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Titel | Title

The Algorithm of Conception

Ethnographic observations in the trying to conceive community on TikTok.

verfasst von | submitted by

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Abstract

Der rasante Aufstieg der sozialen Medien beeinflusst nicht nur das alltägliche Leben, sondern auch die ethnographische, wie auch generelle, Forschung. Durch die Zeit der Covid-19 Pandemie erfreute sich vor allem die App TikTok an immensem Erfolg und auch fünf Jahre später zeigt sie sich als äußerst erfolgreich.

Ein Unterschied zu vergleichbaren Plattformen ist der intelligente Algorithmus, der es innerhalb von kürzester Zeit schafft, User*innen sämtliche, fast maßgeschneiderte, Inhalte anzuzeigen. Dadurch kann man erkennen, dass sich innerhalb der App Gemeinschaften bilden, was ermöglicht, dass sich Gleichgesinnte finden und austauschen können. So entstand auch die sogenannte *trying to conceive community*, zu Deutsch, „versuchen zu empfangen", begonnen mit den Hashtags #ttc und #tryingtoconceive. In dieser Gemeinschaft teilen Content Creator*innen, vor allem Frauen (manchmal mit Partner*innen) ihre Schwierigkeiten schwanger zu werden. Das heißt, der weibliche Zyklus wird genauestens dokumentiert, in Form von Ovulationstests, danach auch Schwangerschaftstests, die vor der Kamera gemacht werden, aber auch sämtliche Symptome und medizinische Untersuchungen und Informationen werden tagtäglich geteilt. Nach dem Hochladen tauschen sich die Creator*innen untereinander aus, kommentieren Symptome, interpretieren Tests, geben aber auch (ungewollte) Ratschläge und sorgen sich umeinander.

Beginnend wird ein theoretischer Hintergrund gegeben, um eine Basis zu schaffen, die auch die medizinischen Aspekte der idiopathischen Unfruchtbarkeit behandelt, denn die meisten Personen beziehen sich auf *in-vitro* Befruchtung, da es bereits zu lange nicht auf natürlichem Weg funktioniert. Außerdem wird auch Unfruchtbarkeit im Allgemeinen besprochen, da es von extremer Wichtigkeit für weit mehr Individuen mit aktivem Kinderwunsch ist als gedacht. Reproduktion ist auch eine Biomacht, weshalb Foucault's (1993) Biopolitik ebenso thematisiert wird.

Durch gezielte Feldforschung in dieser Gemeinschaft, das heißt das Anschauen und Dokumentieren der Videos, wie auch Lesen und Analysieren der Kommentare, zusätzlich zu Expert*inneninterviews und Gesprächen mit Creator*innen selbst, versucht diese Arbeit einen Einblick in diese Nische des Internets zu geben. Verwendet wurden dabei die Methoden der digitalen Anthropologie, wie auch die *app walkthrough method* (Light et al.

2018) und die Diskursanalyse. Forschen auf TikTok befindet sich noch in den Startlöchern, weshalb die Methoden inspiriert von Forscher*innen, die ältere Methoden (experimentell) angepasst haben, um sie im Digitalen anwenden zu können, sind.

Dadurch konnten ethnographische Beobachtungen herausgearbeitet werden, die im Kontext dieser Arbeit in bereits bestehende Literatur und vor allem in die der feministischen Literatur eingebettet werden. Die dabei wichtigsten Beobachtungen zeigen sich als vermittelte, vorübergehende Intimität; den Anspruch an Frauen, fruchtbar zu sein; digitale Unterstützung und Fürsorge; ungefragte Ratschläge, wie auch Religion als ein Mittel zum Umgang mit schwierigen Lebenssituationen.

Eingebettet werden die Ergebnisse, wie bereits kurz angesprochen, in der feministischen Anthropologie, da das Patriarchat eine sehr große Rolle in Narrativen der Reproduktion spielt, was ein entscheidendes Merkmal in verschiedensten Kulturen ist. Außerdem werden moralische Frames, aber auch soziale Narrative *produziert*, die in den patriarchalen Strukturen verortet werden können. Deshalb wird thematisiert, wie die (Un)Fruchtbarkeit ein Feld der feministischen Literatur wurde, aber auch, wie *in-vitro* einen Umschwung, wie auch Unstimmigkeiten, mit sich brachte. Außerdem werden Ausblicke in die Zukunft und allgegenwärtige feministische Artikulationen zum Thema (Un)Fruchtbarkeit gegeben.

Zusammenfassend wird in dieser Masterarbeit versucht, das bereits seit Jahrzehnten akademisch beforschte Thema der Reproduktion, wie auch das der Unfruchtbarkeit, in einen digitalen Kontext zu bringen. Dadurch wird versucht aufzuzeigen, dass Plattformen wie TikTok, die eher als alltägliche Ablenkungen gesehen werden, großes Potenzial für vor allem ethnographische Forschung bieten und auch nachhaltig das Gemeinschaftsgefühl wie auch Zugehörigkeit prägen und stärken.

1. Introduction

Despite infertility having been a topic for anthropologists for centuries, it has played an immense role in couples' lives, affecting women disproportionately. For example, Marcia Inhorn (2002) has extensively researched infertility issues in patriarchal societies for a long time. Given cultural contexts, she is not solely focusing on the females' perspective but focusing on issues like insecurities evoked in men as well as accompanied societal consequences. Further, Sarah Franklin (2013) is an anthropological pioneer in researching new reproductive technologies creating new forms as well as questions regarding kinship and the understanding of biological relatives. With the rise of social media new space for discussion on this topic has opened. Given the subject of this master thesis, the mobile application TikTok is the main platform researched. While some might argue that it is just a platform for entertainment, scholars like Schellewald (2021) and others have described it as *digital crack cocaine* (Schellewald 2021), given its addictive nature. However, user generated content (UGC), can be seen as complex cultural artifacts instead of random short video clips (Schellewald 2021).

A key factor that has played into the app's rapid rise in popularity has been the COVID-19 pandemic, where a significant broadening of the user base was recognized and going so far as being the most downloaded app in 2020 as well as 2021 (Forbes 2021). Trevor Boffone (2019), lecturer at Houston University who is closely researching popular culture phenomena argues that TikTok does not only represent a form of entertainment, but it has also been a form of social connection during the difficult times of the pandemic. A plethora of users can, therefore, connect via shared interest and the quickly adjusting algorithm. However, the ability to connect socially remains further, even five years after the initial outbreak of COVID-19. Namely since there is a myriad of opportunities to form connections, as will be explained in the following by speaking on the *trying to conceive community*, on TikTok (Boffone 2019).

Social connection, community building, advice seeking, sharing experiences, and caring for others are clearly visible in the *trying to conceive (TTC) community* on TikTok. After researching this community, I would argue that the usage of TikTok and the intertwining of the digital and the analog make it our culture since nowadays social media is a meaning-making practice. Boffone (2019) goes as far as to state that browsing through digital spaces

with its particular practices forces a reimagination of our identity in addition to sociocultural practices (Boffone 2019).

Idiopathic infertility – infertility without an undetectable explanation – and the associated struggles is a primary subject of the TTC community, Mostly female content creators, sometimes with their partners, are sharing their stories of struggling with idiopathic infertility and trying for a baby for years to an endless audience on TikTok. Therefore, every step of the journey is meticulously documented and uploaded to the platform. Hence, medical information about the creator is provided, and even the hardest parts of infertility, namely miscarriages, losing hope, fear of not being able to sustain a pregnancy, as well as coming to terms with never having a baby, are recorded and later uploaded. Most couples are doing *in vitro fertilization* (IVF) due to not being able to conceive naturally, and every test, syringe, or medication involved is shared with the audience.

Having analyzed almost 150 videos, I would argue that the most technically, namely through likes and engagement, as well as economically, well-performing videos are the ones about cycle tracking. More specifically, every day of the female cycle is tracked and discussed in these videos. Most content creators, who are still trying to conceive naturally (and without the use of IVF), start testing the *luteneizing hormone* (LH) a few days before their ovulation with LH-strips and continue to test for pregnancy and *human chorionic gonadotrophin,* (HCG), as early as 5 days past ovulation – known also in the community as *5dpo*. In contrast, women doing IVF trigger ovulation with medication and after the procedure of implanting the embryo start to test for uccessful implantation for example 5 days past 5-day (frozen) embryo transfer (5dp5fet), which equals to 10 days past ovulation since embryos are kept and grown in the laboratory for 5 days. Hence, the embryo would have been 10 days in natural conception. The audience, mostly other users trying for a baby, are waiting for the results with anticipation, rooting for the couples, and highlighting that they are sure that this will be the cycle. Additionally, numerous questions are asked, advice is wished for, and (unsolicited) advice is provided by each and every user. While most comments and questions are purely heartfelt and well-intentioned, they can still trigger feelings of unworthiness, guilt, or pressure, as well as the *need to perform* in many content creators. Therefore, some users take breaks and share that their pregnancy journey delayed due to utter psychological stress, and others find self-help in dealing with their frustration and grief by sharing continuously. This is especially interesting for researchers to observe, since the reactions are extraordinarily different every time.

After having done the immersive fieldwork in the *trying to conceive community*, I settled on heterosexual couples due to the sole fact that those were the videos shown to me when browsing the selected hashtags to which I will get in the (see Methodological chapter). The thesis is designed to be a part of feminist anthropology. As Inhorn (1996) explains in her ethnographic work, the patriarchal society we live in expects a woman to be fertile and to bear children. Therefore, the pressure mostly falls on the female to "get pregnant," and the male counterpart is often overlooked. Even in medicine, women are far more often treated as the faulty part, whereas a man's sperm is sometimes not even tested (Inhorn 1996).

Scholars like Inhorn (1996) even argue that fertility is the most significant power a woman has over a man in a patriarchal society. Therefore, the woman acts as the main source of supremacy for men by bearing their descendants, and, as wives and mothers they are granted a certain status. However, fertility is uncontrollable. Not only does infertility pose an unusual social threat to women, but it also poses a severe threat to men as well, given that their virility is questioned and they might not be able to sustain a lineage. Despite that, the social threats an infertile woman experiences are far greater, which leads to anthropologists being able to use it as a gateway into topics like family life, kinship, sexuality and gender relations, as well as politics (Inhorn 1996).

Furthermore, Foucault's (1993) notion of *Biopolitics* is also a big part of reproductive health, reproduction in general, and womanhood. Since the 20th century post-war period, reproduction was not only commercialized but also technologized, which was mostly marked by the emergence of it in the 1970s, which further permitted greater technological penetration into human reproduction (Foucault 1993 in Mills et al. 2017). However, eugenic thinking is still somehow caried out due to social pressure, technological options, and even the market – choosing the genetically best or healthiest embryo would be an example. Therefore, the pressure to make the right (personal) reproductive choice can be seen as a powerful biopolitical force (Mills et al. 2017). To be able to conduct research in the community, the following research questions have been prepared:

- How are social expectations and moral frameworks around infertility and womanhood constructed/produced in TikTok videos and their comment threads of content creators in the *trying to conceive community?*
- How do TikTok specific practices (algorithm, commenting, and stitching) shape meanings as well as narratives on infertility, womanhood, and motherhood?
- How is morality surrounding infertility enacted, reinforced, or challenged through TikTok's specific interactive spaces (e.g. comment section)? Can moral judgment within those spaces be detected?

- How do users engage in forming connection, solidarity, and/or support through the platforms' specific interaction features?

Thus, my master thesis is designed to highlight the aspect of contemporary importance of social media in connection with subjects that are relevant throughout history. Therefore, infertility, patriarchy, (bio)politics, as well as its interference and intertwining with TikTok will be discussed and shown. Since social media is a part of our lives and will probably further evolve with the introduction of artificial intelligence, it seems important to highlight the possibilities that researchers have working *with* it.

Chapter 2 provides the reader with the theoretical and contextual framework, with TikTok as a field-site potential, discussing infertility and *in-vitro-fertilization*. Additionally, feminist anthropology and its notions on (in)fertility and the importance of introducing new reproductive technologies are explained. Thus, certain historical changes are discussed as well as the (future) evolution of feminist concerns in terms of reproduction. Lastly, biopolitics and its relevance for the topic are brought to the forefront. The methods employed for this research are described in the methodological chapter, specifically digital ethnography and the *app walkthrough method* (Light et al. 2018). Lastly, empirical data collection, analysis, ethical considerations, and the analysis' limitations are presented.

A notably large topic of discussion is about ethnographic observations in TikTok's interactive spaces in the *trying to conceive community*. This is demonstrated by the comment section, which is an integral part of connection and engagement where certain narratives are (re)produced and challenged. The main narratives are discussed as content and will furthermore be brought into connection with the digital components. After presenting the analyzed videos and comments, mediated and ephemeral intimacy is discussed before moving fertility as a pre-requisite for women's bodies. Next, online social support, a form of online care, is highlighted, as well as unsolicited advice discussed. The chapter closes with a rather unanticipated observation, namely, the importance of religion in the *trying to conceive community* on TikTok.

2. Theoretical and contextual framework

Given the platform TikTok and the ethnographic work done, the digital component and dimension is theorized when a video posted on the platform is analyzed and explained through theories ascribed to characteristics of the digital**.** Continuing, the theorized and contextualized framework moves to the topic of infertility and what is known about it. Thus,

certain infertility treatments, especially *in vitro fertilization,* will be explained in detail given the number of people in the *trying to conceive community* doing said treatments. Additionally, feminist theory, concepts, and frameworks are presented that are important to understand the ethnographic observations corresponding to how they were intended to by perceived myself. Lastly, biopolitics is touched upon as reproduction is an immense biopower and, thus, fertility is an extremely integral topic in this realm.

As is explained in more detail in the chapter on methodology, a specific user account has been set up to do the fieldwork in the *trying to conceive community*. The starting point of each new TikTok account is fairly the same: users land on the *for you page* where random videos are shown. Referring to digital ethnographer Andreas Schellewald (2021), this page is the basis for the app's design given that it is the algorithmic content feed. Hence, with the first video presented, the algorithm starts to document and filter which videos resonate the most with the user watching. Thus, observation and reinforcement of past viewing are important for training the algorithm. Input like what is watched fully, what is scrolled past, what is liked, commented or shared, what is searched for on purpose and which accounts are interacted with is data used to build a personal algorithm (Schellewald 2021). Social Anthropologist Lesley Braun (2024) compares the algorithm to previous structuralists in anthropology given its seeking of identification, categorization, sorting, as well as archiving content and cultural productions/artifacts. She goes even further by comparing it to a museum's taxonomy machine sorting by predetermined taxonomies. Hence, researchers are required to resist accepting the categorizations given that they are normalized by the algorithm (Braun 2024).

For my fieldwork, the specific hashtags #tryingtoconceive, #ivf, and #ivfcommunity were searched, which led to the algorithm showing videos with said hashtags on my for you page as well. Given that profiles were clicked on as well as time passed on profiles and messages sent to the creators, the algorithm has picked up on my own usage of TikTok. Thus, the research itself has defined my access to the field in a way that leads to mostly Western and heterosexual couples being presented (which will further be discussed in *ethical considerations*). Furthermore, the algorithm learned quickly, meaning that the first interactions on this new account predefined further research. A question of significant importance is whether TikTok uses data collected outside of the app itself. Referencing TikTok's data protection notice (2025), it differentiates between technical data and voluntarily provided data. The former includes Wi-Fi information, provider, location,

phone contacts, device information, mainly model, time zone, as well as language. The latter is defined by account information (date of birth, name, or e-mail address), uploaded videos, images, music, messages sent, or various data provided through in-app shopping (TikTok 2025).

Given the technicalities of the platform TikTok as well as the algorithmic data saves of my personal location as well as device, I am not only met with my personal bias, but in addition a platform bias. The rise of digital ethnographic fieldwork poses an in depth engagement with how the algorithm influences and potentially changes the data. An exceptionally important issue around algorithmic qualitative research is how to navigate the potential reinforcement of human bias in introducing unacknowledged perspectives into the data. Hence, the human and the algorithmic bias form a double bind that I am aware and have tried to be as reflexive as possible throughout the research (Günther et al. 2023). Since the introduction of newer technologies, we have always face methodological challenges, as Günther et al. (2023) explains:

> *Qualitative researchers are increasingly employing machine-learning algorithms as an integral part of their methodology. Although the nature of the technologies employed in research has continuously evolved since Father Busa's collaboration with IBM in 1949, the vignette is still noteworthy today and is probably the first example of a qualitative researcher engaging deeply and reflexively with the inherent tension between the materiality of data (words and symbols in his case as well as ours) manipulated by the computer, and the possible meanings of the data that emerge as interpreted by the researcher when the data are radically transformed, reordered, disassembled and reassembled (Günther et al. 2023:224).*

Thus, my personal access and position was determined by a combination of predetermined data collection by the platform itself, the hashtags typed in the search bar, as well as my interaction with the videos themselves. However, it had been tried to be critical toward the proposed videos on the top – the most popular one – by filtering (e.g. upload date), to be shown the last uploaded first. Nevertheless, it has been exceptionally difficult to find videos that are neither in English nor German as well as uploaded outside Europe or the US. Therefore, an assumption is that my phone's technical data as well as usage on my personal account (which is evidently on the same phone) have been interfering with the algorithm.

2.1. TikTok as a field-site – potential and difficulties

Given the rapid rise of TikTok, the discussion on the platform being used as a field-site is growing exponentially. Anthropologists like Cerretani (2023) suggest that TikTok, among a variety of other social media platforms, is creating and recreating power hierarchies of

global capitalism and additional forms of oppression. However, considering TikTok provides the ability to transcend nation-state boundaries, enforcing the collapse of temporal realms, as well as strengthening the peripheralization of the local into the global, it has infinite potential for teaching and researching crucial subjects of interest in anthropology, such as belonging and self-making. Nevertheless, TikTok is embedded in a corporation that fuels problematic neoliberal demand. Consequently users, through circuits of capital, are fashioning themselves as businesses, which furthermore fuels the algorithm toward an optimal profit for the company. Thus, algorithms are tuned for maximal engagement, which can lead to misinformation as well as a lack in protection of users from bullying or potentially self-harm through the content they consume (Cerretani 2023).

Cerretani (2023) explains how he is handling social media via ethnography on TikTok, thus making it his field-site. He reinforces how TikTok is not only about neoliberal demands and gain but additionally about meaning-making. He compares it to looking for the *lines of flight*, inspired by Deleuze and Guattari (1987). In more detail, Cerretani looks for ways in which users make sense of themselves and the platform in ways that resist the capitalist and neoliberal cultural influence. Whilst making sense of themselves on the platform, the line of flight emerges and can (in a complex way) connect users in different spatio-temporalities that furthermore purposely crack the strata of contemporary capitalist society. However, it does not eliminate neoliberal influences but might support physical and mental ailments influenced by capitalism (Cerretani 2023).

Compared to looking for the *lines of flight* of *the researched*, the technicalities of TikTok, mainly the algorithm, make it extraordinarily important to look into how *the researcher* is situated in the researched online culture. Therefore, after anthropologists like Abidin (2023), it is suggested to go by the ethics-as-process (Whiteman 2012) and therefore work with a constantly moving positionality as well as moving ethics. The reason behind the constant movement is the interaction with data, a weaving of methods as well as research topics, and the interaction with the researcher itself. Hence, the unique algorithm provided by TikTok forces the researcher to mediate the research process and furthermore the scope and purpose of the research. To summarize, TikTok is a platform where it is worth noting that the research environment or field-site, is the result of the researcher interacting with the researched. Hence, the same data (the same videos analyzed) can be situated entirely different in relation to the manner in which the researcher interacts with the research environment; thus, what research scope is focused on and what is its purpose (Abidin 2023).

Additionally, ephemerality plays a crucial role in TikTok, particularly for the researcher. However, unlike other platforms and features such as Snapchat or Instagram stories, TikTok videos loop by default and are not gone immediately after watching; they replay until the user scrolls further. Nevertheless, the videos are still fleeting, short-lived, and transient phenomena, albeit, in a different manner than previously known apps and features (Schellewald 2021).

Most of those fleeting, transient videos are part of certain trends or *memes* that have evolved on TikTok and are reproduced by a myriad of users. The evolution as well as reproduction of trends, as Schellewald (2021) claims, presents the unfolding of a broader cultural dynamic on a platform where each trend and meme can be defined as a cultural unit. Hence, they provide different user formats they can rely on as well as already established content—a set of cultural units (Schellewald 2021).

To introduce *trying to conceive* content on TikTok, an example representing a myriad of videos posted will be analyzed and contextualized in digital anthropology at the end. In the footnotes, certain expressions or acronyms are explained that are commonly used in *trying to conceive* content. Whilst doing fieldwork on TikTok, this vocabulary has been learned as well as the background information about it.

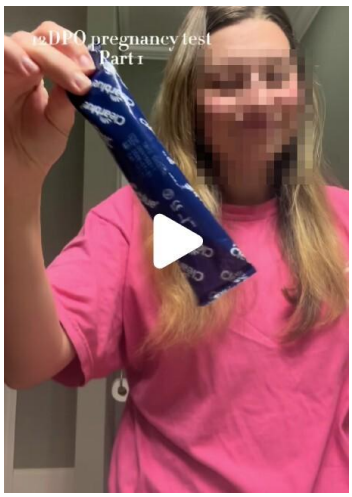

Table 1

The opening scene starts with a woman holding up a pregnancy test of a well-known brand, and her facial expression resembles one that is seen fairly often in *trying to conceive* content on TikTok. One that might best be described as a combination of *here we go again* with a hint of *you guessed it, it is time again*. She does not talk at first, she is solely showing the pregnancy test, and the text on the screen reads *12DPO*[1] *pregnancy test Part 1*. It is still dark in the background and given that pregnancy tests should be taken with first morning urine, it can be assumed that she has just woken up and has immediately taken the pregnancy test. Part 1 is already a hint toward the end of the video, and it is common that the result of the

[1] 12 DPO means 12 days past ovulation. The majority of users doing trying to conceive content are starting to test for pregnancy before a missed period. Thus, pregnancy tests are performed as early as 7 days past ovulation and are continuously performed until a pregnancy can be confirmed or a new cycle is starting. Each test/each day is then marked with ...DPO, sometimes even AM and PM to check how the line progresses.

pregnancy test will be shown in a separate video. First, suspense for the audience is built – looking at comments, users are impatiently waiting for the next part containing the result. Additionally, due to the algorithmic technicalities, separating the testing from the results boosts interaction with the video as well as the profile itself. Hence, part 1 is liked, commented, or saved to be able to find it again and check for results. In similar videos users' comment "trusting the algorithm to bring me back" to ensure that they have engaged with the content enough to it being automatically shown on their for you page (short FYP)[2] after it has been uploaded.

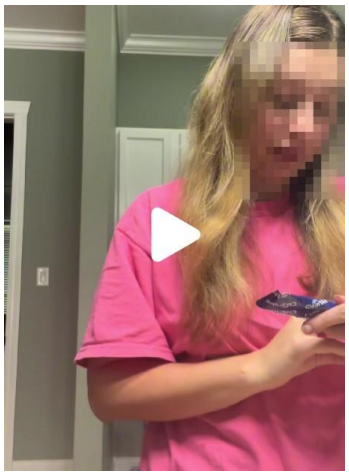

Table 2

After making sure the test is not yet expired, and as she is opening the test, she continues to tell the audience verbally that she is 12 days past ovulation. Further, the content creator mentions that her heart rate is elevated, her basal temperature is still high, and her breasts are sore today despite them hurting more the previous day. As she mentions her breasts hurting, she is, while still trying to open the pregnancy test, pushing her forearm against them. However, her words are *So maybe that means... I'm not sure... I don't know*. According to the *trying to conceive* content creators, a common phenomenon is *symptom spotting*. Given the high pressure that *this is the cycle I get pregnant*, similarly to the excessive testing, each symptom that can (even in the slightest) hint toward successful implantation is monitored and/or researched. Most women are aware that given the extreme situation of trying for a long time can lead to being overly aware of their bodies and therefore, sometimes mistakenly, spot symptoms that can occur without pregnancy as well– hence, *symptom spotting*.

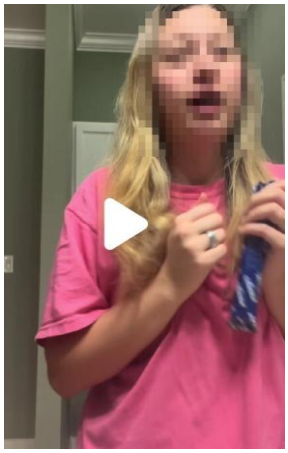

Table 3

[2] For you page (FYP) is the landing/starting page when the TikTok app is opened. Therefore, it can be compared to a page for exploration where the algorithm learns which content is watched entirely, what is skipped, and whom the user is interacting with.

Pulling out the pregnancy test, she is holding it toward the camera, nervously scratching her neck, and proceeds to explain that since it is 12DPO, she is taking "a digital[3]." Additionally, the content creator says that by now, a positive should be detected by a digital test given that the average cycle length is about 28 days. Nevertheless, she proceeds to say, "[...] I don't want to sit there and squint at lines, so." Hence, this phrase is linked toward another phenomenon of *trying to conceive* content that is referred to *as having line eyes*. Thus, creators testing for pregnancy are so focused on seeing a second line that they see shadows, indent lines, or squint their eyes until they *think* they can see a second line.

Table 4

Table 5

The cap gets pulled off the pregnancy test, and the creator leans toward the side, assumably dipping the test into urine. Next, she again holds up the pregnancy test, now showing that it is blinking, meaning that the results are now loading. Then, she is places the test in the packaging again – commonly done to ensure there is no peaking – and mentions that in the meantime, she will let her dogs out and get her morning cup of coffee.

