlett uses almost exactly the same terminology of war and battle for the title of her first chapter: „Stories from the Front Lines" (p. 31).

12 In a similar way, Hewlett offers a list of five topics or issues her readers should consider in order to „enhance their chances of creating the lives they want" (p. 299).

13 Frank makes a similar observation when he argues that illness narratives are not only about the body but are told of and through the body (1995, p. 2, 140).

14 The redemption narrative, according to Dan P. McAdams (2006), is a typical theme in the life stories of U.S.Americans. Often linked with the topic of generativity, redemption narratives frame an earlier pain or suffering in such a way that it becomes a second chance in life. The individual changes his or her life and, out of gratitude, starts to help others or dedicates his or her life to a particular cause.