However, already leaning toward the phone to stop the recording, she pulls her hands away and wraps her face in them, saying "I don't know why I get so nervous taking these tests when I have taken them every month for the last four years and they have been negative," meaning that she is struggling with infertility for four years at this point in time. With a sigh and her hands back on her phone, the recording stops.

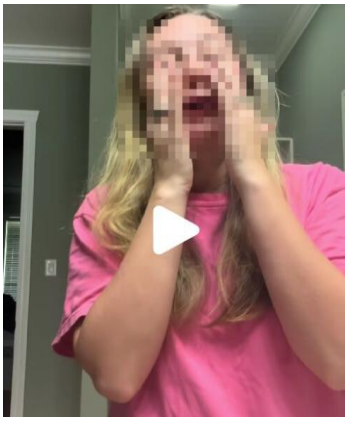

Table 6

[3] Meaning a pregnancy test with a digital screen saying "pregnant" or "not pregnant." In trying to conceive content, strip tests are more common. First, they are cheaper (commonly referred to as "cheapies," however, strip tests make it easier to closely look at the faintest of lines. Sometimes it leads to being mistaken for positive test; hence, they are collected and laid side by side each to check on the line progression.

Table 7

As the recording for part 2 starts, the content creator mentions how her heart is racing even though *she knows it is going to be negative*. She pulls the test back out and shows the results to the audience first. Next, she shuts her eyes and–as it is commonly done, flips the test toward her phone. However, inverted, it says, *not pregnant*, and sad instrumental music starts in the background. Looking at the test herself, her expression does not change much; she has a slight smile on her face and tells the audience that it is negative.

Next, she lets out a loud sigh while letting the test fall on the counter, buries her face in her hand, and starts crying.

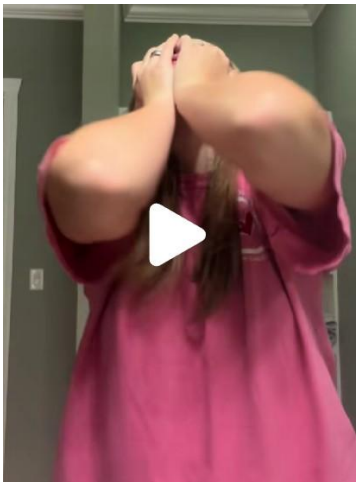

Table 8

As she is covering her face, a voiceover starts and she states that technically, she could have done only one video where the initial frustrating reaction to the negative test is shown and the video stops. However, she has chosen to let the audience see her cry and visibly struggle since she believes that it would have been unfair to the women watching her, who are currently in the same boat and struggling as well. Her voice is cracking as she mentions that she usually doesn't cry on the internet, but she wanted to be real and raw. It proceeds to show empathy toward every other woman going through the same, and she mentions again that she is not uploading the raw reaction because of sympathy or for entertainment but for supporting others struggling with infertility.

The splitting of a video into parts one and two is important to mention because it refers to communication styles that are unique to each platform. Scholars like Gibbs et al. (2015), working in the field of computing and information systems, describe it as a unique

combination of grammars, logics, and styles that are almost a constitution of each platform – coined under the term of *platform vernacular* (Gibbs et al. 2015). Therefore, certain genres of communication are repeatedly appropriated and practically performed. However, they are built into the soft ware and hardware of social media platforms, making them unique, and result in the prioritization of particular forms to participate socially. Nevertheless, they are not only predetermined technically but also mediated and shaped practices of communicative habits of users. Thus, platform vernaculars are fluid, shared conventions, migrating between platforms emerging from ongoing user-platform interactions (Gibbs et al. 2015).

Through ethnographic fieldwork on TikTok, Zulli & Zulli (2022) concluded that the content on TikTok can be read as a mimetic text. They state imitation and replication are driving forces in user-generated content on TikTok. On TikTok, as well as other social media platforms, the signing-up process, the for you page, features and icons, and exceedingly important user/video norms can be defined as an illustration of imitation and replication (Zulli & Zulli 2022). Applied to the example above, trying to conceive content itself has mimetic elements. One creator started to post about their infertility struggles by taking tests and documenting it online and prompting others to replicate and imitate this content. In addition, as there is no source where the first video was found, but has existed before the emergence of TikTok, the fluidity and interwovenness of social media platforms can be seen. However, splitting videos into Parts 1 and 2 is yet another mimetic process. Firstly, it was seen by previous creators that this practice performs well, builds suspense, and boosts engagement. However, it builds on the platform's vernacular (Gibbs et al. 2015), given that to see if part two is already uploaded, the user/the audience has to use TikTok's interface and technical dispositions to click on the content creator's profile and simultaneously training the algorithm.

By analyzing the video, it is clearly visible that nothing about the shots and comments is coincidental. The structure of the video can be seen as a rich entry point into ethnographic observations in *trying to conceive* content. Therefore, it serves as a revelation of how the platform shapes embodied experiences like the monthly trial for reproduction. Thus, the content creator learns how to perform, for example, vulnerability, as well as navigate algorithmic logics (as explained in the section above). Additionally, bodily sensations, such as temperature and other symptoms are used as socially meaningful units. Thus, as Zulli and Zulli (2022) suggest, bodily sensations are measured and through mimesis reproduced

by other creators. In simpler terms, content creators learn from each other – for example, which symptoms do I look out for (ref. symptom spotting) and include them in my content (Zulli & Zulli 2022).

Pink (2015) describes how videos (audiovisual material) can lead us to other senses as well. Thus, the audience is not solely watching the video, but we experience the video with our embodied selves, leading to a multisensory understanding given that human senses are interconnected (Pink 2015). Applying to the video analyzed, her talking about her potential symptoms will make the brain go to the sensations she is describing – for example, having sore boobs or an elevated heart rate. Moreover, being nervous, for example, leads many humans to scratch their necks; thus, nervousness is transcended even though it is not possible to capture nervousness as a sensation in audiovisual material[4].

As Pink (2015) discusses, several additional layers in ethnographic placemaking emerge when an ethnographic event is video recorded. Therefore, the woman taking the pregnancy test, the situation, and the environment she is in can be seen as the initial research event. MacDougall (2005) highlights that there is not only the image of her body but a plethora of additional images of her behind the camera as well as her personal relation/experience with the world. Hence, what the audience does not necessarily know is that her experience with infertility predetermines her experiences taking pregnancy tests. However, a second ethnographic place is created when the "event" is recorded. Thus, the audience is watching the situation, in Pink's (2015) words: *as a representation of the experienced environments from which they have emerged* (Pink 2015:117). Extraordinarily interesting in the analyzed video is that the content creator does not cut the scene where she is reaching toward her phone before continuing to talk. The split second in which she is reaching toward her phone can be interpreted as a brief instance where the second ethnographic place is visible to the audience.

Throughout the fieldwork process, I have watched a multitude of videos that resemble the one I analyzed here. However, observing myself, the emotions have ranged from pure joy, excitement and happiness to deep frustration, nervousness and sadness. In this example, in the beginning, I was met with feeling excited yet nervous, almost rooting for the content

[4] Initially describing and analyzing the video, it was not intended to link purposely toward multisensory understanding. Nevertheless, I described her scratching her neck as a sign of nervousness. Thus, it can serve as proof that I understood the material in a multisensory manner.

creator where it almost feels as if I was watching a staged TV show. Nevertheless, being fully aware of what I am watching as well as her describing her sensations and how much she wishes to be pregnant this time, the excitement shifts entirely towards nervousness. As the test is loading, I am waiting with anticipation, being tempted to fast forward to the results. Nevertheless, I contain myself, once again reminding me that this is real life, which is further reinsured where there is a glimpse of her phone in the mirror. To some extent, I think to myself that it will *for sure be positive*, almost as if I was her lucky charm, as well as imagining her sadness about dealing with infertility for many years. Since she is showing the test towards the camera first, there is a split second where I feel like I know the results already, and I do not want her to turn the test around and see it for yourself – trying to protect her from experiencing it yet again. Certainly, I am aware that it was filmed and edited before I could see the video, nevertheless, at that moment, the fact that she lived through it before I got to see it, has vanished. Given that she is devastated, defeated and insanely sad, I am met with deep sorrow and empathy and in all honesty, it almost feels like as if I am first-handedly going through the same experience.

2.2. Infertility

According to the *World Health Organization* (2024), one of six people of reproductive age has experienced infertility throughout their lives. Therefore, it has an acute impact on families, communities, as well as kinship. Given the complexity of women's reproductive system, it can be caused by the uterus, ovaries, endocrine system, difficulties with fallopian tubes, and other abnormalities that will be briefly discussed. By contrast, male infertility is commonly caused by low levels or complete absence of sperm, difficulties with ejaculation, and abnormal shape (morphology) or movement (motility) of the sperm. Additionally, medical professionals differentiate between primary and secondary infertility. The former describes infertility where conception has never been successful, and pregnancy has never been achieved. Opposingly, the latter describes infertility where the woman has successfully conceived and might have carried to full-term at least once before. Infertility is a disease of the reproductive system, male or female, and is diagnosed after at least 12 months of unprotected intercourse and failure to achieve pregnancy. In many cases it remains inexplicable and is marked by unexplained factors, whereas other factors are preventable as well as soluble (WHO 2024).

To connect infertility with the digital component, research on this topic is significantly lacking. However, a rise in individuals sharing existential issues in the digital can be

recognized, and undoubtably, academic interest has been sparked. Kristina Stenström (2022) is a pioneer in exploring questions around infertility along with digital media. Her approach is primarily a mixture of ethnographic and phenomenological methods. Therefore, she is researching involuntary childlessness and trying to conceive content throughout various media, mainly in blogs and on Instagram. What differentiates her qualitative research from previous studies is the definition of an existential link between the online world and involuntary childlessness. Previously, research mainly focused on the aspects of receiving information as well as having a support system. Thus, she is connecting,trying to conceive with the online in a manner to understand what it means to live in the digital age. Furthermore, in her research, she treats social media as existential media, meaning that existential feelings and processes are interwoven with digital technologies (Stenström 2022). Additionally, she refers to Lagerkvist's (2017 in Stenström 2022) notion of being *digitally thrown*. Thus, human beings are born into and *thrown* into a digital world that already exists with social media norms, surveillance, and connectivity. Those pre-existing norms and digital technologies tend to shape crucial and existential moments in a human's life, especially when vulnerable existential issues are shared (Lagerkvist 2017 in Stenström 2022). In summary, being born in the digital age, everything is connected to digital technologies, playing an existential role in human's lives.

Assisted reproductive technologies (ART) and interventions are mostly uncovered by medical insurance because reproductive health is rarely prioritized in national universal health packages. Nevertheless, it is important to be discussed as a myriad of different people might require infertility management or other care services associated with it. Groups requiring ART include same-sex and heterosexual couples, older couples, individuals without a sexual partner, people with certain health conditions, cancer survivors, HIV Sero-discordant couples, and many more. Nevertheless, infertility mostly affects unmarried, poor, uneducated, or unemployed people as well as other marginalized groups, mainly due to being exceptionally financially difficult to afford, simply unavailable, or afflicted by social and cultural stigma. In addition, gender inequalities are highly reinforced by infertility due to women (especially in relationships with men) having to deal with utter social stigma, depression, anxiety, low self-esteem, and in many cases physical and emotional violence. Therefore, a woman in a relationship or marriage with a man is often socially perceived as being infertile rather than deliberately without children due to social

narratives and societal beliefs as well as moral frameworks around motherhood (WHO 2024).

2.3. In-vitro-fertilization (IVF)

Over the course of the fieldwork in the *trying to conceive community*, it has become evident that most of the content creators who regularly post infertility content are currently undergoing in-vitro fertilization (IVF). Therefore, it is important to explain in detail.

Sarah Franklin (2013) describes how the introduction of IVF has become a major factor in understanding biology as technology. It has provided a globally working platform for emergent biotechnology as well as the health sector in general. She references Yoxen (1986), given that IVF provides the possibility as humans to understand the changes in our relation to nature in an embodiment through biotechnology. Not only because of the drastic expansion in scope and scale but also because of the reproductive model it lies upon, *in-vitro-fertilization* has become commonsensical as well as ubiquitous. Furthermore, IVF has become naturalized, giving couples hope to achieve family life, providing a new norm of family life. Additionally, it has become pioneering in how new technologies of "making human life" can embody an intimate and ordinary understanding of biology as technology. Thus, new reproductive technologies are a way of explaining how meanings and perceptions of the biological can be transformed. Biological substances, in fact, are the starting point of *in vitro fertilization;* however, they are also a culture medium as well as a tool-sign manifesting as a new technology of sex (Franklin 2013).

Peter Hollands (2022) in his book *The Fertility Promise* (2022) argues that female patients have the toughest position in fertility treatments compared to a male equivalent. Not only does it apply to *in-vitro-fertilization* but also natural conception – namely, the woman must carry and birth the baby, eventually breastfeed and is, most of the time, the main carer in the first months, resulting in career consequences. Psychological consequences are at least as important as physical ones and, in the worst case, result in severe postpartum depression. Additionally, Hollands (2022) reinforces that not only physical but also psychological distress is extremely intensified and magnified in the case of *in-vitro-fertilization*. Needless to say, males psychologically experience infertility as well; however, the distress is different since infertility is a couples' struggle and neither female nor male is technically at fault. Frequently witnessed, blame and shame are consequences reinforcing further stress

when struggling with infertility–which will be further discussed in a later chapter as well (Hollands 2022).

A myriad of possibilities and diseases can cause female infertility. Firstly, a common and simple cause is blocked fallopian tubes. Leslie Brown, mother of the first IVF-baby, has suffered from blocked tubes, which made her the perfect patient zero given that there were no other abnormalities either on her or on her partners' side. Endometriosis is another extremely common cause of infertility, in which blood and tissue are produced outside of the uterus, and during the menstrual cycle, instead of getting discharged, they stay inside the abdomen, resulting in the mass clinging to internal organs, like the ovaries, which can cause severe pain. The third most common disease potentially resulting in female infertility is *polycystic ovary syndrome* (PCOS). The patient produces an extreme number of tiny follicles in the ovary each cycle. However, the follicles do not contain eggs to be fertilized, which results in minimal to no physical space for a productive follicle with an egg to be developed. Most certainly, many more reasons and diseases can cause infertility; however, idiopathic infertility exists as well, meaning the cause is unknown (often called unexplained or anormal infertility as well), which does not necessarily mean that there is no cause. Thus, current *testing does not show anything anormal*; however, there is most likely still a cause. In the case of idiopathic infertility, the treatment plan should first be artificial insemination and then *in vitro fertilization* (Hollands 2022).

Certainly, as mentioned above, in the process of infertility treatments, male patients are equally as important as women; however, they often feel left out in the process of IVF due to solely providing semen and not undergoing the same number of treatments as a female patient. Other than psychologically supporting their partner, male patients only provide a semen sample via masturbation on the same day as the eggs of the female patient are collected and examined. "Good sperm" is, as Hollands (2022) calls it, defined by a rule of 60: 60% is morphologically normal, 60% has good motility, and there are about 60 million sperm per milliliter. Common causes of male infertility are testicular damage, namely from infection, surgery, cancer, inherited diseases, un-descended testicles, and injuries. In addition, reversed Vasectomy is another reason. Theoretically, it is possible to reconnect the sperm-carrying tubes in microsurgery; however, it has been of little success to regain fertility afterwards. Additionally, some men suffer from retrograde ejaculation where it is possible, due to problems with the tubes, to ejaculate the semen back into the bladder rather than normally (Hollands 2022).

To provide a basis for what individuals struggling with infertility, same-gender couples pursuing parenthood, and single prosperous parents have to undergo in IVF, the following will provide a detailed technological description of how IVF works with a breakdown of the three essential phases or technical components of in-vitro-fertilization (DeCherney 1986):

1. Induction of ovulation to obtain numerous oocytes
2. Fertilization of oocytes and laboratory development of embryos
3. Embryo transfer into the uterus

Ad 1, induction of ovulation is necessary to retrieve as many oocytes as possible. Several hormones are used to induce ovulation, since the more eggs that are retrieved, the higher the chance of fertilization and a successful transfer later on. The female patient must be given the hormones starting from day three of the cycle and injected until day eight. After that, LH, the luteinizing hormone, is determined to be able to pinpoint ovulation. Sometimes patients get a "trigger shot," which essentially is HCG, *human chorionic gonadotropin* (commonly referred to as "the pregnancy hormone").

Ad. 2, in the laboratory, the oocytes are counted and graded under a dissecting microscope. The cumulus mass is the base for grading the oocytes given that the more dispersed they are, the more mature they are and therefore easier to be penetrated by spermatozoa. Next, the spermatozoa are placed in a test tube or a dish in conjunction with the oocyte where fertilization can occur (DeCherney 1986). However, Obruca and Strohmer (2024), clinicians at *Kinderwunschzentrum an der Wien*, in their webinar explain how this is not possible if there are problems with motility or morphology of the sperm. In this case there is also the possibility of using a glass needle to inject one sperm directly into the oocyte. This infertility treatment is called *intracytoplasmic sperm injection (*ICSI). In this process, a small amount of cytoplasm (the liquid in the oocyte) is soaked up with the same needle holding the sperm, and with pressure, the mixture of sperm and cytoplasm is reinjected into the oocyte (Obruca & Strohmer 2024).

Ad 3: Preimplantation starts with the formation of a zygote, showing two polar bodies after correct fertilization. After that, the embryo develops with an onset of cleavage that furthermore leads to embryonic genome activation (on day three of development, with four- and eight-cell stages). Day four is when the embryo is compacted and a fluid-filled cavity is formed, marking the formation of a blastocyst. Thus, the blastocyst enlarges continuously until day five, when its expansion is fully completed. Development is an essential indicator for embryo viability, which is why it has developed into continuing the initial development further in the laboratory rather than transferring too early. By day 5, it can be determined which cells have actually gone into the blastocyst stage, which is essentially a self-selection of which embryo should be chosen for transfer. Next, they are transferred into the uterus. To facilitate the understanding of the various stages in the laboratory, with the help of artificial intelligence, an illustration has been created to visualize the process (see Table 9; OpenAI 2025).

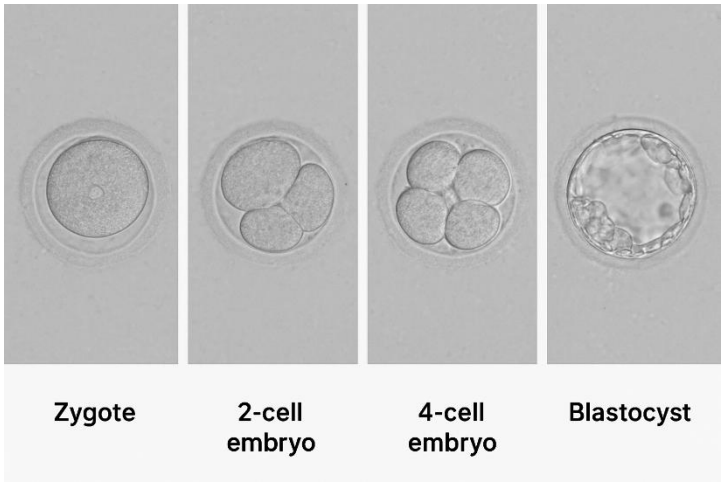

Table 9 Fertilization in vitro

Given that it takes around nine to fourteen days to detect pregnancy after a transfer, the infamous *two-week wait*[5] starts. Therefore, patients are faced with a recommendation to fully outwait those two weeks before testing for pregnancy (Elite-IVF 2024).

2.4. (In)fertility in feminist anthropology

Marcia Inhorn (2002), a pioneer in feminist research on fertility, mentions that infertility per se is a subject terribly neglected in academic literature. On the contrary, reproductive health *is* extensively discussed; however, it usually faces topics like high fertility, contraception, and contraceptive methods as well as successful childbirth – therefore, normative reproductive situations. Nevertheless, non-normative reproductive situations are happening in a plethora of ways and are not as rare as one might think. For example, the disruption of reproductive trajectories occurs through various sexually transmitted diseases,

[5] A term used in ttc content to describe the waiting time between the transfer and testing for pregnancy

AIDS, circumcised women, undiagnosed tubal pregnancies resulting in maternal deaths, and many more, as well as the aforementioned, idiopathic infertility (Balen & Inhorn 2002).

2.4.1. Beginnings

In Western societies (Balen & Inhorn 2002), infertility is mostly medically monopolized. This medicalization as well as monopolization has led to a severe increase in medical research on human reproduction; however, ironically, social sciences have had little interest in researching infertility. Additionally, the rise of technological interventions to treat infertility has made it an even more prominent topic in medical research. In addition, infertility remains a taboo topic in most Western societies, given that sexuality and intercourse were and still are uncomfortably discussed. Regarding talking about infertility, the notion of *failure* arises, which is particularly hard on men due to the connotation of impotency, which makes it painful to investigate and research. Given that the topic of motherhood has moved to the spotlight of research after the feminist revolutions in the 60s and 70s, the taboo also revolves around the changing roles of motherhood and parenthood as well as changing societal roles of women. However, childlessness can be voluntary as well as involuntary. A plethora of couples tend to decide on childlessness because they oppose the often fetishized component of motherhood in women's lives or other lifestyle choices, sometimes even as a feminist statement. Nevertheless, both situations and the decision are intimate and deeply personal. However, given the *voluntariness* of deciding to remain without children (in Western societies), it is rather difficult to gain an insight into *involuntariness*. Thus, the line is blurred, consequentially, infertility often remains invisible, and the importance is obscured, which has been a potential reason for social sciences being troubled in their research (Balen & Inhorn 2002).

A great rise in the 1980s has been that new reproductive technologies (NRT) were being critiqued due to their interference with nature. However, the critiques have been mostly philosophical, theoretical, ethical, and technological and are therefore not based on fieldwork and ethnographic studies. At that point in time, hardly any researchers, apart from Greil (1991), Sandelowski (1993), and Becker (1990), had committed to working ethnographically. Consequently, literature has remained Western, which is one reason why there is little to no reference on infertility outside the West. That is of particular concerning, since non-Western countries, especially the Global South, are often portrayed by policymakers who focus strongly on seeing women in the Global South as "highly fertile subjects." Essentially, this results in the understanding of the Global North denying access

to NRT's to the Global South by not acknowledging their infertility. Additionally, non-Western women often suffer under pronatalist social norms that are frequently (legally) mandating parenthood but without the possibility of access to treatments in case of infertility (Balen & Inhorn 2002).

July 25, 1978, marks one of the most important dates in the history of infertility treatments. In an English hospital, in Oldham, Lesley Brown gave birth to her first child, Louise Brown. She was delivered via C-section, and the surgery was anything but normal, given the presence of a film crew there to document the extraction of her uterus in order to demonstrate that Lesley Brown, in fact, had blocked fallopian tubes, making her unable to conceive a child naturally. Louise Brown was born as the first child conceived via *in vitro fertilization* and, therefore, new reproductive technology. Her doctor Patrick Steptoe, her husband, and she had been under utter medial surveillance throughout her entire pregnancy, with everyone awaiting Louise's birth (Marsh & Ronner 2019). In feminist literature, the first test-tube baby has evoked extreme interest in new reproductive technologies, ranging from positive towards total rejection. Therefore, liberal Western feminists have seen it as a new possibility toward reproductive health and freedom of choice, whereas more radical feminists concerned with technophobia, anti-eugenics, and anti-patriarchy have not resonated with technological advancements. Radical feminists like Kitzinger (1978), Martin (1987), and Bernard (1974) have seen new reproductive technologies as a mechanization and pathologization of pregnancy as well as childbirth in medical establishments suspected to be patriarchal as well as increasingly interventionist. Thus, their arguments supported natural childbirth and rejected masculinist technologization by and for women. However, the main concern was women being fully controlled and suspended from patriarchy. At that point in time, a main consensus among various feminist group was far out of reach. However, socialist feminists came closer to it by stating that there is no way around technological advancements and asserting on the positive impacts those advancements could have on women's lives. Radical feminists proposed a different option, namely, to make NRT's accessible for lesbian couples, enabling them to have children as well (other than adopting), deviating from compulsory heterosexuality. Therefore, a discourse about stratification and more overtly feminist discourses had been initiated concerning race, gender, age, country of origin, class, sexuality as well as (not) being able-bodied (Thompson 2002).

The complete rejection of new reproductive technologies by radical feminists is attributed to phase one, after Thomspon (2002). However, slowly, feminism transitioned to phase two, where it became increasingly popular to write about and research valorizing womanhood itself, which naturally included motherhood as well, and was explained through *maternalist* (Thompson 2002) metaphors. Despite the valorization of womanhood coming out of structuralist beliefs and understandings, there has been a paradoxical argument that new reproductive technologies, as well as infertility treatments in general, are giving back agency to infertile women. Therefore, it was argued that radical feminists essentially unauthenticated the maternal instinct, no matter if innate or socially constructed. This has been the breaking point into phase two, where feminist science and technology studies as well as feminist poststructuralism have experienced galvanization. By the late 1980s, the intertwining of experience, stratification, agency, and structure became increasingly clear, entirely transforming thoughts around infertility as well as NRT's. Additionally, a transformation occurred around the concept of kinship, thus, the dissociation of biological motherhood as well as egg donations, the polygyny of gestational surrogacy, etc., which made them appear to be exotic forms of kinship. Feminists like Strathern (1992) revitalized the studies of kin, which furthermore led to a more overt, sophisticated anthropology, leaving behind the linear cognatic model. Therefore, families formed by transnational adoption, gay parentage, the public and private formation of families, the removal of children from their biological parents to guarantee safety, as well as shared blood not necessarily equating to kinship were brought to the forefront of feminist literature. Phase 2 has thus been an initiator in feminist scholarship to closely investigate lived infertility and reproductive medicine (Thompson 2002).

2.4.2. Kinship

Strathern (1992) argues that kinship is the connection of two domains, namely, society and biology. Therefore, kin is a recognition of those related by blood as well as by marriage. Yet being in the prospect or the outcome of procreation and being understood as natural is enabling the connection between society and biology. However, it is important to note that it is a (Euro-American) cultural practice in terms of bringing the two domains together. An example would be that a woman in the early 90s was only allowed to get assisted reproductive help if a father was present. It might have been argued that the father is the financial unit in a family, however, this is a social expectation not embedded in relatedness or biology. Nevertheless, this argumentation has been another cultural practice because it

brings together two additional domains – reproduction and household/financial organization. Furthermore, blood ties, and therefore biology, are often seen as the center of mutual support in families, which furthermore implies that biological relations are significant to human affairs. However, this implication holds a double symbolic service. Firstly, it is taking for granted the distinctiveness of kin relations. Secondly, it entails that the natural facts of life can be seen as before everything else and therefore immutable in the human condition. New reproductive technologies seek to assist a natural process, and on the other hand, they have promoted the social definition of kinship. For certain, as Strathern (1992) claims, this creates new uncertainties, however, also showcases the importance of facilitating the legal certainty of *social parenthood* despite *biological parenthood* not always aligning. Additionally, due to the facilitation of human reproduction, it is increasingly harder to think independently of natural facts without facts of social intervention (Strathern 1992).

Franklin (2013) goes as far as to state that IVF is helping to reveal how technologies of kinship and gender correspond to the activation of reproductive substances and *not* the other way around. Therefore, it contradicts the natural agency of reproduction in kinship. Thus, if reproduction acted solely for itself and automatically, interventions like IVF would not be necessary after all. IVF, furthermore, is actively reshaping and redirecting reproduction given that it is possible to manipulate reproductive health and the direction in which reproduction is going. Certainly, after Franklin (2013), it is an intense intertwining of biology and technology that consequently makes it impossible to differentiate where one domain starts and the other ends, furthermore, extending the kinship model and its function to technologically evolve reproduction. Franklin (2013) referencing Strathern (1992) is an example of how, with IVF, an additional two domains clash – the biological and the technological – as an experience inhabiting multiple contradictory frames. Therefore, IVF is distinctive as well as ambivalent of both frames. This process can be coined in the term *demographic* (Strathern 1992), meaning a connection between different domains – connecting singularity and plurality (Franklin 2013):

> *Merographic thinking is not only metaphorical. The substitution of instrumental technology (IVF) for the process of biological reproduction (sex) in the name of producing future biological offspring (kin) is achieved through a translational merographic move, connecting what is imagined as substance (nature) to agency (culture). Merographic thinking, in other words, is part of the conceptual equipment necessary to make IVF both thinkable and doable, indeed to make it workable at all* (Franklin 2013:158).

Given that kinship systems as well as family structures are imagined arrangements that are not just an imitation but also a base for the deployment of a process of biological reproduction, IVF points to a different function – kinship technology. Thus, IVF is not only a known technology to produce kinship as a biological relation but, is substantializing the mechanics of how kinship, as a concept, is *thought*. Franklin (2013) concludes that IVF is more than a sole reproductive technology. Certainly, according to Franklin (2013) as well as Strathern (1992) and Butler (1990), it is much more complex. By serving a diverse set of purposes other than one single medical purpose, it can propose new frameworks for kinships as well as gender in terms of womanhood as well as motherhood societal norms.

2.4.3. Social egg freezing

More contemporary feminist literature, like De Proost et al. (2019), is moving away from questions of artificial reproductive technologies, in terms of IVF, as well as kinship studies to focus on reproductive autonomy, especially among women. For example, egg freezing for social or lifestyle reasons–mostly called *social egg freezing* (Obruca & Strohmer 2024) – instead of solely for medical reasons is becoming exponentially more popular in various countries. Therefore, a plethora of questions arise. Certainly, whether it is bioethical, if it serves as reproductive justice, and which structural conditions govern who has access to it. Additionally, the important outcome it might have – such as if it propagates heteronormative, racialized, as well as neoliberal gendered society (De Proost et al. 2019).

In an interview conducted with Prim Priv. Doz. Dr. Schenk (2024), he talkedd about how strongly egg quality diminishes the chances of getting pregnant. Not only does he find the ages of his patients interesting, but comments on economic implications and financial factors of undergoing IVF. He reports of his patients as being highly successful in their careers, suggesting there might be a notion of funds that are necessary to consider IVF which consequentially links to stratified reproduction (Colen 1986) (which will be discussed):

> *The whole thing is very dependent on the driver of youth, the egg cells. The younger the egg cells are, the faster you get pregnant. Because we have been working relatively long and intensively with human geneticists on hollow body diagnostics [...], we have discovered that not 20%, but 90% of eggs are genetically fit at age 30, 50% at age 40, and only 10% at age 50. [...] It's the truth, but it's not spoken about because it's unpopular [...]. We have not yet managed to convince the republic and political leaders that it is a good idea to make sure you have what you need in good time. And to freeze eggs early, yes, freeze them preventively, so that you are free in your actions, in your career path and in what you do. [...] So [our] patients,*

> *they have a bachelor's degree at 20, a master's at 24, a doctorate at 28, are group leaders at 31, department heads at 35, deputy department heads at 38, and finally become CEOs in the company at 41 [and then it's too late]* (Prim. Priv. Doz. Dr. Schenk, Interview 2024, translated from German to English).

In healthcare as well as in research, each and every one of us is facing minor as well as major ethical concerns on a day-to-day basis. Bioethics, which has been institutionalized in academia since the 1970s, has a double connotation. Firstly, it is a field of study focusing on legal, ethical, and social issues in biomedicine and biomedical research (Haileamlak 2023), with biomedicine being medicine on the basis of principles of natural sciences (mostly biology and biochemistry) (merriam-webster n.d.). Secondly, it can be noted as a professional practice encompassing medical ethics (research in healthcare), research ethics (conduct of research), environmental ethics (relationship between the environment and human activities), as well as public health ethics (ethical issues in public health). Over the past years, informed (patient) consent has been standard practice; however, this has not always been the case, as well as in combination with receiving medical treatments and therefore also reproductive medicine (Haileamlak 2023).

Egg freezing – *oocyte cryopreservation* – is a medical practice that began in the 1980s. Initially, it was designed for women exposed to mutagenic risks, for example toxic substances as well as radiation in cancer treatments. However, over the years, it has become a socially accepted procedure due to declining fertility related to age – mostly in the US, Middle East, Europe, Australia, and India (De Proost et al. 2023). Nevertheless, when not indicated by medical necessity such as treating cancer, it has to be paid privately and is mainly possible in fertility clinics with their own cryobank, making it not accessible to everyone, and is of concern in stratified reproduction (Colen 1986), which will be explained in a later chapter. A hormonal ovary stimulation is performed, the same as in IVF; the eggs are retrieved under sedation and then preserved by freezing (De Proost et al. 2023). Additionally, as it is in Austria (Obruca & Strohmer 2024), it is even prohibited to do it out of sole social reasons without medical indications (De Proost et al. 2023).

As it has been the case for IVF in the 20th century, there is a similar inadequacy in acceptance of social egg freezing between liberal and more radical feminists. As for liberal feminists, like Homburg et al. (2009), *cryopreservation* should be seen as a revolution for women's reproductive health as well as choosing their own timing due to the technology closing the gap between male and female fertility possibilities. Despite men being able to provide viable sperm for almost their entire lifetime, women's fertility rate declines rapidly

after the age of 37. There are an immense number of reasons for delaying childbirth, and this process ensures an opportunity to still conceive with a woman's *own* eggs. Women bearing children later in life has been a debated topic for many years, and it is possible with the use of donated eggs; however, the vast majority prefer to use their own genetic material (Homburg et al. 2009). Bioethicists like Goold & Savulescu (2009) are on the same side as liberal feminists since egg freezing and *social IVF* give women time to participate equally in a career-oriented life. Additionally, if a partner is wanted, there is more time to find one, which is in favor of the future child, as there is more time to become financially stable, the risks for genetic/chromosomal abnormalities are decreased, and a plethora of additional reasons are valid as to, according to bioethicists, it is favorable to accept *social egg freezing* (Goold & Savulescu 2009).

In contrast, more radical feminists, like Shkedi-Rafid & Hashilone-Dolev (2011), highlight the more critical aspects of *social egg freezing*. They argue that the delaying of childbirth is (in addition to other reasons) embedded in discussions about women in the labor market. Additionally, the concept of the biological clock is merely pressuring women to bear children and, if not, being criticized for their choice of sexual freedom and pleasure. In their fieldwork on egg freezing in Israel (Shkedi-Rafid & Hashilone-Dolev 2011), the autonomy of women in social IVF and egg freezing is questioned due to the social constraints for women when it comes to decision-making per se. Therefore, it is questionable whether they are acting truly autonomous since social consequences are rarely discussed and often dismissed in this bioethical debate. In their words: *[...] technological solutions to social problems may result in a greater degree of repression rather than liberation* (Shkedi-Rafid & Hashilone-Dolev 2011). Therefore, their main argument is that the cultural context is often dismissed by forgetting about the intertwining of culture and nature as well as its limits. Additionally, a proposed thought is to make it socially real for women to become successfully educated and successful in their careers while *simultaneously* being a loving and caring mother rather than further medicalizing reproduction and age-related fertility decline (Shkedi-Rafid & Hashilone-Dolev 2011).

Since writing about the prohibition of social egg freezing in Austria without having an illness that could harm the reproductive system, a change has been initiated. As of April 1, 2027, social egg freezing will be allowed, even without medical indications. Given that reproduction with the help of new reproductive technologies is a part of private life, it is

therefore a fundamental right after the convention of human rights. Hence, the law has been disproportionate and unconstitutional (Vfgh 2025).

2.4.4. Outlook

Feminist scholar and pioneer in new reproductive technology research, Marcia Inhorn (2020) gives an outlook on what is important for future research concerning NRT's. She argues that IVF after Louise Brown has changed the world for the better since ~eight million IVF-babies are born yearly, giving hope to couples and single parents undergoing infertility struggles. Additionally, it has been a breakthrough in the realization of homosexual couples to conceive a child via IVF or surrogacy using donor gametes as well as donor oocytes, breaking reproductive barriers. Bringing new ethical conundrums and hope, the *reproscientific* (reproduction-scientific (Inhorn 2020)) world of conceiving via technology requires anthropologists and social scientists with backgrounds in science and technology studies. Research in reproduction is only possible by entering laboratories, biobanks, and clinics to trace technological trajectories by observation (Inhorn 2020).

Sociologist Charis Thompson (2005) has conducted research in laboratories as well as biobanks. Hence, she has claimed the term *ontological choreography* (Thompson 2005) of assisted reproductive technology. It refers to coordinating various aspects of clinics, laboratories, or biobanks – scientific, technical, political, emotional, or kinship aspects – to provide an example. Thompson (2005) refers to ART as choreography given that clinics balance a myriad of aspects that typically refer to different ontological orders. Hence, there are aspects that are part of nature, others are part of society or the self. She argues that ART clinics, especially, are striking since, at any given time, processes deal with technical, personal, as well as political factors simultaneously and cannot be distinguished into merely one (Thompson 2005). Thus, she provides an example of ontological choreography:

> *This [the combination of a surgical instrument and a body to make a woman pregnant] applies to political properties and "identity" properties, as well. If, for example, a Latina woman wishes to become pregnant but has gone through premature menopause, she may choose an egg donor who is also Latina to help her get pregnant. Certain identity properties of being Latina move from the donor through the egg and into the recipient and also from the recipient to the egg to make the recipient appropriate (Thompson 2005:10).*

Secondly, Inhorn (2020) calls for a quest in researching the importance of men in reproduction given that this has been a neglected area of research after the birth of IVF. Thus, ICSI (insemination where weak and low sperm count is overcome and fertilization

of the oocyte forced) has been evolving shortly after the initial IVF success to bridge male infertility. However, the only known male solution for infertility is conceiving via gamete donation, which is, in a cultural context, rather difficult since it is socially as well as religiously rejected by a large number of men and women worldwide. Despite male infertility being responsible for about 50% of childlessness (Inhorn 2020), it is vastly hidden due to its social implications. Men without sperm in the ejaculate are highly stigmatized, perceived as impotent, which results in handling it secretively. Yet, the secrecy around male infertility results in women being blamed for their partners infertility. Currently, sperm count is decreasing, which is rarely researched; however, environmental contamination is a possible cause(Wahlberg 2018) increasing the importance for further research into male infertility and their role in child-conceiving (Inhorn 2020).

Daniels (2006) reiterates the importance of cultural norms around femininity and masculinity, providing society with a lens through which biological reproductive functions are understood. For example, sperm is seen as active, whereas the egg as passive; sperm is transitory whereas the egg is precious. Hence, Daniels (2006) argues how ideals of masculinity have interfered with the science of men's reproductive health as well as men's relationship to human reproduction. Thus, the assumption of superior strength of men has led science to profoundly neglect male reproductive health. Given that there are biological differences between women and men in reproduction, their meaning has gone far beyond being merely biological – it has taken on a myriad of social meanings (Daniels 2006). Thus, she calls for transformation:

> *We live in an age full of paradoxes and contradictions for men. While we expect men to be more sensitive to human needs, we champion the ideal of men as invincible soldiers. While we expect men to be the protectors of both nation and home, we subject them to toxic threats at work and war and fail to address their health needs when they suffer as a result. We expect men to be more involved in the care of children, while we belittle their biological contribution to human reproduction with arguments that testosterone makes men more aggressive and less sensitive to the needs of children (Daniels 2006:157).*

Additionally, Inhorn (2020) argues for more research in the realm of stratified reproduction (Colen 1986) because accessing NRT's is not an availability for anyone. Significant barriers are based on race, gender, sexuality, class, and several other forms of difference that need to be discussed. Especially in the US (Inhorn 2020), new reproductive technologies are an extraordinary financial burden, being about four times *above* the global average price, which makes them extremely inaccessible to many sufferers of infertility, especially low-

income and low-class populations. Nevertheless, these aspects all work intersectionally. While it is already difficult for an American lesbian woman to have access to new reproductive technology, it is even more difficult for two immigrant Arab lesbian women with low-income jobs. Therefore, it is important to highlight the cases in extensive detail and to have researchers take an even closer look at stratified reproduction (Inhorn 2020).

Today, people are also traveling to conceive a child, due to financial or legal reasons – *reprotravelling*, a term coined by Inhorn (2015) meaning traveling for the quest of reproduction. Therefore, Inhorn (2020) speaks on the importance of transnationally researching reproduction and NRT's. While it is being researched how American or European couples travel to the Global South to fulfill their desire to be parents, there is unusually little research on "closer-to-home" travels, like France to Belgium, despite it being more popular than further travels. Additionally, this research area is especially critical now due to new borders and barriers to reproductive travel (Inhorn 2020).

Nevertheless, Rudrappa (2015), in her ethnography on Indian surrogates, argues that contrary to the usual portrayal of exploitable, uneducated women who chose to become surrogates – they were women with a vision. According to her, surrogates attempt to have a secure income in a fragile working-class economy. Hence, surrogacy provides a way around the inability for economic mobility and surrogates use their bodies reproductive potential. Additionally, unlike it is portrayed by media, surrogates do not see themselves as victims of the economy and the market. Hence, Rudrappa (2015) states that becoming a surrogate is inherently a personal choice, meaning to make do with what one has. However, more research is needed to understand how reproductive decisions, like choosing to become a surrogate, require localization in economic and social realities that shape the surrogate's lives. Indian surrogates made their decision based on everyday atrocities – degradation at shops, surveillance, sterilization camps, and violence. Therefore, they aspire to a life of stability by engaging economically and selling their reproductive power (Rudrappa 2015).

Lastly, Inhorn (2020) strongly encourages the quest to look further into moral obligations and decisions when it comes to conceiving artificially due to extremely diverse national settings in which moral sensibilities and religious mandates dictate the journey to conceive with infertility struggles. Inhorn (2020) describes how Muslim countries have evolved highly in accepting and encouraging new reproductive technologies, whereas the Catholic church still rejects many forms of artificial conceptions. Therefore, in countries like Spain

or France, catholic couples are almost obligated to openly flaunt the Catholic church to proceed their journey with NRT's. Certainly, it is important to research as well as understand the intersecting worlds of religion and reproduction, which is also valid for perceived secular states in Europe or America (Inhorn 2020).

All the above provides a basis for the analysis of the field material on the *trying to conceive community* on TikTok. A hypothesis that has formed while working on the analysis of the field material as well as reviewing literature, is that creating content online on a personal journey to conceive a child might also have decision-making, sense-making, economic reasons as well as regaining reproductive choice and justice reasons. Therefore, as will be issued in the chapter on biopolitics, the economic factor of IVF is exceptional, and as it is an immense financial burden, TikTok provides additional income and help to finance the treatment. Additionally, women can openly speak about their struggles, moral obligations, and difficulties, making it easier to make sense and regain agency in a process where their natural ability to conceive is almost outsourced. Their autonomy is thus regained and secured, and reproductive justice might be further approached.

2.5. Biopolitics

While there have been debates about biopower and its influence on reproduction, until recently, there has been less of a conversation around biopolitics and reproduction. However, biopolitics play an extensive role in the management of life and, thus, reproduction since it is an integral and central part in the operation of biopolitics. Nevertheless, feminist scholars like Mills et al. (2017) encourage and promote research on biopolitics and reproduction (Mills 2017).

To provide a basis for further discussion, the theory of biopower as well as biopolitics (Foucault 1970) emerged at the beginning of the 1970s by Michel Foucault. Biopower, in Foucault's words, is a tool for sovereignty and has two main axes: disciplinary power operating on the individual body as well as biopolitics, concerning a new political subject of population – man-as-a-species. Sexuality is the tie that holds both concepts together, given that it portrays a privileged position between population and organism and thus also the body and general phenomena. Furthermore, it is argued that sexuality is the pivot of the two axes and led to the development of the entirety of the technology of life with a tie to intensifying and subjugating the forces of the individual body is an application to

population due to its consequences. Namely, sex is access to the life of the individual body as well as the life of the species (Foucault 1970; Mills 2017).

In the eighteenth and nineteenth centuries, reproduction was a central societal topic as well as a political and societal problem due to society transforming with increasing urbanism, emerging capital, imperial colonialism and declining aristocracy. Foucault (1970) argued that a power focused on sex was a great strategy to, in his words, the socialization of procreative behavior, calling it a *responsibilization* (Foucault 1970) of couples toward the social body (Foucault 1970; Mills 2017).

Additionally, it is important to briefly discuss the difference between biopower and biopolitics in contrast to *governmentality*, since they have emerged at almost the exact same time by Foucault (1979), as well as being similar in one way and utterly different in another. Certainly, both concepts have an individual set of political rationalities; however, both genealogies intersect. Nevertheless, the life of the population is the central object of biopolitics and biopower, where power mechanisms are used as interventions on the population aiming at optimization, maximization, as well as fostering life. Common interventions and regulations concern biological factors of the population, such as health, mortality, sickness, reproduction, and nutrition. However, biological factors are not the sole concern since Foucault (1976) also refers to more social and cultural norms of sexuality, family life, or childhood and how they can be seen through the lens of biopolitical mechanisms. Opposingly, historically, governmentality has not always focused on population. Therefore, Foucault (1976) argues that the population has not always been a scientific entity but a statistical and biological one. Another difference is that Foucault (1979) highlights that biopolitics, firstly, must be mastered through governmentality and therefore must be a prerequisite. In a much later definition, he (Foucault 1990) explains governmentality as the art of governing men. Conceptually, both are entirely different; however, empirically, the concepts are related (Larsen 2015).

Nevertheless, biopower along with reproduction and reproductive health have markedly changed since the 18th and 19th centuries. However, certain characteristics can be mapped concerning reproductive biopolitics today. One is the severe increase in technology and the technologization correlating with commercialization – against the backdrop of expanding neoliberalism and dismantling the welfare state. In terms of reproduction, the technological penetration of human reproduction has been permitted by the introduction and initial

success in the 70s with the introduction of IVF. Technological interventions such as pre-implantational genetic testing (a routine aspect in clinics) and increased ranges of choice by prospective parents have been made possible by stimulating conception *ex utero.* Additionally, externalizing reproductive processes has led to commercializing human reproduction, which furthermore led to a vast international market including gametes and other reproductive materials, as well as commercial gestational surrogacy plus IVF companies being listed on the stock exchange (Mills 2017).

Management of reproduction, therefore technologization and commercialization, underlying the pre-eminent moral value of individual freedom, which is often discussed in discourses about bioethics (ref. chapter before), is marked by non-interference. Neither different individuals, nor the state or institutions should limit the exercise of personal and individual reproductive decisions, other than when harm toward others is suspected. Compared to the eighteenth and nineteenth century understanding of biopolitics, high stakes of state intervention and control were involved, such as enforced sterilization. Nowadays, the enactment of biopolitics in reproduction is individualized (Mills 2017). In Mills' (2011, 2015) words, "*[...]the apparatus of choice increasingly dominates the practice and politics of reproduction, but this in no way diminishes the biopolitical valence of contemporary reproduction (Mills 2011:115)".*

Additionally, medical procedures like prenatal testing (or in the case of IVF – embryo testing before transferring) have increasingly become popular over the past few decades. Initially, testing had evolved to provide prosperous parents with the possibility to terminate a pregnancy in case of severe disabilities like down syndrome or spina bifida. However, prenatal testing has become a controversial topic, not only in medicine but also in feminist literature (e.g. Rapp 2000, Katz-Rothman 1986) given that minor malformations or the sex of the baby can also be determined and potentially lead to termination (Mills 2017). Rapp (2000) argues that women, in a time when pregnancy is highly medicalized, are in a position to be the *moral pioneer* (Rapp 2000) where they decide between life and death – showing also the differential valuation of fetal life (Mills 2017).

The concepts of biopower and biopolitics, in general, are extremely useful in facing critique toward medical tests like prenatal testing. Foucault (1990) numerously highlights the importance of normalization and how it, as well as central norms, are essential and a principal form of political and social regulation. Mills (2017) explains how ultrasound in

prenatal testing works as a threshold technology to normalize. Nevertheless, an ideal fetus from which other fetuses derive does not exist. However, ultrasounds provide detailed measurements leading to a range of normality that is more flexible than an ideal. After comparing the measurements, ultrasound technicians can determine whether the fetus, still in utero, has any malformations. The norm therefore derives from statistics taken from pre-existing bodies, which makes it more of a biopolitics of population. Despite fetuses not providing normative standards, they might come to operate in the biopolitical universe of a differential valuation of life. Nevertheless, this also entails more dangerous aspects, such as the *desire for the normal*, since it provides a base for social institutions as well as norms enforcing a strict distinction between the functionally valuable and *devaluable* (Mills 2017).

As Siegl (2023) describes, biopolitics and biopower are forms of modern government seeking to control the overall population as well as the individual body. Thus, it operates in the name of life, health, and the truth through a set of truth discourses presented by designated authorities. Particular interventions in populations as well as ways in which individuals work on themselves are the main tools to act out truth discourses. Scholars (Morgan & Robert 2012) argue that there is a concept of reproductive governance where biopolitics govern through various practices: disciplining, normalizing, correcting, excluding, optimizing, as well as through therapeutics. Concerning the longing for a child while suffering from infertility, couples/mainly women undergoing fertility treatments also suffer the effects of long-term as well as expensive and painful procedures to fulfill their wishes for a child. Foucault described this aspect as a *dialectical force relation* (in Siegl 2023:32) between biomedical practice and the body. The former, in this case, is *simultaneously* repressive as well as enabling due to new reproductive technologies making it even possible to proceed with trying to conceive; on the other hand, they reproduce social conditions making them necessary. Buying into the biopolitical narrative seeking regulation on *who should* reproduce and *who should not*, many countries try naturalizing gestational surrogacy – with prospects of reproducing the *right* individuals and sustaining traditional families (Siegl 2023). This can be seen in Siegl's (2023) fieldwork on Russian and Ukrainian fertility journeys, where not only Russia as a state but also the Orthodox church is serving as crucial biopolitical actors.

Religious belief might entail that infertility is a consequence of having too many sexual partners in a past life or, more generally, having to face past lives' sins. Nevertheless, as

Siegl (2023) argues, specialists like doctors and intermediaries reinforced that infertility is not a religious problem, but a medical one. The main consensus, however, has been that infertility is a problem in need of a solution. Nevertheless, casting infertility as a medical problem and taking it out of the cultural context legitimizes the frame of being neutral (as a doctor for example). Yet it is also a possibility for them to gain distance from reproaches of morality and commercialization. Another important factor, framing infertility as solely a medical problem, is ensuring that only *the right* individuals reproduce. In the case of surrogacy, making sure that only those with medical reasoning get granted the possibility to have a surrogate simultaneously entails that those with social reasons simply do not have access to it – as is the case for gay men. Interview partners in Siegl's (2023) argue that it is illegal for single or gay men to become fathers; however, it is untrue and mostly driven by societal beliefs and moral frameworks about a child needing "the right love," namely motherly love. Single fathers, therefore, become whimsical creatures, who might even become dangerous–and the idea of masculinity and femininity is highly reproduced in that manner:

> *Following Foucault (1980), biopower not only shapes the need for measures such as surrogacy but also determines the legitimate forms this practice can take. [...] Professionals conducting assisted reproduction were innovative in their methods but drew on conservative values concerning gender and sexuality. Domesticating the "new," they had to reaffirm the old and bring "order to these novel sociotechnical settings" (Thompson 2005, 141). They did this so by naturalizing women's desire to have a child but denaturalizing men's desire for the same; or by naturalizing women's biological capacity to bear and nurture children, while denying men the ability to take care of a child [...]They claimed that they were not using such procedures against nature but were working with nature (Paxson 2003); they were merely "giving nature a helping hand" (Franklin 1997, 103) but not disrupting the natural order of things* (Siegl 2023:53).

The biopower of *Faire vivre* (Foucault 1976), namely, the power to foster life, is driving states, with the addition of many Western countries struggling with low birth rates and other demographic concerns, into attempting to regulate reproduction even further. After Larsen (2015), there is certainly no single instrument to fully regulate reproduction; however, infertility being one cause behind low birth rates, a crucial part is to build on the expansion of access to fertility treatments like IVF. As in many Western countries, although infertility is omnipresent, access is stratified and not granted for individuals with lower means and of lower class (Larsen 2015).

Regarding Larsen's (2015) analysis, infertility is one aspect of life that is, similarly to madness, crime, or sexuality, immensely problematized in politics and is, therefore, numerous times a catalyst for strong political debates. In terms of infertility, it can correlate to a political problem concerning birth rates, but it can also be an ethical issue in terms of questions of naturalness or an economic problem due to high financial costs. In Denmark (Larsen 2015), the start of IVF in the 1980s has become problematized by governmental authorities stating that doctors simply have started IVF-plans, *without asking*. Thus, the issue around *how to properly govern* medical technology as well as doctors arose. It is not necessarily connected to neoliberalist or welfarist concerns, however, mainly because it is less about who is covering the costs and more on the actual question of who is *allowed* to research and perform IVF. In a later phase of Denmark's problematization of IVF, a shift has begun toward the moral obligations of what it means to become a parent. Initially, the conversation started since the possibility arose to become a single mother, as well as lesbian couples having the possibility to conceive. Therefore, the debate has been around the heteronormative notion of being parents – mother and father. Nevertheless, IVF as a biopolitical power or disease treatment was rarely discussed. Furthermore, this form of problematization is tentative to govern medical self-governing (Larsen 2015). Nowadays, political debate in Denmark (Larsen 2015) is about whether IVF should become a welfare service and what the border of responsibilities – public and private – is. Therefore, the problematization consists of the question of whether IVF and infertility treatments are, in fact, welfarist obligations (Larsen 2015). Larsen (2015) therefore shows how reproduction is a strong biopolitical power that has evolved over various stages; nevertheless, it has always become into a political debate resulting in questions of how to govern the population in a Foucauldian way.

Concluding, Franklin (2013) explains how the contemporary evolution of IVF reveals that sex as a form of reproduction as well as reproductive biology continues to be an intense part of regulation, proliferation, and management. Consequently, new forms of biopolitics are introduced in addition to markets, norms, and identities. In the twenty-first century, it has achieved new prominence as an economic priority given the redefinition of human health in a more explicit evaluation of the value of sex as reproductive as well as regenerative. Additionally, to obtain surveillance in the population, the body itself has always been managed *down* to a level of sexual substance, itself. Furthermore, the state apparatus has been expanded through administering and policing gametes and embryos.

Therefore, the focus of governance, surveillance, and management has evolved from sexual practice and *sexed bodies* (Franklin 2013) toward the substance itself – sperm and eggs (Franklin 2013).

Given the theoretical works presented above, it is certain to say that fertility, infertility, and medical treatments to overcome infertility are exceptionally important *biopowers* embedded in the general frame of biopolitics. In the discussions on ethnographic observations in *the trying to conceive community*, it will become evident how certain social norms and moral frameworks are reproduced and how they navigate in the biopolitical matrix. Motherhood as a biopower can be seen excessively and how women are inherently instrumentalized to ensure to reproduce numerously.

3. Methodology

The following chapter is dedicated to methods used to conduct research in the *trying to conceive community* on TikTok. Therefore, there is a description of the methodology used in addition to an explanation of the importance of the topic as well as a presentation of the research process that has led to the prevalent findings for the analysis and interpretation. Thus, the main research question as well as sub-questions, are as follows:

- How are social expectations and moral frameworks around infertility and womanhood constructed/produced in TikTok videos and their comment threads of content creators in the *trying to conceive community?*
- How do TikTok specific practices (algorithm, commenting, and stitching[6]) shape meanings as well as narratives on infertility, womanhood, and motherhood?
- How is morality surrounding infertility enacted, reinforced, or challenged through TikTok's specific interactive spaces (e.g. comment section)? Can moral judgment within those spaces be detected?
- How do users engage in forming connection, solidarity, and/or support through the platforms' specific interaction features (comments, direct messages, stitches)?

3.1 Digital ethnography

First and foremost, digital ethnography as an approach does not solely refer to digital media or social media. Rather, it is an approach that, after Pink et al. (2015), considers how we conduct research (as well as how we live) in a material, sensory, and digital environment. Therefore, it acts as an outline of how we do ethnography in the contemporary world.

[6] Stitching is a platform specific vernacular (Gibbs et al. 2015) that enables content creators to react to comments via video. Thus, a comment is stitched in the answer video.

Additionally, the presence of digital media has certain consequences for research – it shapes techniques as well as processes in the practice of ethnography, which can be fully explored in digital ethnography. Additionally, the intertwining of *traditional* methods, practices, and theories with the digital can be researched to an extent that is greatly important in the contemporary (Pink et al. 2015).

Furthermore, as can be seen in this thesis, the digital is challenging predigital methods and practices. Nevertheless, the aim is not to outweigh them in their importance; rather, it is an invitation to re-think, re-conceptualize, or even re-construct them by adding a plethora of possibilities. Likely, digital media and research with and through it have led to innovative and new methods as well as challenged existing analytical and/or conceptual categories (Pink et al. 2015).

Considering Pink et al. (2015), one of the key differences to be considered (regarding traditional ethnography) is that researchers and participants are, for the most part, in mediated rather than immediate contact or presence. As is explained in a later chapter, mediated intimacy has to be considered since it provides limitations as well as great opportunities. Nevertheless, communication still happens, even if it is contrary to traditional approaches (Pink et al. 2015). Regarding the research done for this thesis project considering Pink et al.'s (2015) framework, conversation with people in their daily lives (in this case, their daily struggle with infertility) has happened, they have been observed and tracked digitally, and immersion into their social media practices has been initiated. Additionally, a plethora of messages, comments, as well as threads have been read and analyzed; therefore, sensing and communicating happened differently compared to immediate contact but presented itself as highly insightful.

Additionally, what has been extremely important in approaching the digital world has been the concept of *socialities* (Pink et al. 2015). Therefore, it is possible to understand internet use and its relationship to everyday (offline) materialities. Its importance can be found factually, not in a *specific* type of social relationship that is important, but rather the *quality* of social relationships that can be found online. The concept is constructed openly; therefore, social relations are multiple, might be fluid, and change can occur at different rates. Consequently, ways in which people connect or relate can change with and through digital technologies – which can, finally, be conceptualized as *socialities* (Pink et al. 2015).

The *trying to conceive community* on TikTok can, therefore, be compared to Postill's (2011) research on Internet use in Subang Jaya in Kuala Lumpur with its local web forum – an e-community initiative to connect with other inhabitants as well as receive information about politics. Thus, he determines seven key features: polylogical, sequential, asynchronous, emticonic, publicly intimate, online/offline, and political (Postill 2011).

Despite content creators in the *trying to conceive community* posting by and about themselves, the community is based on group conversations in comment threads or stitches. Thus, it is *polylogical* (Postill 2011) and neither dialogue nor monologue, but it involves a plethora (at least three) conversational partners, which can be seen in the comment threads. Especially in viral videos, commenters start to communicate with each other and not only with the content creator. Additionally, to the style of communication, the community is also *intra-textual* and *sequential* (Postill 2011). Certainly, conversation and communication succeed within the domain and forum. Opposingly with Postill's (2011) web forum research, the *trying to conceive community* barely shares hyperlinks or references to other domains. Therefore, to sustain the meaning of the conversation, users and members are bound to their discursive agency and linear logic. For example, users will answer a comment and stick to the logic of waiting for an answer to which they will refer to in their reply rather than randomly switching topics. Thus, one comment opens a thread for a new topic; the answers are logical and meaningful, almost creating mini-threads within the comment thread. Opposing an offline conversation, threads are non-overlapping speech acts without indeterminacy or overlaps that can happen in, for example, a noisy place in the offline world (Postill 2011).

Furthermore, the *trying to conceive community* also is *asynchronous* (Postill 2011), given that each and every member can watch, comment, or create new posts at their own leisure. Likewise, international exchange between the members is made possible. Nevertheless, to maintain the conversation and communication, users will receive a notification whenever they have received an answer or private message. In addition, communication is *emoticonic* (Postill 2011), a term coined by Postill himself, referring to the use of emoticons to compensate for the lack of gesticular or mimical cues. Comment threads in the *trying to conceive community* highly rely on the usage of emoticons. An example would be the exceptional usage of ✨ in order to wish luck since it is used as an abbreviation for their key phrase "sticky baby dust to you" (more on that in a later chapter).

An additional key characteristic of the community is, as Postill (2011) suggests, the *public intimacy*, which has been extremely prevalent and is not only a methodological consideration but also an ethnographic observation that is discussed in detail as well as in a following chapter. However, methodologically, members/participants of the conversation feel as if they share thoughts and feelings with an intimate group of people. At the same time, they are fully aware of the public nature of TikTok, meaning that millions of people are able to read, hear, and see their conversation. Adding to that, the community still goes through *offline phases* (Postill 2011) in which there are members that organize private meetings, get together, and have face-to-face encounters showing how emotional connection is built and merging through the digital into the offline world.

Lastly, an important and often overlooked characteristic is that online communities/socialities (including the *trying to conceive community*) are *political* (Postill 2011). Concerning infertility, trying to conceive, and TikTok, moral and political frameworks are effectively produced. Besides that, they are embedded in an emotionally as well as politically loaded narrative about assisted reproduction, infertility in patriarchy, as well as contradicting cultural views. As Postill (2011) describes, critical issues raise a myriad of voices, whereas peaceful conversations will remain with less(er) involvement (Postill 2011).

In conclusion, Pink et al. (2015) and Postill (2011) have been methodologically severely important in conceptualizing digital ethnography as a theoretical approach to integrate it into the research process. It acts as an aid to understand, research, and interpret the communication happening in the *trying to conceive community* on TikTok.

3.2. App walkthrough method

For the main research part, namely the videos watched and their documentation, the guideline of the *app walkthrough method* (Light et al. 2018) was used. As a method, it is designed to overcome the difficulties with relatively closed technical systems as well as dealing with new methodological challenges posed by technological advancements. Despite the cultural studies aspect, the app explores a formerly offline-discussed topic like infertility. Nevertheless, TikTok is a platform that relies on data extraction, algorithmic profiling, and update cycles (Duguay et al. 2023), which highlights the importance of supplemental methods since it would not be sufficient to solely use the *app walkthrough method*.

Taking the aforementioned into consideration, an exceeding methodological aid has been Andreas Schellewald's (2021) work in which he endeavors to overcome methodological challenges on TikTok. For example, studying user-generated content and short-form content as cultural artifacts. Especially focusing on where and how videos are embedded rather than hyper-analyzing and focusing on a single video. Thus, he highlights the importance of focusing on the time spent in the field rather than the number of single videos and cases to provide a longitudinal perspective. Furthermore, this perspective is a necessity to understand expression on TikTok as well as their constant use and reuse (Schellewald 2021). Therefore, the focus is on the *trying to conceive community* rather than particular members and cases, which results in being able to make certain social norms and expectations as well as moral frameworks visible by observing how and why they are (re)used.

Schellewald (2021) reconstructed traditional fieldwork by logging onto the app in the form of a persistent routine. Therefore, taking ~60 minutes every other day to scroll through the contents while documenting and journaling about what was seen. As Schellewald (2021) mentions, users posting on TikTok technically consent to their videos reaching a rather large audience; however, it is only ethically correct to not download or store the videos other than in the form of liking them or copying the URL (Schellewald 2021). Thus, this approach to doing digital ethnographic fieldwork has been applied, which will be further explained in Chapter Empirical Data Collection. Nevertheless, Andreas Schellewald has been contacted via e-mail as well, as this enabled me to have a deeper insight into organizing fieldnotes and making sense of the findings collected. As he requested and has done himself, the findings were organized in a simple excel spreadsheet using categories such as date, hashtag, subject, comment section, details, and fieldnotes (table 10).

Creator	Date	Hashtag	Subject	Comment section	Details	Fieldnotes
[redacted]	06.07.2024	tryingtoconcei	pregnancy announcement	very positive, mostly congratulations, lots of "so happy for you stranger"	shows tests from as early as 8dpo	tests shown structured in
	06.07.2024	tryingtoconcei	pregnancy announcement	mostly congratulations; also questions	timelapse of a 12dpo pregnancytest	song used "a thousand ye
	06.07.2024	tryingtoconcei	catch up	wishing good luck, curiosity if there are any news, sharing "I am also tes	catch up 8dpo after been radio silent th	high medical cycle; I am
	07.07.2024	tryingtoconcei	comedic video about infertili	sharing the same experience; lots of "argh those comments irl are so ins	comedic video with a yet very important	song used "ooh fancy par
	03.07.2024	tryingtoconcei	Advice from a holistic nutriti	mostly questions about fiber and healthy fats (where can they be found)	Tells about a patient and said patients'	food journal with EVERY
	02.07.2024	tryingtoconcei	spiritual video	basically all "tested negative but still got pregnancy symptoms"	very esoteric, talking about energies, ta	very catchy "lifechanging
	04.07.2024	tryingtoconcei	Ultrasound	congratulations	Ultrasound 30 weeks pregnant after try	Music from Amélie, Ultras
	03.07.2024	tryingtoconcei	catch up	wishing good luck, questions about medication, sharing of same situatio	Talking about IVF and the triggering sh	describing all the medicat
	05.07.2024	tryingtoconcei	Advice from a doctor	mostly questions like "why can i not get pregnant", "what supplements d	"one thing that you absolutely need to d	that one thing is actually s
	06.07.2024	tryingtoconcei	unsolicited advice	even more unsolicited advice telling her that bloating is not normal - onl	reacting to unsolicited advice doing a d	very stereotypical for tiktok
	09.07.2024	ivfcommunity	pregnancy announcement	congratulations	Digital pregnancy test loading	quite "real", basically no e
	10.07.2017	ivfcommunity	update	very comforting and community-like, lots of sending hugs and prayers,	talks about the current cycle and HCG t	talks quite honestly about
	08.07.2024	ivfcommunity	Things infertility robs you of	women sharing their stories, talking about how sad and lonely they feel a	talks about everything that you don't ha	she does not talk in this vi
	09.07.2024	ivfcommunity	Daily journal-like entry	compassionate; sending love and hugs, sharing stories	shows how she is getting the injection	has the typical "Day 11" lay
	10.07.2024	ivfcommunity	comedic video about infertili	sharing stories that are quite personal, yet sharing how relatable this sit	Sound "think you can stop what we do,	very much how one would

Table 10 Example of documentation

The *app walkthrough method* ties into science and technology studies as well. The aim is to proceed as naturally as possible on TikTok, logging in, mimicking everyday usage while simultaneously slowing down to see how the modality of the app affects the content used. Further, critical analysis of those modalities, such as the placement of buttons or the

mundane usage of the thumb to scroll further, can be done. Before this method, the *walkthrough* (as a method) existed in software engineering to ensure that the interface of a video game, for example, is used as intended. However, the *app walkthrough method* critically highlights the material traces of those intentions (Light et al. 2018). To conceptualize, the movement of the thumb makes it unusually easy to switch to the next video on TikTok. In addition to having the time it takes to watch the entire video (in the form of a moving line) at the bottom, the user can determine whether they have the attention span for a longer short-form video or if they prefer to switch to the next one. The line at the bottom can be almost daunting in terms of thinking *This video is over a minute long; I could easily watch ten more in that time*.

However, newer conceptualizations of the *app walkthrough method*, like Duguay et al. (2023), highlight the importance of distinguishing apps and platforms. Initially, after Light et al. (2018), the terms were used interchangeably. Nevertheless, Duruguay et al. (2023) claimed that the rapid expansion and growth into eco-systems is an overlooked part if the terms are used as synonyms. For example, van Dijck (2018) explains that platforms can be multisided in the different functionalities and interfaces presented to users. Therefore, TikTok can be seen as an *infrastructural* platform (Duguay et al. 2023) that serves as a backbone for the *trying to conceive community* as a *sectoral* platform (Duguay et al. 2023) that addresses the particular community.

In addition, Zhao (2024) mentions that there is still a significant lack of research on TikTok as well as the methodological implications that come with it. Since he conducted his doctoral research during the COVID-19 pandemic, he acquired a skillset that led to alternative participant recruitment solely partaking in TikTok. Therefore, he has uploaded a public video on TikTok to connect with individuals, gaining a markable number of views and a myriad of positive responses. Thus, he has been motivated by the platform's potential to (as an ethnographer) reach a diverse as well as extensive audience while simultaneously sharing his thoughts and posing questions. Zhao (2024) himself describes: "*I endeavored to integrate my research questions into the videos and position myself as both an object and a stimulus (Zhao 2024:2)*." Due to his quickly acquired and rather large followership, his experimental approach to digital ethnography has shifted from collaborative video production toward an independent and agentic role as both TikTok creator *and* digital ethnographer (Zhao 2024).

This has been the main inspiration and motivation to immerse into the *trying to conceive community* by uploading videos of myself. Firstly, it has been the most ethical option to highlight the role of the ethnographer and researcher by making it fully visible and explaining what will be done – thus, taking ethical considerations into account. Additionally, it has been a possibility to be an active member and immerse myself fully in the field. The audience reached is by far not comparable to Zhao (2024); however, it has been a meaningful way to create trust and intimacy and furthermore get in direct contact with the *trying to conceive community*. The outcome and experience using said method will shortly be discussed in more detail.

3.3. Discourse analysis

In order to completely analyze and critically reflect on the findings collected, discourse analysis was chosen to proceed after clustering and coding. Given that there is a plethora of ways to conduct research using this method, a combination of Foucauldian *discourse analysis* (Foucault 1993) as well as *critical discourse analysis* (Locke 2004) was chosen since they are highly result-driven when conducting research in social sciences.

Not only for critical discourse analysis but also for discourse analysis in general, it is important to mention the twentieth century linguistic turn. This turn has been profoundly important for anthropology and ethnographic studies since the understanding of language has changed tremendously. Therefore, language is no longer understood as a medium to express pre-existing meanings (in linguistic formulation) to a much more diverse system that constitutes meaningfulness in its own terms. Thus, it is no longer *reality shaping language* but *language shaping reality* (Locke 2004).

Inordinately important, regarding the linguistic turn, is the number of consequences it has brought. Therefore, one extremely important consequence has been that the view of meaning has changed. Prior to this, meaning was understood as a monolithic entity, being eternal, essential, and absolute. Post linguistic turn, it has shifted to being historically and culturally situated. Additionally, researchers must now pay close attention to positionality as well as reflexivity given that analysis and interpretation cannot entirely be separated, resulting in researchers needing to be aware and sensitive toward one's own interpretative tendencies (Locke 2004).

3.3.1. Foucauldian discourse analysis

The term discourse refers to a terribly diverse field of research; however, it is always concerned with analyzing signs, text, and overall language. Therefore, discourse analysis, since approximately the 1970s, has become distinctively interesting for several interests in psychological, social, and political characteristics of language use. Given the extent to which discourse and language can be understood by different researchers and different *tribes* within social sciences, there is no right or wrong manner of using Foucauldian discourse analysis. There are no set procedures or rules that must be followed when using Foucault's (1993) discourse analysis since Foucault himself refused to formalize the approach. Most certainly, Michel Foucault (1993) changed his discourse analyses with the changes in the problems he worked on. Additionally, his diffuse and elliptical style of writing is often quite challenging to entirely understand and, furthermore, difficult to apply. Nevertheless, it is noticeable that he is not bound to a system of language and therefore, most likely, does not equate discourse to said systems. Thus, his approach is more diffuse than, for example, a linguistic approach (Arribas-Ayllon & Walkerdine 2017).

Discourse analysis provides a tool to expose the historical conditions of language that furthermore shaped individuals in Western society. However, and more importantly for this thesis, it is a method helping to understand contemporary practices of individuals constituting themselves as *subjects of knowledge* (Arribas-Ayllon & Walkerdine 2017). O'Farrell (2021) explains the subject as follows:

> *The subject is an entity which is self-aware and capable of choosing how to act. Foucault was consistently opposed to nineteenth century and phenomenological notions of a universal and timeless subject which was at the source of how one made sense of the world, and which was the foundation of all thought and action* (O'Farrell 2021).

Foucault (in Hunter 1989) initiated reformulation of the concept of discourse by attempting to provide histories of knowledge. Nevertheless, these histories are not what humans have thought, thus, they are not of ideas, influences, or opinions, nor are they how contexts, like social, political, or economic, have shaped ideas. Therefore, his histories of knowledge are working on reconstructing the material conditions of knowledge or thought. Those conditions, however, are not reducible to the idea of "the mind" or the idea of "consciousness" (Hunter in Kendall & Wickham 1999).

3.3.2. Critical discourse analysis

To conduct *a critical discourse analysis* (Locke 2004), an initial understanding of the word "critical" itself is of great importance given that it means different things to different people. Kincheloe and McLaren (1994; in Locke 2004) describe it as trying to identify an underlying commonality among *criticalists* (Kincheloe & McLaren 1994 in Locke 2004); however, thisit is a risky attempt. Nevertheless, to conduct research critically, it is important to understand that all thoughts in their foundation are a mediation of power relations, socially and historically situated. Additionally, facts cannot be understood isolated from their domain of set values or removed from ideological inscription. Next, the concept and object between signifier and signified are in relation. Therefore, they are neither fixed nor stable and, more often than not, mediated by the social relation of capitalism. Consciously, as well as subconsciously, language is of central importance to the formation of subjectivity. Lastly, certain groups, no matter which society they belong to, are more privileged than others, and oppression happens for numerous reasons. Thus, when doing qualitative research, being critical can be understood as having distance to the findings itself, explicitly taking a political stance, having a focus on self-reflection, as well as embedding the findings in the social (Locke 2004).

Fairclough (1995; in Locke 2004) has worked on a diagram (called three boxes) to explain the dimensions of discourse analysis and discourse itself. Thus, he relates the dimensions, description, interpretation, and explanation (who are interrelating) to the processes of text analysis, processing analysis, as well as social analysis (who are interrelating as well). By doing so, the fact that text is socially as well as discursively embedded is highlighted (Locke 2004).

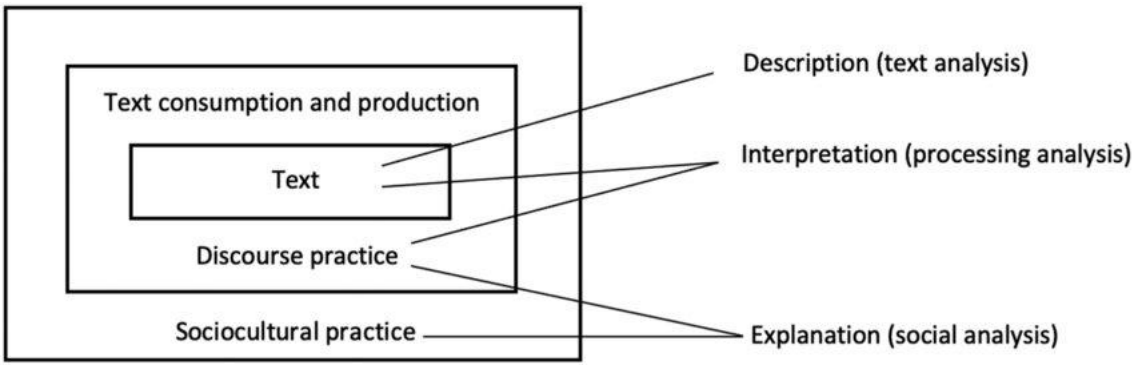

Table 11 Fairclough's three boxes.

Sociocultural practice explores whether the text supports a certain kind of hegemony in discourse as well as particular social practices. It could also be explored if the text is counter-hegemonic to prevalent conditions. The main question that can be asked is whether it serves as a tool for reproducing social and discursive practices or, by contrast, has transformative impulses. Discourse practice and its analysis focus on text production, distribution, and consumption (also referred to as reception or interpretation). Focusing on text production, questions of interdiscursivity or intertextuality arise. Interdiscursivity is concerned with the manner in which a text relates or subscribes to one or many discourses. For example, the sentence "We are going to a fertility clinic" subscribes to discourses on medicine and medical interventions as well as to social discourses and their inscribed meanings on, for example, parenthood or infertility. Intertextuality then looks at how other texts are used in their construction. Text distribution is concerned with the manner in which a text can raise an intertextual chain (Locke 2004). For example, since video-material can also be understood as text, one creator (unfortunately, it is not clear who it is) had to be the first one to post about trying for a baby (potentially in traditional text in a forum). Thus, an intertextual chain reaction has followed on TikTok in the *trying to conceive community*, and thousands of other creators started to share their experiences as well, resulting in the text becoming transformed into other text types. The focus on text interpretation, lastly, refers to the reader's disposition. Therefore, targeted as well as non-targeted readers are in disposition to subscribe to the preferred reading, resulting in questions about how readers respond to a text. Concerning all these foci, the first one, namely, sociocultural practice, is the most important for ethnographic research as well as social sciences in general. By contrast, the third, text, is the realm of critical linguistics, and the second, discourse practice, is a hybridization of all three foci. Thus, it is evident that critical discourse analysis is an interdisciplinary enterprise (Locke 2004).

Given the topic of this thesis and its contemporary importance as well as the exponential rise of social media, it is crucial to discuss that visual communication, i.e., videos can be read and analyzed as text as well. Language, text, and visual communication intersect, and the art of presentation, for example, a language in a video accompanied by visuals influence its meaning. Even in newspapers and other print texts, fonts used or the kind of paper it is printed on will influence the meaning inferred by its audience. Whereas researchers in fields like *media or film studies* have always been aware that language cannot be seen alone, linguists had to first adapt their pre-existing set of methods. Therefore, in linguistics, the

new method is referred to as multimodal, with, for example, visuals as one mode and language as another. Thus, the traditional *critical discourse analysis* can also be used as *multimodal critical discourse analysis* (Machin & Mayr 2023). While linguists aim to find a way to describe and document patterns in visual communication, the ethnographer looks at language and visuals to consider how processes, actions, settings, and people are represented. Thus, what kinds of actions, what kinds of people, and what kinds of settings. Most certainly, it is important to investigate what aspects are brought into view through language, but at least as important to look at is which ones are obscured. Nevertheless, the most important aspect while conducting (multimodal) critical discourse analysis is to work in the context of the wider discourse. This entails looking at the social practices in which it is produced (Machin & Mayr 2023).

KhosraviNik (2014) describes the nature, location, and dynamic of discursive power in social media as non-static, changeable, and fluid. Additionally, it provides, mediated through electronic devices, a great number of forms of offline communication. He goes as far as to state that social media is introducing a new paradigm of communication because it provides an intersection of mass as well as interpersonal communication resulting in a focus of facilitation of participating and interacting:

> *Social Media Communication is viewed as electronically mediated communication across any platforms, spaces, sites, and technologies in which users can: (a.) work together in producing and compiling content; (b.) perform interpersonal communication and mass communication simultaneously or separately – sometimes mass performance of interpersonal communication and; (c.) have access to see and respond to institutionally (e.g., newspaper articles) and user-generated content/texts (KoshravNik, 2017:583).*

This changing of communication is a breeding ground for researchers since text mediated through social media is seen as situated and concrete actions that people perform in a mediational sense to obtain and sustain membership in particular social groups. The mediated action, in fact, is of great importance; therefore, it is not only the text (e.g. the comments) that is analyzed, but it is followed by contextualization, namely in layers of media as well as in a socio-political sense. Thus, it is not only the meaning-making process that is important. However, internet users are co-consumers as well as co-producers that need to be observed as well to fully explain online language. Therefore, KoshravNik (2017) suggests looking at the texts while simultaneously observing the users – their lives, their beliefs, and how they choose to use their online communication (KoshravNik 2017).

Critical discourse analysis has been chosen for this research project given that a myriad of discourses is happening in the *trying to conceive community* over various modes. The most obvious example is the user-generated content, where not only the videos as visual material but also the written or spoken text, in the form of subtitles in the video or captions of the video, is of great importance. Additionally, there are questions about why some videos are without any spoken form of communication; therefore, solely supported by text (subtitles, etc.) Hence, it is important to look at if it is according to the severeness, for example speaking about a miscarriage, of said discourse. Additionally, the caption[7] is another layer of communication, where the user provides further information to the viewer. Thus, it can be understood as a help to contextualize the video itself. Yet it could also be understood or interpreted as to the reception of the video – thus manipulating viewers into the preferred reading/understanding.

An exceptional aspect important for analysis and interpretation is looking at comment threads with entire conversations between a tremendous number of viewers as well as the creator themself. Comments resemble the more traditional form of text and language; however, they are still in reference to the video itself, as well as the semiotic choices used, like emojis, as emojis (ref. Postill 2011 *emoticonic*) can also be read as text and understood as language. After KoshravNik (2017), users commenting on videos can be observed given how their societal beliefs and understanding of the discourse are reflected in their comments. On a more diverse note, the absence of facial cues makes critical discourse analysis interesting to a greater extent because the manner, in fact, linguistic choices, in which comments are written, can utterly influence the message and meaning.

Lastly, critical discourse analysis in the *trying to conceive community* is enabling interpretation of interdiscursivity. Since individuals are sharing their fertility journey on TikTok, a video with the content concerning plans does not only apply to the discourse of medicine but also to discourses surrounding infertility, gender disparities, shame, religious beliefs or moral frameworks, and social expectations. To conclude, it has been the main method to analyze the multimodal field material and make meaning of the ethnographic observations.

[7] Most likely, videos on TikTok have a caption. Namely, a written text giving further information on the video, sometimes Hashtags or other engagement-boosting questions.

3.4. Empirical data collection

Starting the fieldwork in the *trying to conceive community*, a new, and especially made for the research process, account was created. It was made possible that the fieldwork process does not interfere with private video watching since TikTok's algorithm is extremely fast in adapting. Therefore, the account has been solely used for fieldwork in favor of this thesis. In addition, it was made possible that each user clicking on my profile is made aware of the research being conducted. To further enhance visibility and ethical work, a profile picture of myself was chosen, and the short introductory biography states that this account is used for scientific purposes. Nevertheless, since academic language can sound intimidating to some, I employed the commonly used idiom on social media – "Welcome to my master thesis' project✨". Additionally, the star emoji does not solely work as *emoticonic* (Postill 2011) social media language but also engages with the *trying to conceive community* due to its common usage to provide *sticky baby dust* (which will be discussed in the ethnographic observation part).

Despite it being declared in the account's biography that the aim is research, it was decided to upload a short introductory video to provide further information about the project. As someone who is not used to videoing themselves, it was a hurdle to overcome; however, as discussed, it was aimed at using TikTok in a manner that resembles the typical user's activity. Additionally, contemporary social media, is infested with bots and accounts created by artificial intelligence, so a video of myself provides visibility of me being a real person with pure intentions. Inspired by Zhao's (2024) work researching TikTok, I decided to experiment with different ways of posing questions to the community. Therefore, videos of me asking questions and videos with a non-verbal, written question were posted on the account. Each video was uploaded using hashtags that are typically used in the *trying to conceive community*: #tryingtoconceive, #ivf,#ivfjourney, #infertility, #pregnancy, #pregnancytest, and the German equivalent #kiwu (Kinderwunsch) or #kiwumädels (Kinderwunschmädels). Next, it was time to wait to see whether the videos were picked up by the algorithm or not. As suspected, in the first few hours, they gained some attraction with some comments; however, it has not been enough to make profound statements.

In the meantime, numerous experts in the field of infertility in addition to infertility treatments were contacted to plan interviews – including clinics in Vienna and Austria in general, NGO's, private OBGYN's, etc. The aim was to understand the medical,

technological, and scientific aspects of infertility given the complexity of the topic. Regarding the TikTok videos, scientific terms are frequently used which makes it hard to understand if there is no (medical) background information. Hence, there is a myriad of information on IVF, however, it is impossible to fully understand without being informed. The technological and scientific aspects were of great importance due to couples in the *trying to conceive community,* mostly undergoing *vitro fertilization* and other fertility treatments. Therefore, the creators use a specific medical language that cannot be understood if there is no basis. In the waiting time for responses, methodology has been studied and selected, as well as organizational planning, for example, what will the routine for the fieldwork be, how many hours, how many months, and how it will be documented. Thus, as aforementioned, Andreas Schellewald was contacted and sent an unusually nice reply with an example of how he has documented his fieldnotes.

Unfortunately, not many private clinics or OBGYN's had the time, interest or resources to give an interview, and due to acute staff shortages, neither did a well-known hospital as they had to temporarily close the IVF-ward. Nevertheless, *Kinderwunsch Institut Dr. Schenk* in Dobl, Styria, accepted giving an interview via Zoom. They had come to my attention due to their media presence by actively posting on TikTok. The family-owned business, with their daughter overseeing social media, decided to actively advertise on the platform. They post facts about fertility treatments, their situation back when they found the institute (the daughters are IVF-babies themselves) as well as build a platform to connect patients with the clinic. Regarding the interest of trying to conceive in combination with digital anthropology, their clinic provided ideal circumstances as we discussed a plethora of topics, from their founding story to the financial and economic aspects of infertility treatments, to psychological aspects and distress involved in *in vitro fertilization.* Likewise, we have spoken about their social media presence – Dr. Schenk highlighted avoiding wearing a white coat, neither at work nor on social media, since he is convinced it initiates negative feelings in his patients, namely distance. As a result, he has found that foregoing the white, fosters intimacy between him and his patients.

As further fieldwork a webinar of *Kinderwunschzentrum an der Wien Obruca & Strohmer* was attended. These webinars are held monthly, and anyone interested can visit. However, their media agent had been contacted in advance whether it was okay join with the intention of research. Kindly, it was granted with the addition of the possibility to cite them in the written thesis. The webinar's intention is to provide information for future patients,

explaining the medical and technological aspects with profound visuals of IVF, etc. Additionally, they explain financial aspects and law in Austria (also about *social egg freezing*) and provide an excess amount of time for questions at the end. Firstly, it was extremely helpful to have IVF explained in layman's terms, especially with visuals. Secondly, the insight into the question-and-answer section has been helpful since, as in the *trying to conceive community*, real-life patients experiencing struggles with infertility ask questions that are important to them in this exact situation. Overall, it made visible what to look out for in the fieldwork process.

Lastly, Christina Fadler, founder of the NGO *die fruchtbar*, was open to an interview. After experiencing infertility herself, she was met with the remarkable lack of public speech surrounding it and decided to start blogging about her experiences – combining the digital world with her offline experiences. Thus, she writes and talks about how infertility is not over with the birth of a child. Additionally, *die fruchtbar* offers the possibility of self-help groups, does active work in politics and sets a prime example of (digital) activism or how online and offline activism are perpetually interfering and overlapping.

The main fieldwork on TikTok in the *trying to conceive community* was done in the summer of 2024 over the span of three months. Firstly, hashtags with the most profound videos were selected for study. The chosen hashtags were #tryingtoconceive, #ivfcommunity, and #ivf. The routine was to log onto TikTok for 60 minutes every other day, choose one of the mentioned hashtags, sort them by the filters *relevance* and *posted this week*, and browse through the first ones shown (similar to Schellewald (2021)), working with what the algorithm selected as most pertinent. After the first month of research, a two-week break was held with the intention of seeing how the algorithm as well as the contents of the videos changed. Then, the process was repeated in the second month, except with longer breaks in-between, logging on every third or fourth day. A second two-week break was held, and the third month consisted of the same routine with a span of every fourth to fifth day of research. At the end of the three months, a total of about 136 videos were watched and documented in an excel spreadsheet under the categories *Username, Date, Hashtag, Subject, Comment Section, further Details, and Fieldnotes*. A raw and unfiltered field material was obtained that provided the basis for analysis.

During the span of the fieldwork, I messaged a plethora of active users and content creators in the *trying to conceive community* to further build trust and eventually proceed with interviews. Additionally, since the first posts did not get enough attention, a follow-up post was created, aimed at engaging in conversation (similar to Zhao 2024). However, the format and language were severely altered regarding current trending posts, sounds, and preferred format. Thus, instead of a video, three pictures with text were posted with *Birds of a feather* by Billie Eilish (2024) in the background due to it being the current number one trending sound:

Table 12 Example of participant recruitment

As seen in table 12, the language is changed to the *trying to conceive community's* specific idiom (sticky baby dust, less formal language) as well as keeping it as short as possible to enhance engagement and stick to the preferred usage of social media – short and ephemeral. Additionally, despite potentially creating a target for disrespectful comments, a personal picture has been chosen as the first of the slides for the reason of fostering intimacy.

In an exceedingly short time, the series of pictures gained around 3,700 views, and numerous women reached out, providing me with the possibility to contact them. In addition, more women responded to the private messages sent previously, also showing support and wanting to help. Whilst trying to handle private messages with utter respect and granting the users a safe space to talk about their suffering, they were asked if and how they wanted to give me an insight. Thus, it was ensured that everything was private and handled in accordance with the data protection law. They were also granted the right to skip any questions that felt insensitive or boundary crossing. They were asked to sign the faculties' data protection notice that has been adapted with the university's logo etc. to ensure authenticity and professionality. Despite the users posting intimate and exceptionally sensitive information on TikTok, a certain reluctance toward face-to-face interviews was observed. To accommodate everyone's preferences and needs, the

participants had the option to choose a written interview. After the initial reluctance towards face-to-face (almost offline) contact, it came as no surprise that every participant chose to do it in written form. In all honesty, more intimate and less formal chats were wished for; however, the results were immensely helpful and insightful as well as the most ethical way to protect their well-being. The following questions were asked and mostly answered in an extensive and detailed manner in addition to expressing gratitude for making their suffering visible and voiced:

1. Can you tell me a little bit about your story of trying to conceive?
2. Do you feel that the psychological stress when trying to conceive is gendered? Are you on this journey alone or with a partner? How psychologically involved are they?
3. What was your first contact with the trying to conceive community on TikTok? How did you come across this specific group?
4. How do you perceive the community?
5. What motivated you to start making videos yourself?
6. Have you formed genuine connections on TikTok? Does it help you to talk to people who are in the same situation as you?
7. Do you think that the medium shapes the content? For example, do you feel like people in the trying to conceive community act more open online than they potentially do in real life?
8. Do you feel you are more open online or offline? Which do you consider easier?
9. Do you think that the *trying to conceive community* adds more pressure on people who are currently on this journey?
10. Lastly, what do you want the world to know–be it the trying to conceive community or the trying to conceive journey as a whole, whatever you want to share and give insight on 😊

Seven documents were obtained that were first, usable for analysis and second, held an inordinate amount of insight into the struggles and life with infertility. Certain ethnographic observations that have not yet been clear, however, guided the video analysis in a way of looking out for more examples of those subjects. For example, almost all participants spoke about feelings of unworthiness, guilt, and shame in society as well as in their personal relationship with their partners and family. Additionally, the reluctance toward speaking face-to-face had inspired us to further investigate why there is this online-offline paradox – why it is easier to talk to a camera with thousands of people watching than to have a private conversation.

After the participants had written the interviews, the findings were complete and ready for analysis.

3.5. Data analysis

After obtaining the initial field material, namely field notes, documentation from videos, spoken expert interviews, as well as the written participant interviews, it was organized using Atlas.ti (2025). The excel spreadsheet then has been clustered. To provide a baseline for further manual coding, Atlas.ti's (2025) feature of artificial intelligence coding and intentional artificial intelligence coding was used to organize the detailed documentation.

The aim of this first step was to choose a smaller number of videos for further analysis. The initial dataset contained close to 150 videos with hundreds (sometimes thousands) of comments, which would be far beyond the scope of this thesis to analyze them in their entirety. Given the pertinence of unsolicited advice being a topic, it has been my starting point for ethnographic observation. The field material was cut to a total of 37 videos for further analysis of them. These selected videos were watched numerous times, and each chosen topic was noted in order to understand the discourse in the comment sections. While watching, a list of important and extensively used terms in the *trying to conceive community* was created (table 13).

DPO	Days past ovulation
DPT	Days past transfer
	1dp5dt = one day after transferring a 5 day old embryo
Beta day	The day blood gets drawn to see if there is a rise in HCG
HCG	Pregnancy hormone
Symptom spotting	Actively looking for symptoms that could be related to a potential pregnancy
STIMS	Ovarian stimulation to mimic the body's natural ovulation and mature/release eggs
Trigger shot	Hormones (most likely being HCG or leuprolide acetate) that trigger the body to release the egg, so an egg retrieval can be done
Line eyes	Having done so many tests that you can see a second line on basically every pregnancy test even if there is none.
Two week wait	The waiting time between inserting the embryo and the first beta to confirm pregnancy
Baby Dancing	Just the TikTok term for sex as TikTok is flagging sex as inappropriate
FET	Frozen embryo transfer
BFP	Big fat positive
Dye stealer	When the second line on the positive pregnancy test

Table 13 Important terms used by posters and commenters.

Out of the 37 TikTok videos, 4247 comments were copied and presented in an excel sheet with each spreadsheet representing one TikTok video to analyze. The following analysis consisted of sorting and coding the comments in each Excel spreadsheet.

A relatively simple approach was chosen that was done manually and was the easiest to follow. As a result, comments of bots, off-topic conversations and solely emojis were filtered. The additional comments were coded by color (table 14) to determine what the prevalent topics – with the research questions in mind – in the comment sections were.

As someone whose been through ivf and gotten ptsd from it etc you can't promise a baby to anyone sadly. Some people just can't have children or can only have one etc.
I am sorry to hear you have PTSD from your journey. Of course I can't promise anything. It's an encouraging comment. But anything you say online offends someone.
I think your comment was beautifully written and exactly what I would have wanted to hear when I was struggling 🖤
Thank you, I would have loved it too. Honestly you can't say anything right online these days 😔
you can't make promises like that, especially when somebody is so desperate. so many people promised me doctors psychics friends & still I have no baby so just don't do it no matter the good intention
Well really anything you say on the internet, someone thinks it's the right or wrong thing to say. I'm sorry to hear you haven't gotten the outcome you've wanted.
Nice sentiment but that's not a promise you could or should make

Table 14 Example of color-coded findings

The extensive examination of the comment threads revealed that certain topics were clearly visible as they appeared regularly under almost every video. Thus, the following ethnographic observations were made and chosen for this thesis. Firstly, mediated and ephemeral intimacy is fostered in online communities, such as the *trying to conceive community.* Second, given that the contextualization and embedding is happening in feminist anthropology, it has become clear that many if not all women in the community feel they are expected to be fertile and provide a child, which is an intensely important and highly discussed topic in society. Next, which was the initial spark to start further research into the *trying to conceive community*, the online social support and (mediated) care became quickly visible. In addition, as already mentioned, the digital and especially online communities where individuals share their struggles are a breeding ground for unsolicited advice. An extensive number of examples were noted and were found in every video without exception. Lastly, one of the unexpected observations was that religion is used frequently as a coping mechanism and explanation for infertility. There were heated discussions in comment threads that inspired further investigation into religion and spirituality in crisis situations like struggles with infertility.

Concerning the spoken interviews, they were transcribed using f4transcript (2025). Since their new AI feature was introduced, it was tested, and excessively reduced time spent on transcription. However, it was still necessary to fully edit the transcription as the interviews were held in Austrian German and the AI was not able to fully understand. Nevertheless, it has been a great option to bring findings together given that the basis was already prepared with the color-coded comment findings.

The written interviews were handled similarly to the comment findings and were coded using Atlas.ti (2025) artificial intelligence coding to initially organize them. Then, the comments and codes have been gone through manually as well with the pre-existing prevalent ethnographic observations in mind. Firstly, it was intended to determine whether the observations can be found in those interviews as well as to further solidify the initial interpretations and to look for pertinent statements that can further be used as solidifying citations in the empirical chapter.

Lastly, the field material was incorporated into existing literature. A corpus of potential literature was built over the past few months, however, additional literature was looked for, studied, and brought into context. Artificial intelligence has been a great help in researching literature due to being able to pose exact questions. This does not mean that it has been used in terms of automatic writing, etc. However, questions like “Can you name me academic references on xyz, potentially in an anthropological context?” were posed. For certain, everything that was brought up by AI was then looked for on the University of Vienna’s library database and to its existence and furthermore cited correctly.

In the correction phase Trinka AI was used for grammatical as well as spelling mistakes.

3.6. Ethical considerations

One obstacle in terms of ethical consideration has been that there is a TikTok feature specifically designed for research. It is intended to support certain branches of research, for example, fake news, disinformation, trends, as well as violent extremism. However, it is also intended to be able to obtain information on the building of certain communities (TikTok 2025).

To be qualified for the program, an initial application must be submitted to TikTok with the aim of research, its relevance, and must be submitted from an organizational account (an account logged in via an organizational e-mail address). If the application is accepted by TikTok, analytical information can legally be obtained. For example, account biographies, countries of registration, names, profile pictures, liked, fixed, or reposted videos, as well as content like subtitles, comments (plus publication date), likes on comments, answers, and much more. What makes it severely difficult is that they require demonstrable experience as well as expertise in the research area specified or in the process of obtaining a PhD in this field. In addition, the findings must be updated bi-weekly, or the tool will be closed for the research project. Additionally, and terribly extremely important, before submission/publication, they have the right to review the report and change it or decline publication in general (TikTok 2025).

I have gone back and forth with how to proceed in terms of the planned and already started fieldwork in the *trying to conceive community*. Therefore, I have read through the terms of conditions on the research tool, which was immensely difficult to understand, as well as done additional research online. In the end, the most helpful research tool was artificial intelligence, which has its own ethical considerations. Regarding the question of legality

when conducting empirical research on TikTok without using their own research tool, the context was given that it is a master thesis, that will not be financially funded nor published (other than the university library), in addition to not making any statements on statistics. It was explained that TikTok's research tool is more likely to be a preventative measure toward automated processes, like AI tools and programs, that obtain sensitive information about statistics and accounts without authorization.

As the information obtained was not collected via an external program, I did watch and document the videos effectively by hand, and was not concerned with statistics, it was eventually decided that it is ethically justifiable and will be conducted without the use of the TikTok research tool. Most certainly, the username was obtained by me to be able to later find the videos again; however, it was handled with extreme caution and was seen by nobody but myself. Infertility and IVF are still taboo topics that are highly stigmatized; therefore, I did have ethical considerations about whether it is correct to watch, document, and analyze the videos posted. The videos are publicly posted and can be seen by all, however, as explained, I continuously mentioned my research project, made myself visible in every situation, had data protection notices, and never downloaded a video. Furthermore, the screenshots used were censored and the citations made anonymous out of precaution despite having written consent to use names as well since. However, it still is a balancing act to work ethically in, firstly, the online sphere, and secondly, with a sensitive and private topic like infertility. I have chosen not to cite the TikTok videos used (screenshots or comments) as the URL leads directly to the accounts, making censoring and anonymizing retractable, thus defeating the point, but they are saved on my computer and safely stored.

3.7. Limitations

Before continuing with ethnographic observations in the *trying to conceive community*, I fully understand that the field material is entirely Western-centered. By filtering the hashtags by relevance and posted this week, these were the first videos that were shown to me when logging on. Nevertheless, through literature, I tried to integrate various cultural contexts; however, there is still much more to infertility and trying to conceive all around the world. Additionally, what was made visible in further examples was the absence of videos in the *trying to conceive community* originating from Asia. This could stem the technicalities of TikTok as well as the cultural context. Assumably, given that TikTok traces certain smartphone data like WiFi or language, I was presented with Western content.

Nevertheless, following the *app walkthrough method* (Light et al. 2018), I have tried to use the app as naturally as possible, and these are the examples shown.

While the field material is extremely heterosexual, infertility, longing for a child, and dealing with political as well as bureaucratic hurdles are queer realities that cannot be dismissed. There is much more that can be researched in the *trying to conceive community*, for example, queer experiences and solo-parent journeys. It would also be highly beneficial to look more into the male perspectives since mostly female presenting individuals are the ones posting in the *trying to conceive community*. The field material has its limitations, which I am well aware of and will potentially be addressed in future research projects.

4. Ethnographic observations

In the following chapter, a closer look will be given to the *trying to conceive community*. The base is provided by the analyzed field material, which will be briefly presented and the process explained in Subchapter 4.1.

Given the analysis and review of prevalent literature, five main ethnographic observations will be presented and embedded in existing literature. These include mediated and ephemeral intimacy, women's bodies having to be fertile, online social support and care, unsolicited advice, as well as religion as a coping strategy in crisis.

4.1. Field Material Presentation

Over the course of the fieldwork process, the following material was acquired:

1. 138 TikTok videos were viewed.
2. 37 chosen for further analysis (e.g., analyzing the comment section and discourse in this section)
3. 4,247 comments were excerpted from the 37 videos chosen.
4. Two formal interviews
5. One webinar with questions and answers.
6. Seven informal interviews with members of the community and steady message exchange.

Concerning the TikTok empirical material as well as the comment section, they have been organized in Excel spreadsheets (example: see methodology chapter). The interviews were both held online via Zoom and were transcribed with the help of f4transcript. Its AI feature

has been tested on those interviews, still they were edited fully by me as Austrian dialect was involved. Additionally, the webinar was kindly recorded, and it was allowed to be used for this thesis. The informal interviews were acquired in the form of message exchange and a written questionnaire, however, the questions were held openly, so each participant could talk about everything and anything they wanted to share. The participants did sign a data protection notice, and everyone agreed to be named in case of citation; however, out of safety and precaution, every name will be anonymized.

4.2. Mediated, ephemeral intimacy

Closely examining and researching the *trying to conceive community* on TikTok, it is clearly visible that creators as well as viewers tend to share information that is considered highly intimate and private. However, given the nature of the digital, especially platforms like TikTok, publicly shared content is available to all. Consequently, the content shared is not exclusive to a certain public but (via the algorithm) can be shown to each user. Nevertheless, the more interaction there is, the more the algorithm learns and enables the ability to *make place*, as will be explained in the following.

A phenomenon, compared to train departments or doctor's waiting rooms, where people start to talk and feel comfortable enough to share their life stories can be seen on TikTok (referencing the platform in its entirety). French anthropologist Marc Augé during his numerous ethnographic studies coined the term *non-lieux* or *non-places* (Augé 1992) to examine the changes in individuality, space, and place in the modern (western) world. Augé's (1992) *supermodernity* contains narratives of shrinkage of spaces leading to excess space due to the accelerated speed of history and life in general, excessive individualism, as well as an excess of simultaneous events. Interestingly, he describes excessive individualism as a somewhat paradoxical phenomenon where *supermodernity* and its forces open individuals up to others and their presence while simultaneously closing the individual off. Therefore, the individual is folded back on itself and acts as a witness to contemporary life rather than an actor. Opposing to the anthropological place, which is known, meaningful, and localized, a space where relationships are important, non-places enable detachment between the traversed spaces and the individual itself. Thus, non-spaces mean circulation and communication without the creation of a social bond, sometimes not even a social emotion. Through the rise of media technologies and the digitalization of public and semi-public realms, non-places are no longer only airports, hotels, train sections, etc. but they have spread to online forums, communities, and social media in general. Therefore,

a strong similarity can be seen in the digital and the internet since it could be compared to a non-place with a myriad of mini-non-places in it (Merriman 2004).

Non-places in the digital might evolve into anthropological places. Thus, a phenomenon observed by researchers like Halegoua et al. (2021) is *digital placemaking*. At its core, it describes the usage of digital/social media to create a sense of place for an individual in relation to others (Halegoua et al. 2021). As an example, Ruberg and Lark (2021), both working in Cinema and Media Studies, have done extensive research on livestreaming on Twitch and how bedrooms, therefore intimate, private spaces, are prevalent places to livestream on Twitch (Ruberg & Lark 2021). Similarly, trying to conceive content on TikTok is primarily posted from either the bathroom or the bedroom, both presenting intimate and private spaces. Hence, platforms like TikTok offer valuable sites of exploration on how place is (re)produced through embodied, physical, and culturally coded performances (Ruberg & Lark 2021).

Whereas Halegoua (2021), Ruberg (2021), and Lark (2021) discuss places in their literal sense, Markiewicz (2019) focuses on virtual communities. These are social communities undergoing redefinition when evolving virtually, where individuals may or may not meet face-to-face; nevertheless, they exchange ideas and words but in mediation of usage of a computer or smartphone. Hence, one might argue that virtual communities can replace physical communities, given that the only difference is the lack of physical contact. Another exceptionally important aspect is that virtual communities act as a tool to satisfy culturally mediated needs and practices. In other words, membership is intentional (Markiewicz 2019). After Wadhwa and Kotha (1999), they are in accordance with the four basic needs within communities: information, entertainment, communication, and transaction.

Given that the digital is still considered to be highly short-lived, a well-preserved consensus has been that virtual communities cannot compare to traditional ones, especially since traditional communities occupy particular physical spaces and territories. Markiewicz (2019) suggests that individuals in the digital age are motivated by shared interests instead of shared territory to become a member of a certain community facilitated by modern technology and the ongoing rise of social media (Markiewicz 2019). Thus, Ewa Markiewicz (2019) describes the evolution as follows:

> *The community becomes a place of self-realization for the individual, it provides them with an opportunity to display and strengthen its unique personality. It is the individual who decides what community he or she wants to belong to and how much*

> *they want to get involved. The character of new communities is an arena for expressing individuality and uniqueness. [...] On the one hand, new communities guarantee social recognition, on the other hand, they help their members to retain their freedom and individuality (Markiewicz 2019:16).*

Apersonal interpretation of non-places, digital placemaking, and virtual communities in the context of trying to conceive would be that TikTok as a platform in and of itself, is (at the beginning) acting as a standard non-place. Thus, it is anonymous and transient but still enables a sense of intimacy and comfort, where users feel comfortable sharing their life stories in brief interactions with others. However, as soon as the algorithm has picked up a users' interest and they are met with according content, they are also met with other individuals sharing their interests. As they interact with this content (via likes and comments), they start to see familiar faces as well as familiar (digital) places (e.g. the content creators' bathroom) and start to engage in conversations. Eventually, they are speaking (via direct messages or comment threads) to the creators themselves and other active followers and intentionally choose to become a member of a virtual community. Essentially, the evolution from an anonymous non-place to a personal and intimate virtual place and community could be interpreted in trying to conceive content on TikTok. Importantly, the algorithm picking up viewer's behavior is playing a markedly big role in this process.

From a critical point of view, virtual intimacies are approaching the normative idea of intimacy; however, they will not necessarily arrive at the level of intimacy considered *normal*. Nevertheless, virtual intimacies still hold meaning, indexing connection or belonging but in a *different manner*. McGlotten (2013), working from a Deleuzean point of view, argues that virtual connections as well as intimacies are simulated, incorporeal or fantastic, which is an extreme point of critique since digital places have significantly evolved and for many users, they feel real. However, there is room for optimism. Certainly, Gilles Deleuze (in McGlotten 2013) refers to the virtual as an immanent plane for potential since life contains only *virtuals*. Virtuals do not lack reality, they are engaged in a process where they wait, dream, and remember. McGlotten (2013), in his work *Virtual Intimacies*, highlights two main statements opposing the merely negative notion of intimacy formed online. Firstly, the real and the virtual do not have to be seen as opposed forces since virtuality is a reference to potentiality, immanence, and capacity. Secondly, he argues that intimacy itself is virtual since it manifests through affective experience. Intimacy as an

experience is a composition of feelings of connectedness in one way or the other as well as belonging or not-belonging (McGlotten 2013).

TikTok presents itself as the perfect breeding ground for acquiring a sense of intimacy on a platform open to an audience of millions of people. Şot (2022) and the participants of her study explain TikTok's technicalities in a way that differs from other social media platforms like Instagram, Facebook, or X (formerly Twitter). The algorithm presents viewers with a plethora of different videos with which they can interact or move on to the next one. However, differing from other platforms, unless a certain content is blocked, users will see said content anyway. Hence, the quantity of content is minimized without interaction, yet the possibility to interact is repeated, which creates the possibility to personalize and curate users' feed (known as the *for you page*) properly. The fact that the content is shown again without particular interaction creates a sense of overseeing the algorithm and acts primarily as if there is a full-on user-algorithm conversation. Additionally, being a creator on TikTok rather than other platforms is described as "being able to build intimacy with followers (Şot 2022)" especially due to that sophisticated algorithm. Thus, the tailored feeds prevent videos, for example of a *trying to conceive* creator, from gaining the attention of, for example, middle-aged men interested in fishing. Therefore, the follower base and comment section articulate themselves respectfully, and comments fit the content shown. Certainly, given our current social media knowledge, users do show concerns comprehending that the algorithm is *that* sophisticated, so that it analyzes interaction in the background without being transparent. Concerns, therefore, mainly consist of platform surveillance and privacy. Paradoxically, at the same time, the on-target algorithm is a remarkable reason for choosing TikTok over other platforms due to the ease of users in finding like-minded people. Nevertheless, the algorithmic singularities TikTok provides make it easier to create a sense of intimacy (Şot 2022). Another technicality that profitis from feelings of belonging, visibility, and a sense of togetherness is the fact that the content on TikTok is audio-visual, which, after many scholars, like Şot (2022), facilitates knowledge as well as cultural production (Şot 2022).

A concept derived from geography, Ben Anderson (2009) describes the *affective atmosphere* (Anderson 2009), which refers to an environment where humans are being assembled with nonhumans, habits, and interfaces that are collective. This concept refers to the modulation of our own capacities by *the affective environment*. Collectiveness in that sense means that humans are integrated into the environment rather than living in

individuality. Most certainly, this concept has not primarily been used in researching digital spaces but rather in physical spaces and the dynamic encounters with place and space. It presents itself as utterly helpful in exploring how *affects* circulate through interactions with digital objects, even though qualitatively, there is a difference between physical and digital spaces. Notably, *affect* does not refer to the emotion rather than a "feeling prior to solidifying in a subject (Goodings & Tucker 2017)". To adapt this preceding concept, Goodings and Tucker (2017) presented the concept of *digital atmospheres* (Goodings & Tucker 2017). The concept refers to the affective dimensions of platforms like TikTok and Instagram and highlights that despite them not being located in the physical world, they are still perceived spatially. The benefits lie within realizing that content posted on TikTok and the spreading of information is not a sole expression of the users' mental state but more of a possibility to connect to a collective affective state (Southerton 2021).

Another key factor in understanding the ephemeral intimacy created and mediated on TikTok and other social media platforms is the self and self-representation. Most certainly, creators choose how to present themselves, what to share, and which details are meticulously left out. Therefore, self-representation acts as a form of mediation where media objects are created through a certain social process that transforms, stands for, and/or recreates an object or, more importantly, a person. Self-representation has been an act of human living since the beginnings of humanity, and social media platforms and their technicalities propagate self-representational practices. Acting as a tool for communication as well as identity formation, visual self-representations circulate between groups and individuals, facilitating the maintenance or preceding creation of relationships, norms, ideologies, or memories (Bhandari, Bimo 2022). Previously known as a set of practices, where visual representation is understood as an indexical image, scholars like (Bhandari, Bimo 2022) now argue that it is markedly more beneficial to research understanding it as a *genre* of practices rather than a discrete and closed-off set. Envisioning and understanding self-representation as a genre provides notions of multidimensionality as well as intertextuality or a tacit agreement between creators and their audiences. *Genre* also allows context-dependent understanding as it contains certain elements such as the interior worlds, emotions, and more importantly, for this topic, community and (shared) experience. Creators, acting as examples of self-representation, also differ extremely in their politics, etc. Through the act of self-representation, identification is triggered since images we identify with are shared. As a result, the self evolves from a static construct to a dynamic

process of self-making, allowing the self to be more fragmented and often multiple. In the context of social media and the digital in general, the networked self directly operates with the concept of self-making through self-representation as users actively construct their identities through their engagement with visual media (Bhandari, Bimo 2022).

Intimacy can be understood in a plethora of ways, stemming from an amorphous term that points to its relational quality. However, it does not solely involve sexual or romantic relationships, but it can also be appointed to care-work that involves emotional or physical closeness, be it child or elderly care. Additionally, an act of intimacy would be to negotiate with oneself in relation to others or to completely reveal personal information and emotions to generate a trusting environment. Key factors in understanding intimacy are cultural as well as political contexts in the countries individuals are placed and socialized in (Attwood et al. 2017). Scholars like Attwood et al. (2017) understand all forms of intimacy as mediated and therefore, all and always require a medium to establish intimate relations between the subject and the other. Therefore, the understanding of intimacy has changed in an age and time where individuals turn to digital technologies to make sense of their world and give meaning to their attachments. Nevertheless, intimacy should not merely be studied between humans and their text messages but also between their devices and their apps as well as social media platforms and its contents. Devices, like smartphones or computers, create a sense of social telepresence, namely feelings of presence with distant humans as well as non-humans in faraway places evoking sentiments of resentfulness or gratefulness. Resentfulness more specifically, is for the most part not toward other social media users (humans) but for example toward the algorithm. Since social media users expect to be presented with content they like, that fits into their cultural context, or even assesses their traumatic past, users crave visibility that is created through intimate contact with the algorithm itself. Not being seen by the algorithm can eventually be as hurtful as not being seen by other humans (Şot 2022). Therefore, scholars like Şot (2022) speak of the humanization of technological infrastructure. Consequently, gratefulness and *successful* algorithmic intimacy are created when users feel safe with others in an imagined, online, faraway place (Şot 2022).

A key factor that cannot be forgotten when discussing intimacy on TikTok or social media in general is its ephemeral nature. Intimacy as a concept in society is prone to be presented as something desirable and overly positive; however, it is latently vulnerable and a potential carrier for failure as well. Concerning social media, intimacy follows a shared narrative and

is presented extremely briefly regarding communication. User generated content is sharing a certain narrative and at its core is choreographic due to being interactive as well as relational since it involves resonance and attunement (Kofoed, Larsen 2016).

Analyzing comments of particularly outstanding content, it is clearly visible that due to the algorithm, the comment section consists of people going through the same or similar situations, namely struggling with infertility and looking for a safe space and comfort. Therefore, a community arguably has formed within a global network and frankly, it feels closed off (a non-place has evolved to a place/virtual community). However, the fact that videos are shown randomly and not every viewer comments, the nature within the community is most likely to be ephemeral. Unquestionably, there is no insight into how many of the non-commentors feel included in the trying to conceive community; however, it is arguable that thousands of couples find comfort within this bubble. A written interview with content creator B.S. (2024) has shown the intense impact the community has on her. The following is her personal answer to what it is like to be a part of it:

> *The worst club to be in, with the best members! The women in the TTC and IVF communities are some of the strongest and kindest souls I have ever encountered. Their support, care and love for complete strangers is truly astonishing. Even women who have had unmeasurable losses are able to show up and offer support for others. It's a truly special community* (B.S. (2024) written Interviews).

From what can be seen, especially in connection with the citation, people in the *trying to conceive community* are supporting each other through their experiences, even though they do not necessarily know each other in person. Therefore, this was B.S.'s answer on how they personally perceive the community. Undoubtedly, they have formed intimate relationships with their followers, mostly through comments. She herself started creating user-generated content due to the massive help she has got through other content creators. This particular comment is undoubtedly interesting because even though the question was more on the community as a whole, the creator immediately went into intimate conversations, relations, and stories she had seen and heard that have helped her. Further into the conversation, she explained how she has formed genuine connections on the app that have now transversed onto other messaging services like WhatsApp, etc. Interestingly they stay online, which further highlights the ephemeral nature of both the content and the relational intimacy.

Despite the positive experiences of users themselves, ephemeral experiences nowadays are connoted rather negatively. Nevertheless, Bayer et al. (2016) on their study of ephemeral social interaction on Snapchat argue that those short interactions (even on apps like Snapchat where pictures get deleted after they are viewed) are comparable to mundane forms of social interaction like small talk or briefly conversing with an acquaintance. Often overlooked in research, these quick conversations can have an unusual impact on someone's well-being (Bayer et al. 2016). Additionally, Bayer et al. (2016) claim that the reason for quick conversations being impactful on individuals, in their case on Snapchat, is the insignificance of messages as well as them being slices of their immediate, "in the now (Bayer et al. 2016)", personal life (Bayer et al. 2016). Compared to the *trying to conceive community*, creators often post brief rants about infertility immediately as well. Therefore, they preface content with, for example, just a random thought I *now* had, which adds on to the immediacy and informal nature. Although the content of said rants is nowhere near insignificant, the act of sharing random slices of personal life as well as personal thoughts builds another layer of intimacy. As a result, ephemerality does not equal unimportance toward social life and community building.

Reviewing comments on videos during the fieldwork, it was clearly visible that the intimacy can also be highlighted through commenters coming back to check on the users' profile whether they have posted new updates or not. Comments like 'I checked back for updates, hope [name] is okay" or "Desperate to know if everything is okay xxx' make it seem like there is a strong and intimate relationship between the poster and commenter. However, given that there are hundreds of comments as well as thousands of views, the parasocial relationship between commenters and posters is highlighted. In addition, the language used in comments resembles close friendships rather than online acquaintances. Comments can range from "Sending you hugs" to "Babe, you are loved" and "Honey, stay strong".

Comments like the ones mentioned above could also be interpreted as curiosity as it can be assumed that viewers also watch TikTok videos for entertainment, referring to virtual communities and them satisfying consumers' needs (Wadhwa, Kotha 1999). It sounds disconcerting in the context of idiopathic infertility but, just like someone's favorite TV show, some videos end on a cliffhanger or right after the embryo transfer in IVF. Given that sometimes the creators do not post for several days or weeks after that, the suspense builds up and viewers want to know the outcome. Compared to the theory above about having

(intimate) relationships to devices, objects, etc., it is arguable that viewers connect intimately with *the idea* of the creator getting pregnant. Substantiating this interpretation, comments like "Can't wait to meet *our* lil baby <3" can be found under videos in the *trying to conceive community*. Certainly, that highlights the aspect of intimacy being presented as overly positive when in fact, it will be the sole creators' choice if and how to show *their* baby. Some creators describe their followers as virtual aunties and uncles, which, once again, links to a somewhat utopian and parasocial relationship that potentially could end in seriously dangerous situations (ref. boundary-overstepping, stalking) in the physical world. Despite that, in the written interviews, participants like B.M. (2024) mentioned that TikTok can also lead in a direction driven by other users taking advantage of the vulnerability of individuals trying to conceive, as can be seen here:

> *I do have some experiences with social media before TT, and I guess what I am trying to say - there is a lot of opportunism on social media and there are also lots of TT profiles that want to financially benefit on other people[â€˜s] unfortunate circumstances* (B.M. (2024), written interviews).

Unfortunately, as can be seen in B.M.'s answer to the question of whether she has formed genuine connections, she had to experience the negative sides of mediated intimacy as well as a one-sided parasocial relationship. Astonishingly, in the *trying to conceive community*, self-claimed experts, nutritionists, herbalists or self-proclaimed *healers* claim to be able to heal bodies (as well as minds) from being infertile. For the most part, such promises are linked to advertisements or programs that financially benefit the creators at the costs of the viewers deceived by mediated, ephemeral intimacy. For example, a woman in a white coat is talking about what it takes to get pregnant when you are struggling with infertility, which is you *have to ovulate*. Then, she proceeds to give three tips on what to do to *actually* ovulate, giving advice on what supplements to take, etc. Clicking on her profile shows that she is the founder of a certain prenatal fertility supplement. The comments, nevertheless, are seemingly of individuals showing great trust and clearly looking for help. Therefore, it is arguable that there is still a sense of intimacy that can only be claimed by *How would this woman lie*, resulting in users sharing sensitive medical information as a comment on TikTok even though this information is now available world-wide. However, in contrast to other videos, the creator is actively trying to sell a supplement, which could raise doubts about whether she cares to foster actual relationships with her followers or is seeking to profit from vulnerable individuals in frustrating situations. The latter is also substantiated by the fact that she did not answer the few critical comments (that are written neutrally, not

negatively) about whether she can share studies on said supplements or that doubt her reliability since she contradicts herself in various videos. As mentioned, creators (also interviewed creators) tend to be more open on the internet given that they are moving in a space where they feel a sense of belonging and understanding. Thus, various answers to the question of whether they are more likely to talk openly about infertility struggles online or offline have been similar to H.G.s' (2024):

> *More open online for sure, as I feel seen and hear[ed] and resonated with. It is most definitely easier to interact with people who "understand". It saves much energy, which [we don't have] on this journey, to talk with people who don't need much explaining or a backstory* (H.G. (2024), written interview).

From the beginning, a reoccurring thought has been that content creators in the *trying to conceive community* are more open online than offline, and even though this does not apply to everyone, the main consensus is that talking about infertility issues is much easier online. It is easier not only to be able to talk to individuals who are going through the same thing, but also because some fear judgment from family and friends.

Generally, in the *trying to conceive community*, it is more common to show yourself as you are, rather than always done up, pretending to look perfectly put together every day. Individuals share their personal stories and their longing for a child with all the ups and downs, including the vulnerability, frustration, and even sometimes desperation. Arguably, showing yourself in your pajamas, messy hair, right after waking up to catch the first morning urine and test for pregnancy is not for everyone. However, it does overcome a certain distance in individuals on the other side of the screen by making the content creator less of an abstract figure and more of an actual human. In consequence, there is a certain kind of self-representation that is, hypothetically, more susceptible to create an intimate follower-creator relation due to a certain closeness. Contrary to that, certain creators with an exceptional following are always styled, filming in the same spot, and standing rather than comfortably sitting. As a researcher in the community, it almost seems like an actual performance or a professionally filmed TV or talk-show. Yet, given the comments, their relationship to their following seems intimate as well, where full conversations happen in the comment section, not merely between followers but also with the creator themselves. It could be argued that it can be seen as a prime example of a parasocial relationship since due to the creator's following, they could be considered a celebrity. Despite the occasional answers in the comment sections being brief and neutral, the commenters most likely feel seen and heard, which further reinforces a sense of intimacy, closeness, and community

feeling. Needless to say, the interactions on this content creator's profile are in the extreme, which further boosts their visibility on the app and, resulting, is beneficial to their earnings.

To give a brief overview of what creating intimacy, even if it is solely ephemeral, can achieve in the sense of monetarization, the following can be found: an average payout through the TikTok creator fund would be approximately $0.035 per 1,000 views (ranktracker 2025). Therefore, the above-mentioned creator has 2.2 million views on her most viewed video, which earns $77,000 (pretax) on this one video alone. Their average views are around 90,000, therefore, $3,150. As this does not contain any sponsorship etc. it can be claimed that being a content creator online presents itself as rather lucrative.

To summarize, the *trying to conceive community* on TikTok can be understood as an evolution from a non-place to a virtual community. Therefore, it can be claimed that this is the reason for individuals feeling open and willing to share their stories. Nevertheless, the online social support – which will be a later chapter (4.4.) – of (unexplained) infertility and going *through in vitro fertilization* etc. must be the dominant factor in why viewers on the app share their personal stories. To further substantiate, the following citations are answers to *why* creators or viewers tend to post and interact, or in other words, intentionally choose to become a part of the virtual community:

> *[...] as most of the account[s] are anonymous and this takes away much of the fear of judgement and unnecessary "help". People who have not really gone through this sadly do not know how to deal with this stuff especially in real life. What some think is "helping is really hurting people on this journey* (H.G. (2024), written interviews).
>
> *My first contact with the TTC community on TikTok was when I was desperately searching for stories of women like me and couples like us. I was looking for hope and insight into what to expect from IVF* (B.S. (2024), written interviews).

Whereas intimacy in society is mostly connected to romantic or sexual relations, the feeling of connectedness goes far beyond. In the *trying to conceive* community, especially after analyzing hundreds of comments, it is clear that the viewers in relation to other viewers as well as content creators bond on an intimate level. Once again, it is clearly visible that the shared experience of struggling to conceive is a key aspect of creating a trusting and intimate level of connectedness. Nevertheless, it is important to highlight the ephemerality of said intimacy. It is arguable that the ephemerality of intimacy can be seen even more in follower-creator relationships given the parasocial nature. Substantiating this idea, brief interaction by answering a follower's comment is most likely more impactful on the

follower than the creator. Brief conversations about meaningful, vulnerable, and private problems in a public environment are arguably a prime example of ephemeral and mediated intimacy.

Still, on a personal level, the atmosphere and intimacy created in the *trying to conceive community* does not come without a certain risk. An assumption is that some individuals on the internet cannot distinguish between a real and intimate relationship offline and a mediated intimate, parasocial relationship online. Therefore, the risk of sharing sensitive information about yourself and your (future) baby might transverse into the physical world as well. As mentioned above, some creators also fuel the potential dangers by claiming viewers as virtual aunties and uncles.

Due to algorithmic processes, *trying to conceive* on TikTok has definitely moved from a hashtag to a (virtual) community where individuals in vulnerable positions have the possibility to share, exchange, and help one another. To further understand the sense of community I observed while analyzing videos and talking to members, I have asked artificial intelligence how they would define a virtual community to compare it to my personal understanding. Given the answer matching my idea, the definition I am going by:

> *A virtual community is a social network of individuals who communicate and collaborate over the internet on an ongoing basis, forming a sense of belonging and shared norms despite being geographically dispersed (OpenAI 2026).*

Follower-creator relations are intimate, and sometimes the ephemerality is overcome, and the relationship moves from being parasocial to an *in real life* relationship. As always, there are certain risks, from fraud to false information and a plethora of others. Still, community members are for the most part respectful, considerate, and create a safe environment for all. Content creators are certainly profiting from TikTok's technicalities, like the algorithm making sure to reach the right audience, as they profit from the mediated intimacy in a virtual community.

4.3. Women's bodies and the requirement of fertility

Over the course of fieldwork in the *trying to conceive community* on TikTok, a common theme detected has been women feeling shame and guilt for not being able to provide a child for their partners. A plethora of infertility sufferers online have openly spoken about these feelings while dealing with infertility, given that their body does not work the way it should since a woman's body is *made to be fertile*. Despite not directly asking about how

the interview participants felt in their body while suffering from idiopathic infertility, many have spoken about it in a similar manner to A.C. (2024):

> *[...] it does leave me, as a woman, to feel like it's my fault and it's on me for not being able to sustain a pregnancy or for needing help in the first place* (A.C. (2024) written interviews).

A.C. (2024) refers to the medical disparity she has witnessed between tests performed on her and her (male) partner. Despite her asking for a sperm test numerous times herself, her reproductive system has been the focus of medical experts. As a result, she has had to undergo a plethora of tests and felt to be the "faulty part that needs fixing" in her relationship. Despite her having PCOS, her hormones are under control, and she has been in treatment for quite some time. Nevertheless, she has had two miscarriages and, formerly, has firmly believed that her and her partners' health are equally as important in conceiving a child. In the end, she has had to advocate for herself and request a sperm count test, to which she was met with "You should try at least one more time, it might be bad luck," by her doctor.

There have been mixed answers by the participants as to whether they felt that the psychological as well as physiological stress were gendered when trying to conceive. Nevertheless, in the analysis, it became clear that women almost accept without question that they *have to get pregnant* to provide a child *for* their partner. H.G. (2024) in the written interviews had to endure a chemical pregnancy – a very early loss close to conceiving – only two days after her expected period. Nevertheless, she had a positive test and told her partner that she would be pregnant right after reading it on a pregnancy test. She has described her telling him to be the happiest day of their lives; however, she feels terribly guilty for telling him too early, making him happy, and then taking it away from him:

> *I felt guilty about not knowing better, but mostly I felt guilty about the fact that I announced to my partner, making him so happy for a few days, only to take it away. I felt it was my fault; that I as a human am a failure. This absolutely broke me and is the very thing that is making me sad the most is getting to read "pregnant" on a pregnancy test will never be a happy moment for me* (H.G. (2024) written interviews).

As is clearl in her statement, she was holding herself accountable for not being able to sustain the pregnancy. Interpretively, there is a sentiment of shame for failing as a woman. Ultimately, the citations above could be seen as a hint toward moral frameworks and social beliefs influenced by patriarchal structures in Western societies. Therefore, the field

material analyzed mainly indicates placing the results in feminist anthropological literature. H.G. has also gone through major medical trauma by having an intact seven-week pregnancy mistakenly interpreted as a heterotopic pregnancy (a twin pregnancy with one fetus growing in a tube). They gave her a shot to dissolve the ectopic pregnancy, which has revealed itself to have been a *corpus luteum*.Due to the medication she was given, she miscarried one more time. Interestingly, despite it being an obvious fault by medical professionals, she is looking for *her* fault in the process as well as feeling extraordinary guilt. To justify her guilt she has become obsessed with trying to conceive and monitoring every single step along the way. However, talking about how involved and stressed her partner is, she mentions that he is not as psychologically involved as she is, but mainly keeping it to herself as *she feels guilty for the pain she has caused him already* (H.G. 2024). Looking at her answers, it seems like she is the only part of trying to conceive successfully and is responsible for everything about it. *She* has done research, *she* is educating herself, *she* is taking supplements, *she* is doing ovulation tests, *she* is measuring basal temperature, and the list goes on and on. Her close descriptions of what it feels like trying to conceive provide an immense insight into the frustration and desperation involved. Nevertheless, it also seems like she is doing everything in her power to achieve this goal, and he is "the seed" (Katz-Rothman 1990). Analyzing the interview, it is mentioned numerous times how she is holding it together, keeping it to herself while suffering intensely to not make her partner sad as if she was the only variable in the process. Zou et al. (2025) extracted the quintessential idea of women feeling forced to be fertile in the following:

> *Irrespective of ethnic or racial identity, women tend to perceive their bodies as sites of constant surveillance and regulation. They adopt various practices of self-surveillance, such as monitoring their fertility cycles, dieting, and exercising, to maintain their physical appearance and reproductive health* (Zou et al. 2025).

Feminist scholar and sociologist Katz-Rothman (1990) talks about modern science having to move away from *the seed* being the source of being, given that (especially in new reproductive technology) the egg is equally as important as the seed when conceiving. Nevertheless, for decades, the seed has been the focus as the source of being in patriarchal structures and societies. However, doctors, scientists, and professionals nowadays might understand the importance of the egg in reproduction. Nevertheless, in older patriarchal statements, women are seen to be the nurturers of the men's seed. Despite that, women are offering genetic materials through *their seed* "the egg" which started troubling Western patriarchy. As a result, women started to gain some privileges in reproduction just like

men. Given that the egg is now an equally important aspect of reproduction, patriarchy shifted toward other aspects to maintain power. As a consequence, privileges of a male-dominated social system and economic superiority became increasingly important. In conclusion, Katz-Rothman (1990) argues that women become *father equivalents* rather than mothers (Katz-Rothman 1990).

Greil (2002) refers to being infertile as a major disruption in one's personal life, leaving women with the failure to live up to the normative image of the meaning of an adult woman. Additionally, social relationships are challenged, and cultural tragedies are lived out. After Greil (2002), infertility brought social norms as well as moral frameworks to light. However, the dissonances arising due to moral frameworks or social norms – whether personal, biological, cultural, or a combination of all "are played out *in the woman's body"*. Ultimately, it is the woman's body that fails to become pregnant, regardless of whether the medical "problem" is happening on the male side regarding low sperm count, etc. Nevertheless, infertility treatments are predominantly perfomed by the woman. Thus, she monitors her basal temperature, her cervical mucus, she undergoes artificial insemination or IVF, all while taking hormones to prepare for such procedures. The medical gaze is mostly subjected to the female body (Greil 2002).

Feminists and researchers like Thompson (2002) are trapped in a paradox about infertility. On the one hand, there is an obvious understanding by feminists of the psychological and physiological stress infertility poses to couples and especially women. However, on the other hand, treatments such as IVF support normative gender roles as well as gendered stratification. Additionally, as can also be seen on TikTok, artificial reproductive technologies are for the most part *ultraheterosexual, consumer-oriented, and built on a normative nuclear family scenario* (Thompson 2002). Men might suffer from grief as well as a "loss of masculinity", however, as already discussed, women are the ones mainly going through hormonal treatments as well as a loss of purpose when their body is not able to provide a child (Thompson 2002).

Colen (1986) presented the term *stratified reproduction* (Colen 1986), which embeds all forms of reproduction and how they are socially and culturally bound. Therefore, more privileged women are empowered to bear children, whereas less privileged women face disempowerment. Usually, *stratified reproduction* has its focus on contraceptive methods, access to abortion, etc. and has less research in the realm of infertility. However, for

example, in the United States, women of color as well as low-income women are discouraged from reproducing, reinforcing reproduction for white middle-class women. In addition, Medicaid (a form of basic insurance in the US) covers contraception; however, infertility treatments are only available for those who can afford better insurance. Given that infertility services have been extended via infertility mandates, there is the paradox of "there is financial help for sufferers of infertility but only if you can afford it" (Greil et al. 2011). Interpretatively, turning toward the digital and posting content on TikTok provides financial help since, as aforementioned, user generated content has lucrative opportunities (interaction-based as well as sponsorships). As a result, digital media provides economic potential in order to afford treating idiopathic infertility.

Despite the liberation of sexuality, motherhood has remained obscurely repressed. Therefore, a distinction must be made between the interactive and generative power within a woman that is motherhood as well as the socially constructed form of motherhood (Vegetti Finzi 1990). Thus, from a young age on, females internalize (and later identify with) a repressive and restrictive mother role. Despite merging into a social role, the initial maternal desire one might have turns into a necessity, leaving women feeling *compelled* to have children (Vissing 2016). As an example, my algorithm showed a couple that decided to do a pregnancy test the night before their official testing at the fertility clinic. Whereas this is not an unusual sight in the *trying to conceive community*, what made it highly interesting is the fact that after it came back negative, the woman turned to her partner and whispered, "I'm really sorry". Mainly, this is interesting because it could be a subconscious comment where she might be feeling guilt for not being pregnant – not sorry for herself and her maternal desire, but for her partner and the necessity to be a mother in today's society. Nevertheless, there are limitations in reading the video material given that there is no context other than testing early. Therefore, there is a possibility that the "I'm sorry" is not necessarily an immediate reaction for not being pregnant and apologizing, but it could be a reference to something different. Concerning user generated content and its performative nature, it has still been intentionally cut and kept in the video. Despite that, given the technicalities of TikTok, this is what people were shown, and most likely how they will perceive it can be seen in the comments as well:

> *My heart broke when you said "I'm really sorry." Girl, it's not your fault. Infertility isn't anyone's fault* (Commenter on TikTok).

> *I felt that. That's what I constantly tell my husband through our infertility journey is that I'm so sorry. [...] it feels like it all my fault. We're all here for you* (Commenter on TikTok!
>
> *That part gave me goosebumps. You are a whole woman. This does not define you* (Commenter on TikTok).

Analyzing the comments on this specific video makes it clear that an extreme number of women experiencing idiopathic infertility struggle with self-worth and worth in a relationship since they are not able to fall pregnant naturally nor easily. A plethora of comments talks about how they felt the same throughout the journey while simultaneously supporting the couple through this hardship. Given the immensity of people talking about feeling guilty and shameful toward their partner (as was mentioned in the interviews as well), the tendency goes toward a structural problem in (patriarchal) society where guilt and shame are internalized. As a researcher, it leaves me with the question of why it was kept in the video as it is rather clear that it can be interpreted in various ways. An idea would be that using social media and the mediated intimacy in order to recognize structural problems (patriarchal thinking and moral frameworks around motherhood) and rethink social norms. Hence, intentionally cutting the video in a way that reinforces rethinking. Given the technicalities it might also have been an economic thought – more critical words lead to more engagement and interaction, resulting in higher financial gain.

Table 15

Concerning the body language, there is a great difference between the male and female in this particular TikTok video. It is important to note that he has been supporting, hugging, and reassuring his partner verbally as well as physically throughout the testing part of the video, but the reaction after looking at a negative test is completely different in terms of body language. Whilst she is almost crouched together, head down with round shoulders, he is leaning back and looking away. Only seeing this picture without any context or him talking sweetly and supporting her would almost look as if he were upset with her (the screenshot in Table 15 has been purposely selected with parts of subtitles with *his* speech to prevent having false assumptions). In no way, shape or form, it is assumed that this is the case, but it also highlights another danger of TikTok videos in terms of an intimate topic like

infertility. Creators like the ones mentioned above have an extreme number of followers and often are treated like internet celebrities, where articles in online (news-)forums are written about them, etc. Therefore, it would not be uncommon that "journalists" (deliberately in quotation marks because of unprofessional behavior) to use a screenshot of this exact moment of the video with the caption "Woman apologizing for not being pregnant". Thus, the couple would be captured in a completely wrong light. The structural, societal problem of female guilt and shame under patriarchy would probably not be discussed, but instead, a wave of hate would meet an already suffering couple.

Shame will also be briefly discussed in the chapter unsolicited advice; however, it is important to visit it here. Thus, it is, as mentioned, a crucial factor in dealing with a female body that is "not functioning as it should". "Shame has the power to make us feel completely worthless, degraded from head to foot" Tomkins (1995) says, while associating the feeling with an intolerable, excruciating invisibility. Despite shame being researched since Freud, with his notion of shame being a feminine characteristic par excellence which is due to "concealment of genital deficiency" (Freud 1965), shame has evolved over the years. Nevertheless, it has remained an effective power in women's lives. Mann (2018) proposes two different ways of understanding shame. Firstly, *ubiquitous shame* (Mann 2018) that is ultimately inherently attached to the fact of being born as well as existing in a female body, growing up as a girl as well as later being a woman. For example, phrases like "just like a girl" and many more are everyday accounts of shame being posed on girls and women. Thus, women in everyday life must negotiate ubiquitous shame. On the other hand, there is *unbounded shame* (Mann 2018), which is bound to certain events that catalyze the feeling of shame and is snuffing out every ounce of hope for redemption (Mann 2018). Ultimately, after Mann (2018), *unbounded shame* in its worst form can lead to suicidal tendencies. However, both "forms" of shame are intertwined since *ubiquitous shame* is setting up for decisions that eventually become a catalyst for events triggering *unbounded shame* (Mann 2018).

Shame can be considered deeply structural as it is key to maintaining male supremacy, regardless of formalized equality. Ubiquitous as well as unbounded shame both work in favor of exploitation and domination continuously marking gendered existence. Therefore, shame is political, in a historic as well as viscerally lived experience, by patterning power and social control, characterizing exploitation between people who are socially situated differently, for example, men and women (Mann 2018).

To provide a more tangible example about shame and women as well as women's bodies: there was an unusual rise in unwed pregnancies in the 1960s. Women who were pregnant at that time viewed shame as the most prevalent aspect that led to their pregnancy being perceived as transgressive toward the social norm of "purity" and "correct" motherhood. Even though unwed pregnancy was a "problem" affecting all women, there was a concentration of inducing shame and making it a moral disaster for white, middle-class women. Their bodies needed to be pure, and their pregnancy was kept secretive. In fact, even conception through non-consensual sex or incest had to be kept secretive – it was shameful for pregnant women and not for predators. Therefore, lies about internships or visiting relatives far away were made up to hide the fact that they were performing a pregnancy in a maternity or wage home. Women revisiting the situation of telling an adult that they are pregnant in the 60s recall that they were shamed. Visibly, by being shamed (and not getting the feeling by themselves), their options were actively limited, and the source was indirectly a social standard/norm for women to be sexually pure (Adams 2017). Thus, women in the 60s had the inherent, ubiquitous shame that every woman has, in addition to the ubiquitous shame of having to be pure. Then, the catalyst event is a pregnancy that leads to unbounded shame that the unwed pregnant women are confronted with.

Ruth Benedict (1946) defines shame in a social as well as relational manner, rather than psychologically. Therefore, shame per se is enforced by external factors, such as judgment of others. Hence, it arises from exposure, fear of exposure, or the critique of others. Substantial to Benedict's (1946) definition is the clear distinction between guilt and shame (which are both important for infertility). She explains that shame is enforced externally, whereas guilt is formed by internally violating moral standards and principles. She also reinforces that shame is not solely an emotion but, importantly, a moral system that requires social visibility. Therefore, shame, according to Benedict (1946), acts as a cultural mechanism or moral regulation relying on external sanctions for good behavior. In contrast, guilt cultures rely on an internalized conviction of sin (Benedict 1946). Given that shame is portrayed in the video and the majority of comments stress how the woman should never feel ashamed of being infertile, it highlights the virtual community factor. Going back to Benedict (1946), the woman in the video is not fearing her husband as an external factor for shame, but she is fearing the idea of being judged. In contrast, commenters are reiterating how they all went through similar situations and it is nothing to be ashamed of.

As a result, TikTok's technicalities provide a place to share and inform others. Since *the internet does not forget*, each viewer has the possibility to re-read conversations in the comment sections as often as it is wished for. A potential outcome might be slight changes in social norms. Hence, there is a possibility of the digital counteracting traditional frameworks and norms.

Intertwiningly, infertile women are often stigmatized by their families, friends, and others they talk about, mostly in offline spaces, and are therefore disqualified from full social acceptance by others (Zou et al. 2025). Referring to Benedict (1946), they are culturally sanctioned by being judged and critiqued. Interpretively, they are not openly judged for being infertile; however, the social norm for women is to have children, and if they cannot conceive, people might make assumptions and judge or critique. After Zou et al. (2025), we present two prevalent forms of stigma – public stigma as well as self-stigma. Whereas the former refers to stereotypes toward a specific group by the public, the latter describes a psychological state characterized by reduced self-esteem and self-efficacy (Zou et al. 2025). Thus, the internalization of public stigma can lead to self-stigma. Women struggling with infertility do not only face a severe medical condition, they also face a socially constructed process in which they cope and perceive infertility as dictated by sociocultural norms. Notably, there are extreme differences in discrimination between black and white women. For example, a black woman in the Global South must prove her fertility in marriage to be a full member of society. She cannot conceal her infertility. Since the incapability of conceiving cannot be hidden, it is unconcealable. On the contrary, a white woman who might choose to proceed with IVF after some time of trying is *the perfect patient* who has pursued her career first. Therefore, in the Global North, there is a predominance of *secret stigma*. Conclusively, shame as well as guilt will be perceived differently, and no general assumptions can be made (Zou et al. 2025).

Zou et al. (2025) in their case study on women and how they perceive stigma and self-stigma around infertility have shown that a prevalent stressor in dealing with infertility is "broken" feminine identity. Therefore, their study has shown how identity, power dynamics, as well as body politics shape how infertility is experienced in various ethnic and cultural backgrounds. Additionally, in their interviews, they have shown the persistence of the narrative of the infertile body being incompetent, insecure, incomplete, and sometimes deserving of punishment (Zou et al. 2025).

The creator in Table 16 is holding a digital pregnancy test that is loading and is hoping to catch it saying *pregnant* on camera. However, it turns out to be negative, and the subtitle on the screen says, *How do you explain this feeling to a man.* Given the theoretical as well as empirical parts discussed, it seems this woman is feeling guilty and ashamed for not being pregnant yet and having to let down her husband. The following comment (that has been liked by the creator) can be found under the video:

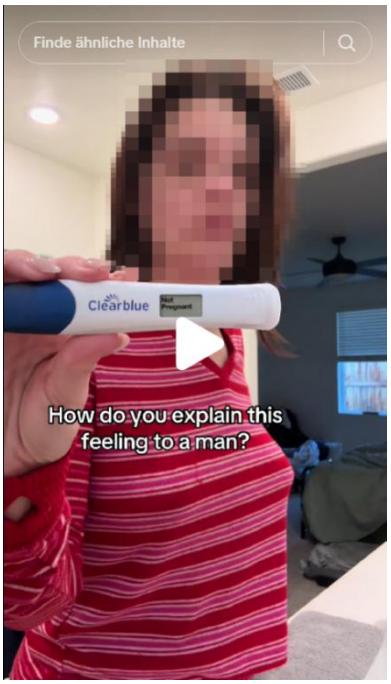

Table 16

> *It's the wors[t] feeling, especially when you told him you missed [your] period and do the test and it's negative, so each negative PT [pregnancy test] is just another hurting feeling for them* (commenter on TikTok).

It is almost alienating to me to see this comment because objectively, both parts of the couple are equally involved in trying to conceive (the natural way). However, following Mann's (2018) conceptual framework, women have the ubiquitous shame of feeling like they disappoint their partners. Then, as a catalyzing event, they must show them a negative pregnancy test, which results in unbounded shame with no hope for redemption. Assumably, the shame and embarrassment will be even higher if the woman has spoken about being late for her period as well since "she gave him false hope". The field material is (with the occasional partner in videos) predominantly female; therefore, there are limitations to making statements. However, men are involved in the process and certainly must deal with difficult feelings as well. Nevertheless, in analyzing the material, being socialized as a woman and having internalized feelings of shame and guilt, it presents markedly differently. Additionally, as aforementioned, females in a pronatalist society are taught that their body is made to grow and bear children. As was seen in the chapter on religion, a woman's worth is often dependent on whether she becomes a mother or not.

Another creator (Table 9 with subtitle "It's so embarrassing at this point to not be pregnant") directly speaks about how embarrassed she feels to not be pregnant at this point. She had done an embryo transfer and was feeling hopeful, but unfortunately, it did not work. Even though she felt the need to carry on, she was overwhelmed by emotions. In the video, she talks about how she feels like "She is *just* this infertile girl and has nothing to offer/talk about other than being infertile". Additionally, she feels like a burden for her friends given

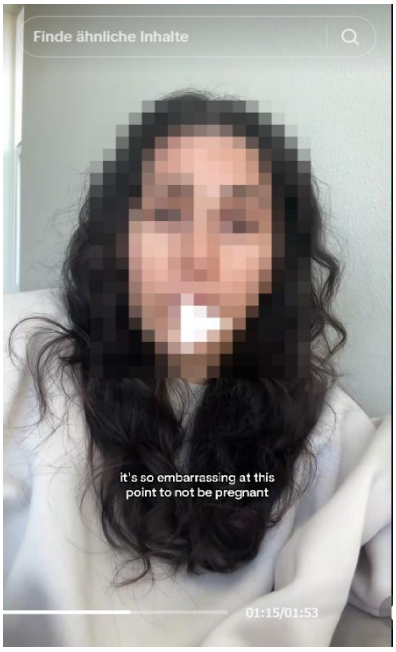

Table 17

that they must "endure" her talking about infertility struggles. Analyzing the video, it is clearly visible how much shame has impacted her and *made her feel completely worthless, degraded from head to foot* (Tomkins 1995). Reinforcing that she would never feel the same about someone else going through infertility, she still thinks harshly about herself, making it seem like her worth and identity depend on whether she is fertile or not. Going back to self-stigma (Zou et al. 2025), it recalls low self-esteem and low self-efficacy, facing the medical interventions and having to see them fail, as well as facing the sociocultural consequences of how infertility is perceived and how she should cope with it being in the stigmatized group of *the infertile.* Certainly, this is a problem many sufferers of infertility have, as can be seen in this comment:

> *So. Relatable. A year into IVF and every failure now feels the most embarrassing. Even if I don't talk about it with people anymore, the fact that I'm still not pregnant is so embarrassing* (Commenter on TikTok).

Additionally, she is blaming herself for being wrong about the IVF cycle. It was the couples' first round of IVF, and she was excited and hopeful, which then turned out to be a failed cycle, smashing her hope. As presented in Zou et al. (2025), the narrative of the infertile woman being incompetent, incomplete, and insecure persists. Therefore, it is presumed that being wrong about your own body – feeling like it worked, feeling positive – reinforces feelings of incompetence. Watching the video could be interpreted as not only her body "failing her", but her mind as well. Certainly, this causes questions about identity, motherhood, as well as womanhood and worthiness. Thus, this part must also concern numerous women, given that the comments are all similar to this one:

> *It's like you lose part of yourself, and the only way to get through it is to continue, follow a routine and plan the next steps, so that you feel as though you have some sort of control over this cruel journey. In hopes that you will finally see the other side. IVF trenches is a constant battle, we are stuck in the loop* (Commenter on TikTok).

As mentioned above, reproduction is stratified, not only socioeconomically but also culturally. Mainly in the global south reproduction is, socially, culturally, as well as

economically, of intense value (Hasanpoor-Azghdy et al. 2015). Thus, couples struggling with conceiving face extreme social pressure, and given that the childbearing inability is solely attributable to women, there is a gender-related bias that reinforces social and psychological suffering in women. As Hasanpoor-Azghdy et al. (2015) have shown in the Iranian case, the private pain of being unable to conceive quickly turns into a public situation, where the infertile woman is stigmatized and more often than not faced with domestic violence, social isolation, loss of status in society, as well as ostracized marital lives and economic deprivation (Hasanpoor-Azghdy et al. 2015). Given that in countries like Iran (Hasanpoor-Azghdy et al. 2015), child-conceiving and -bearing is a necessity for a married woman, it gets even trickier when accepting gamete donations or other infertility treatments. It is common for women to suffer extreme consequences like emotional and physical abuse, divorce, or abandonment. Despite that, in a broader sense, the woman seeking treatment will be socially stigmatized. Social norms and moral frameworks around childbirth are deeply rooted in Iranian society, tied to traditional views as well as religious beliefs. Hence, being fertile is not only socially punished – it is legally protected as well as religiously justified that infertility is a legitimate reason for terminating a marriage via divorce. It is important to state that there is a severe difference between infertility in the Global North and the Global South. Firstly, voluntary childlessness is socially inacceptable in the Global South – therefore, it is rather impossible to hide childlessness. It is central to couples' identities to be able to conceive (as has been mentioned before – proving fertility in marriage). Secondly, it is even more important to build a discourse surrounding it, especially in Western feminism. It is important to overcome the rejection of equalizing femininity and motherhood since women in the global south do not have the choice to stay childless (Hasanpoor-Azghdy et al. 2015). Additionally, Hasanpoor-Azghdy et al. (2015) reinforced how important it is to not only see infertility from a medical viewpoint but also add in social and cultural aspects to support women undergoing consequences like physical violence and complete exclusion (Hasanpoor-Azghdy et al. 2015).

Dealing with infertility is not only socially gendered; however, infertility treatments as well as most medications are performed on women. Thus, women face utter discomfort, feelings of sickness, and disability. Furthermore, psychological changes affect women to a point where they find themselves in depression as well as dealing with high levels of anxiety (Kiani et al. 2021). H.G. (2024) personally dealt with the mental health consequences of suffering from idiopathic infertility:

> *Despite doing everything "right" it just didn't seem to happen for us – months of grief, depression, anxiety, waiting, and obsessing went by. After 6 months of trying, we went for a check-up. Everything was told to us to be in the range of "normal" and just keep trying* (H.G. (2024) written Interviews).

Bokaie et al. (2015) talk about how levels of depression and anxiety in women dealing with infertility and undergoing treatment, resemble those of women battling cancer (Bokaie et al. 2015). Critical factors in developing depression as an infertile woman are not only medical challenges but also, as already touched upon, fear of divorce, social exclusion, loneliness, and the resulting stigma. Therefore, it is common for sufferers to keep their problems to themselves, not speaking to friends or family in fear of judgment. Additionally, dealing with an unpredictable treatment process, frequently visiting doctors, and taking extreme amounts of medications favor depressive episodes. Kiani et al. (2021) in their meta-analysis showed a significantly higher rate of depression in infertile women than infertile men. In the Global South, where childbearing is bound to the worth of a woman, the rates, according to Kiani et al. (2021) are even higher.

In fact, the field material analyzed supports the claims made in literature about the struggles of infertility being gendered and women being more psychologically involved as well as in the forefront of facing social and cultural struggles. However, most of the participants interviewed as well as creators analyzed state that their male partner is involved and supportive; still, the differences are severe. Whereas women must undergo most tests, treatments, side effects, and social consequences, menseem to be more concerned about their partners suffering and well-being. There have also been tendencies toward a gender-bias concerning medical tests given that some participants argued that they had to stress to their doctors having their male partners tested rather than doctors doing it by default. Nevertheless, it has been certain that infertility affects males *and* females; however, patriarchal structures affect women's trajectories extraordinarily, given that there is a complex entanglement of the medical side as well as social and cultural expectations formed through social beliefs and moral frameworks around women having to be fertile. Hence, the interview partners explained as follows:

> *I feel like the stress is mostly on the female, but my husband does a wonderful job supporting me. He is grieving a lot as well but his job in this process is a lot [simpler]. IÂ have to take a lot of meds and supplements and worry more about diet and exercise. He takes supplements and doesn't have to deal with horrible med side effects* (F.K. (2024) written interviews).

> *My partner and I shared the same amount of physical, emotional and mental involvement. Yes, my body went through a lot, but I do feel my partner also felt a lot* (B.M. (2024) written interviews).
>
> *I do not feel it's gendered, my husband suffers harder than me sometimes however from what I've seen on Tik Tok that isn't always the norm. I think the mental health aspect of it is much harder on the person [whose] hormones are being spiked and dropped and feeling the physical and mental aspect of recurrent miscarriages. So, in a way the mental load feels stronger on the person going through it, but I do feel my husband has been impacted a lot in this journey as well* (M.Z. (2024) written interviews).
>
> *I think that it very much depends on how involved the male partner is, however, I do think that the psychological stress on the female is far greater. I found that it was all consuming for me and I couldn't think of anything else, whereas my partner, although invested and equally upset at our struggle, was able to push it to the back of his mind from time to time* (B.S. (2024) written interviews).

Nevertheless, it is important to mention that there are limitations to the field material. Since the *trying to conceive community* that has been part of the fieldwork is almost exclusively heterosexual as well as European/American, the depiction is rather Western-based and does not deal with the additional layer of complexity that queerness and potentially living in the Global South would add. After including Hasanpoor-Azghdy et al. (2015), additional videos on TikTok from Iranian women were searched for, however, without success. In addition, there is a lack of male perspectives on trying to conceive on TikTok, where only one video was found, which therefore does not depict a true view on the male perspective. Another idea that could be future research would be that women sharing their struggles and trying to conceive journeys on TikTok is an attempt at reclaiming control over their bodies by voicing their struggles and giving voice to those who cannot openly speak about being infertile in a patriarchal, pronatalist society. However, for this hypothesis to be proven, research with a different focus would be required.

4.4. Online Social Support and Care

The samples looked at throughout the fieldwork done in *the trying to conceive community* were showing unusual social support between sufferers. Not only do they support each other while being on the same timeline, actively trying for a baby, but they also share their stories and how they have felt prior to conceiving successfully. Therefore, this chapter will dive deep into social support in online communities using examples from my field material. Furthermore, the material will be interpreted as a form of care – care for others and self-care. In a steady exchange with creators and viewers, M.Z. (2024) summarized the

quintessential understanding of all interview partners about the *trying to conceive community*:

> *The community is one of the most supportive sense[s] of community I think I've ever felt. In real life some women can be catty or out for themselves etc., this community is so supportive so loving and the strongest form of "girlhood" I've ever felt* (M.Z. (2024) written interviews).

Online social support (OSS) and online support groups (OSG) have been developed out of support groups like *Alcoholics Anonymous* and other similar programs. Therefore, it has been long known that group support from and for people going through the same or a similar situation is essential for fully recovering because mutual pragmatic and emotional support is provided. In general, social support groups offer a stronger sense of perceived self-efficacy, impact the individuals' well-being, and additionally positively alter their emotional state. Despite that, another remarkable bonus has been that it is a promising and effective, yet inexpensive and widely available way to obtain help (Barak 2008).

Less accepted by professionals, online support groups began to emerge in the late 1990s. Since being perceived as inferior to traditional social support groups, at first, little research has been done, and few publications have emerged. However, nowadays, there is an estimated number of over 100,000 (Barak 2008) social support groups online, making it a social mass phenomenon where a plethora of individuals are profiting from various factors that make OSG appealing. Certainly, *asynchronicity* (Barak 2008), easy access, and archival search are a few features that play a role in popularity. Technologically, online support groups can exist in numerous ways, such as on social media per se, as e-mail lists, in chat rooms, and forums like Reddit. Additionally, there is a high possibility that there is an OSG to almost every possible distress topic, whether it is a rare type of asthma, children with autism, hearing-impaired adolescents, victims of sexual abuse, or children with divorced parents. Individuals experience comradery with fellow sufferers of the same distress by providing and receiving emotional support, transmitting as well as obtaining information, socializing, and therefore forming interpersonal relationships. Thus, it is a great help to perceive themselves as less abnormal (Barak 2008).

The *trying to conceive community* can be interpreted as an online social support group because, given the interviews and comments analyzed, it has similar features. Certainly, it is a possibility to transmit and obtain information as well as to socialize with sufferers from the same difficulties. Additionally, and extraordinarily important, it is a means of providing

and receiving support. What has been told in a plethora of comments as well as interviews has been that users and content creators have found the *trying to conceive community* after experiencing a miscarriage. They felt that they needed an outlet, a way to grieve, a way to talk to someone who has experienced the same situation. People in their personal lives have expressed how it is not "necessary" to grieve a chemical pregnancy or early loss, although it is not merely about the embryo. Despite that, individuals are grieving a life that they *could* have had as well as the success of conceiving and beating infertility:

> *I came across Tik Tok when my therapist had told me I needed to find ways to grieve. I have a habit of trying to see the positive in everything and trying to move on too fast which was causing my anxiety and mental health to be terrible. I started watching Tik Tok's of other women going through the same struggles and felt like I could cry with them and really feel everything I was going through. This was after my 13-week loss* (M.Z. (2024) written interviews).

> [...] *the first video about TTC that I posted was post miscarriage. I felt like it was unfair that the world moved on and my baby didn't get to see it. It was my way of still bringing this baby into the world and if someone else could gain awareness of how common miscarriages are maybe we would be able to openly talk about it. Not knowing how hard it can be to get pregnant and carry a pregnancy to term makes the journey harder and lonely* (A.C. (2024) written interviews).

Women undergoing a miscarriage experience something called *ambiguous loss* (Carolan & Wright 2017). In opposition to the normative and definitive form of loss, *ambiguous loss* is considered to be even more painful and stressful to tolerate and thus more difficult to process and recover from due to the uncontrollable nature of the loss itself. The ambiguity of a miscarriage is responsible for the freezing of the grieving process leading to, according to Carolan and Wright (2017), it being exceptionally traumatizing for sufferers. Experiencing loss in pregnancy, whether chemical or a later miscarriage, evokes a sense of otherness in mothers-to-be because the normative route of motherhood – the social role of motherhood – is disrupted. Thus, gaining acceptance into the role of motherhood is exceptionally difficult. For pregnant women, a profound personal and social meaning can be found in the role of being an expectant mother. Consequently, the abrupt nature of a miscarriage harshly takes away their status and social role, leading to a perceived exclusion from their cohort of reproductively active peers. Two different factors contribute to ambiguity, namely, the *individual contextual level* and the *biological level*. The former describes how it becomes difficult to make meaning out of a miscarriage, given that, unless there have been two or more consecutive miscarriages, causation testing is rarely done, and insurance companies do not pay for it. Nevertheless, meaning-making is essential to

properly grieve and do resolution work. The biological factor acts on a temporal level. Thus, women who recently miscarried experience a feeling of losing precious reproductive time, which causes anxiety and a sense of urgency. From a feminist theoretical perspective, miscarriage is often minimized, desensitized, silenced, and medically negligible because it rarely causes life-threatening events and cannot be fixed. On a societal and political level, a nonexistent social script on how to discuss and behave after experiencing such situations is in order. In a closer circle, mainly family and friends, silencing after pregnancy loss also occurs, leaving the grieving women feeling minimized in their experience. Additionally, women tend to fill in the blank in terms of the unclear causation by blaming themselves. Self-image is lowered by perceiving the situation as, in patriarchal structures, failing in a woman's primary role of conceiving and bearing children (Carolan & Wright 2017).

Parents mourning a miscarriage experience *disenfranchised grief* (Carmack & Degroot 2024), a form of grief that cannot be openly acknowledged, socially supported, or publicly mourned because people turn away from certain forms of grief. A loss like pregnancy loss is complex, not well understood, and associated with social stigma to a high degree. As a result, individuals who are mourning are silenced from sharing their experiences, and social support is decreased, which further extends the mourning process (Carmack & Degroot 2024). Nevertheless, individuals have a desire for information as well as support, and given the lack of medical and familial support, they often turn to social media where they come across online social support. Reading the testimonies of fellow sufferers, they might gain new perspectives and information, but more importantly, there is some sort of support at any hour, overcoming geographical location as well as time constraints (Callen & Oxlad 2024). In a study on online support for miscarriages on Facebook, Callen and Oxlad (2024) found that users mostly look for emotional support and information. Individuals turned to the online support group to find ways to honor their *angel-babies* while expressing grief and sadness. However, they are met with emotional support in various forms, such as understanding, gratitude, empathy, love, and encouragement, whereas on the medical-care side, the mourning parents feel misinformed and let down (Callen & Oxlad 2024). Similar to Callen and Oxlad's (2024) case study on Facebook, various forms of support can also be seen on TikTok. The following comments present some examples of how support is shown in the case of a creator sharing that she experienced a miscarriage:

I am so sorry. I wish you hope and love. I did IVF..our fresh transfer and best embryo didn't work. But the frozen one did. Your body goes through so much (Commenter on TikTok). 💞

Take care of yourself right now. Your own mental health is most important (Commenter on TikTok).

Sending a big hug to you both. It really is the worst time. no one who hasn't been through this journey can truly understand the range of emotions you go through. All fingers and Toes crossed xx (Commenter on TikTok).

For a couple I don't know, who live across the world, for some reason TikTok brought me to you and I've never wanted someone to get what they want so badly. sending you hope from a rainy England 🖤 *(Commenter on TikTok).*

As can be seen from the examples above, compared to Callen and Oxlad (2024), women and couples who are in deep despair sharing their stories on TikTok are met with compassion, empathy, love, and caring words from users. In particular, in the last comment, it is visible how geographical constraints are dismissed regarding the social support transmitted in the *trying to conceive community*. Additionally, the fact that it has been said that "*[...] no one who hasn't been through this journey can truly understand the range of emotions [...]*" can be interpreted as their grief being disenfranchised in their environment, regardless of whether it is familial, medical, or both.

Going back to Wadhwa and Kotha (1999), virtual communities satisfy patterns of consumption. In this case, it can be interpreted as informational. Viewers are being informed about the potential outcome of IVF, namely, early-stage miscarriage. Through another need, communication, it might also be transactional. Thus, the creator informs viewers and simultaneously receives support by being met with empathy and kind comments. In other words, the creator is "paid" with support for sharing information. A great difference compared to physical face-to-face conversations is that the interaction (as well as the membership to the virtual community) is intentional through the mediation of the smartphone, referring to Markiewicz (2019). Interpretatively, in a physical interaction where the conversational partner is sharing about their miscarriage, the receiver is expected to react immediately. In contrast, in the virtual community, viewers intentionally choose to react and type an answer. Additionally, they can take their time because an immediate answer is not required.

By going through the videos again, analyzing the comments has been interesting because the circumstances of seeking support and turning to the online realm to be understood have

evoked a sense of caring about each other. Therefore, in the *trying to conceive community*, care in the sense of "caring about your experience," "caring about your well-being," and "caring about myself by seeking support" is an omnipresent phenomenon. Davina Cooper (2014, p. 4) about care: *"Care arises when things break down, when things that should work don't."* Coopers' (2014) definition substantially fits into seeking support due to life situations, like infertility, causing a crisis. The basis for this part of the chapter is a certain understanding after Tronto (1993), namely that care is grounded in the fact that we have needs and therefore need care to flourish. Knowing that individuals will need care at some point in their lives, it is a moral code for them to care for those in need as well (Cooper 2014).

Tronto's (1993) understanding of care is far from being a sole example of kindness or nursing. It is an activity of humans where everything is included to maintain, repair, and continue *our world*. The world, Tronto (1993) explains, is an entanglement of ourselves, our relationships, our environment, and our bodies. As a result, care is neither merely private nor solely emotional but a matter of the social, political, and material. Despite the basic definition, Tronto (1993) discusses that care is a process with four phases, each of which is tied to a certain moral value. The first one, tied to attentiveness, is caring *about*. Hence, the caring person recognizes a certain need. Next, they take care of the said need by *deciding how* to carry it out reasonably, hence showing responsibility. The *enactment* of taking care falls under actual caregiving by showing competence. Phase four, with the moral value of responsiveness, Tronto (1993) describes, is care-*receiving* where it is decided whether the enactment helped the recipient or caused them harm (Tronto 1993).

The Care Collective[8] (2020) explains that some fundamental aspects were needed to build a supportive and caring community. Firstly, mutual support is important to give care as well as to take care of each member. Next, a public space is needed; therefore, a place that is co-owned by everybody is held in common. Additionally, the sharing of resources (material and immaterial) between and among people is necessary (The Care Collective 2020). Consequently, the *trying to conceive community* is a place where mutual support is submitted by seeing and validating its members. Everyone who is currently struggling is invited to share their thoughts, and they are met with compassion and empathy. Since it is

[8] Originally a reading group of academics of different disciplines from London who focus on the extreme and multiple crises of care.

a publicly open space, there is a chance of receiving negative comments hidden behind anonymity; however, the community itself is showing positive engagement. As a social media platform, TikTok is not necessarily a real place, which refers back to Marc Augé's (1992) *non-lieux*. Technically, the platform is privatized and owned by *ByteDance*, however, theoretically, each user is co-owning parts of it with their personal account and making it what it is known for. Consequently, it reinforces digital placemaking as well as virtual communities, where place is created through mediation of a smartphone. Nevertheless, in the end, it can be deleted at any point in time and the communities built (if not spread across platforms), are ultimately gone, which could be interpreted as a negative aspect since there is no physicality. On the other hand, given the internets' technicalities, it is most likely that there is a way in which the community's content could be restored despite it being deleted.

Sharing of information and resources is a crucial part of the *trying to conceive community* as women are able to ask for support or advice and others are able to help. In the written interviews, the interviewees were asked *why* they chose to share content on TikTok. This is an example of what a multitude of answers to the mentioned question looked like:

> *When we decided we were starting IVF I felt motivated to start sharing my story, to connect with others but also to be a source for those who needed it like I found [on] TikTok when I needed it. It felt like a form of therapy to put it out there and be validated through all the other women feeling the same things I am* (M.Z. (2024) written interviews).

The comment above is an example of sharing information between and among people since she is sharing what IVF is like – for her to be able to provide help/care for someone who is looking for this exact topic. Additionally, it is visible how care is relational in the sense that she found the information on TikTok when she was in need of care and now, she is able to give back by taking care of others as well. She is also taking care of herself by using TikTok as a part of her coping with being infertile and having to undergo fertility treatments.

According to r Koski et al. (2025), social media is essential in online communication, especially for marginalized groups and oppressed communities due to lack of understanding in physical real-life contacts. Therefore, online communities can act as a form of kinship following the approach of *strangers like me* (Koski et al. 2025). Most likely, caring relationships are formed that are further aided by supporting others. In this model, a crucial part is that it is easier to help others who are in the same situation as the individual,

especially since it is anonymous. Koski et al. (2025) explained that online communities have a *library effect* where resources are shared with communities and arising micro-communities across various platforms, instead of hoarded. In addition, these communities are self-sustained through mutual support and shared vulnerability. Given the conversational nature of TikTok, communication can be sustained for a longer time, making it easier to provide continuous care (Koski et al. 2025). The technicalities – as numerously mentioned – provide asynchronous as well as non-geographically bound access to information. Comparing it to a library, an interpretation is that given it being not bound to a specific place, it might be wider accessibility which might result in a great advantage.

To further explain how care can be enacted via the mediated use of a smartphone, the following statements showcase different cases on why viewers initially turned toward the community. Referring to Koski et al. (2025), it will further provide insight into which phenomena can be observed:

1. *I am not doing videos about my experiences. I'm definitely too old to continue with my fertility path, but I do leave comments on videos if I feel that my experience can help someone going [through] the process* (B.M. (2024) written interviews).
2. *I started researching other people with PCOS and their experience with trying to conceive. TikTok was the easiest and most entertaining way to hear other women's stories* (A.C. (2024) written interviews).
3. *I know your pain. It's very hard to go through this. I'm here if you need someone to talk to* (Commenter on TikTok).

Ad. 1: A written interview with a user in the *trying to conceive community* that was found by openly asking if anyone wanted to speak about their experience. She has gone through various infertility treatments with the support of her husband, who was, according to her, as mentally and emotionally involved in their journey as she was. To understand the context, she was diagnosed with atypical[9] infertility after having numerous chemical pregnancies. Despite having had a good number of fertile eggs after hormonal stimulation, fertilization, insemination, and the return of the embryos being good, implantation has never been successful, and she was not able to maintain a viable pregnancy. At an age where her fertility path (mostly biological but also mentally) has come to an end, she is no longer looking for answers and possibilities to start her own family. However, she is keen to help others by sharing her experience. Compared with Koski et al. (2025), her answer in the

[9] Another term for unexplained or idiopathic infertility

interview shows the library effect. Instead of her holding on to the information she has, it is publicly available for fellow infertility sufferers:

> *[...] I think it's because we are all looking for information that might help us, and that we haven't got from our medical team. I personally think that at my time, my medical team haven't done all the tests they could do to find out what the problem was* (B.M. (2024) written interviews).

Most certainly, she is sharing her in an intensively vulnerable manner, and sharing their story can be interpreted as her making meaning out of the situation as well. Therefore, the idea is that she is showing care not only for others but also for herself and her partner. By using her experience to help others, she is actively supporting the *trying to conceive community* and its members, but she is also making meaning out of the trajectory of her own story with infertility. Assumably, her grief is disenfranchised since she has never gotten tangible answers to why she is unable to be pregnant and carry full-term, and it is difficult to make meaning out of why her medical team never fully *cared* to find out what could have gone wrong. As described in Becker (1999), the body remembers. B.M.'s life has been disrupted, and she is now dealing with embodied knowledge. Essentially, a curated inner voice sharing her story presents the external world (in this case, the community). Nevertheless, the interior, the unspoken voice, is embodied. Becker (1999) made an effort to help people bring their bodies back into themselves. Ultimately, creators in *the trying to conceive community* might undergo a similar process by sharing their stories to regain connectedness and control after a life-altering, disruptive experience.

Ad 2.: A.C. was dismissed in many medical conditions. At first, the decision to abort a pregnancy she had when she was 15 years old was taken away by her mother. After the abortion, her mother was told she might have PCOS; however, she was not educated on how it could affect her fertility path and how *polycystic ovary syndrome* can make it difficult to get pregnant and carry that pregnancy to term. Thus, when she and her partner stopped contraception at 28 and she did not get pregnant, she remembered the suspicion (PCOS was never clinically tested for) and asked her OBGYN to perform bloodwork for further testing and confirm the diagnosis. However, the request was dismissed because it would need them to actively try to conceive for at least 12 months to be considered as an irregular case. After being dismissed and failed by medical care again, she turned to TikTok and learned about the syndrome as well as how to successfully track ovulation to conceive. Nevertheless, she did get pregnant, but at 10 weeks she miscarried. Only then did her doctor accept the request for testing, and it came back positive. In addition to turning to TikTok

for finding fellow sufferers and support, she still changed her OBGYN to receive the medical care she needs.

Compared to the library-effect (Koski et al., 2025) in example one, A.C.is on the receiving end instead of providing end for information. As she described the waiting time between testing and diagnosis as intensely emotionally difficult, she turned to TikTok to find fellow women with PCOS, as *it was the easiest and most entertaining way to hear other women's stories*. As mentioned by Barak (2008), she was profiting from easy access, the asynchronous and archival nature, and the fact that there are online support groups for almost every possible distress, in her case PCOS. Once again, the platforms' nature fulfills the culturally mediated need for entertainment. Arguably, learning about a medical condition in a physical manner (e.g. a book or traditional research) might present as less entertaining. It is arguable that turning to TikTok is her way of taking matters into her own hands – caring for herself and her decision – given multiple experiences of failed medical care:

> *By the time I got to my appointment I knew already what I would be taking and what my options were. Indeed, the treatment was what I saw on TikTok, medicated cycles using Letrozole and Ovidrel, just like TikTok creators were saying* (Participant 1 written interviews).

Interpretatively, the patient is in a limbo-state with difficulties in making meaning out of the waiting time between tests being done and a diagnosis being made official. Turning to online support groups – whether on TikTok or on different platforms – might be a possibility to feel agency and self-efficacy, which, interpretively, is caring for oneself as well. In addition, she mentioned the ease of researching online as well as the entertainment factor. The algorithm, consequently, provided her with more information in addition to contacts to fellow women with PCOS. Barak (2008), as already mentioned, reinforces how important and beneficial online support groups can be in terms of positive effects on mental and emotional well-being and self-efficacy. As can be seen in example two, the suggestions made on TikTok about medicated cycles and which medication to take were also correct.

Ad. 3: A comment under a content creator's video. The commenter has only about 150 followers and is barely posting. To be precise, she has only one video on her account that has nothing to do with trying to conceive. Therefore, no base context is known about the poster herself; however, the comment suggests that she had to go through the infertility path as well (or is currently going through it as well). Furthermore, compared to examples

one and two, she is neither necessarily *sharing* information nor *receiving* information. Despite that, her comment could be seen as an example of how support and care are shown online in the community that is trying to conceive or in similar online social support groups. An interpretation is that commenting kindly on a video is comparable to reassuring words or a warm hug in the physical world. Going back to Koski et al. (2025), the approach of strangers like me, which can furthermore act as a version of kinship, is visible in her comment. Therefore, her comment is her sharing vulnerability by saying "I know your pain," reaffirming the content creators' feelings with "It's very hard to go through this," and providing mutual support in stating "I'm here if you need someone to talk to."

Whether the commenter is currently going through the same situation or has been through it in the past, she is certainly caring about other creators in *the trying to conceive community*. Interpretatively, she is also looking for information on TikTok; however, supporting others is simultaneously equally as important. This way of supporting each other can be found in various comments and is a prevalent suggestion in the field material that care is mediated through them as well as how care is mediated through devices like smartphones:

> *Aw hun, I know that feeling :(great big hugs 🫂 (Commenter on TikTok)*
>
> *From a fellow infertility journey mama to be: I'm crying happy tears for you both!! ❤️ ❤️ (Commenter on TikTok)*
>
> *It's absolutely ok to feel how you're feeling 💞 wishing you all the luck in the world ✨ xxx (Commenter on TikTok)*

Additionally, a key aspect in the comment section of videos in the *trying to conceive community* is the usage of a certain vocabulary. Users refer to themselves as "Mama" to reinforce the notion that they will be pregnant in the future. Moreover, they use pet names while talking to each other, suggesting a close relationship between poster and commenter:

> *I'm so sorry. Your time is coming mama! (Commenter on TikTok)*
>
> *You're doing amazing mama! Don't let them bother you!!! ❤️ ❤️ ❤️ (Commenter on TikTok)*
>
> *Oh babygirl I'm so sorry…I feel you so much ❤️ (Commenter on TikTok)*

Buchholtz and Hall (2005) conducted research on the effects of language on identity using a sociocultural linguistics approach. They found that language actively builds identity via five principles: *emergence*, *indexicality*, *relationality*, *positionality*, and *partialness*.

However, identity in that sense is built interactionally (Buchholtz & Hall 2005). Additionally, the phenomenon of in-group codes exists in linguistics. Therefore, there is code or style-switching in certain groups to suggest how message parts can be linked to potentially create a thematic whole. However, understanding the contextual expressions and common ground (as infertility and the path to getting pregnant) is mandatory and linguistically necessary as the interlocutors are assumed to understand the associations. Lexical choice can be seen as an in-group identity marker and therefore has a strong social function. Thus, the speaker using such codes claims community (in-group) membership with the recipient. In addition, specialized vocabulary permanently used in a collocational environment is used to show and reciprocate solidarity. Additionally, it signifies "in-the-same-boatness" where pretentiousness, deliberately withholding information, or the avoidance of uncertainty is passed (Cutting 2000).

The field material suggests as well that TikTok as a platform requires building a certain set of vocabulary given that there is a limit to how much can be written in a comment. As a result, the medium impacts the language which might result in a stronger bond between members since they share a common idiom. In addition to the examples above, there is a particular phrase that is deliberately the most important social cue portraying membership in *the trying to conceive community*:

> *Sending all the baby dust and luck your way* 💙 *as a fellow IVF warrior I feel your pain. Stay strong and lean on your village* (Commenter on TikTok)!
>
> *My last frozen embryo after four rounds will be 12 in November* ❤️*sending you baby dust!* ✨ (Commenter on TikTok)
>
> *I'm on month 13 of trying for baby no 2, just had two miscarriages back to back, test day is Thursday for me, I so hope we can share our pregnancy journeys together* 🤞 *showering us all in baby dust* ❤️‍🩹 (Commenter on TikTok)

(Sticky) baby dust is almost used as a euphemism for good luck as well as wishes and showing of support in the *trying to conceive community*. Narratively, it shows the communal nature of the experiences shared, which is a key takeaway, and how digital spaces are a representation of an emerging context in help-seeking and support. Treating infertility and being trapped in a paradoxical relationship between medical advice and relying on luck can make it difficult to form meaning. However, luck can be a powerful meaning-making tool in infertility, which is why creators often explicitly ask their followers and fellow infertility sufferers for luck. Baby dust adds a whimsical fairytale-esque aspect

to an earnest medical experience (Carrillo 2024). Nevertheless, it is not particularly known where the phrase has come from per se. However, dust, as an utterly small particle in the air, might represent the tininess of an implanted embryo in IVF – therefore the embryo being the baby dust. In addition, sticky baby dust is used as a form of luck-wishing toward the embryo implanting in the woman's womb.

Despite seeking support, franchising the disenfranchised as well as building a library-like archive for sufferers of a multitude of diseases, there is still a lingering question on why individuals prefer to talk about intimate medical experiences online rather than offline. The majority of the interviewees answered (similarly to) as follows:

> *[...] but I feel like Tik Tok is a safe space that I can openly share to people who may actually care or want me to overshare. Sometimes in real life you think "Was that too much ? Do they get it ?" But i still am a firm believer in sharing this subject because I felt insanely alone when I first started* (M.Z. (2024) written interviews).
>
> *[...] Yes, I know for me that I tell my friends and family less face-to-face than I tell tiktok community. It's easier to post to random people than it is to continue to tell bad news to my friends and family. [...] It is easier for me to share online. It's kind of anonymous but I get better responses because others understand what we are going through* (F.K. (2024) written interviews).

Certain key factors occur in supportive communication that are important for the discourse to be perceived as helpful. First, it is important not to threaten the recipients' self-esteem, followed by the clear exhibition of the caring intentions of the support givers and, lastly, sensitivity to the recipients' situations and feelings. This might be one reason why online support-seeking is sometimes easier than offline because OSGs (for the most part) are an embodiment of those characteristics. Additionally, seeking support can be uncomfortable and can make it seem like losing face and being perceived as weak. Posters in online support groups are less likely to be exposed to said factors due to their anonymous nature. Mostly in text-based support, as it can be in TikTok comments, the intentions must be made precise and clear. The explicit presentation of the support provided helpful cues towards the intentions of the helper and, according to the interviewees, increased the feeling of being cared for. Accordingly, there is time to reflect on both ends, which can create thoughtful, helpful, and constructive support messages that are attuned to emotions and situations (Chung 2013).

In conclusion, there are a myriad of ways of how the *trying to conceive community* is a digital space where shared experiences are indicators of care. The field material and the

chosen examples in accordance with the literature review have shown that there are a plethora of ways on how care is transmitted – from sharing the journey, to providing information to showing emotional support via comments. Additionally, it is interesting to see how the community has certain lexical codes, as they show how one is a member of the community. Nevertheless, intimacy is mediated, but as presented in Chapter 4.2, it is most likely ephemeral due to the digital nature. Hypothetically, the context of trying to conceive might not be a factor in the ephemerality because there is still the possibility of providing support via *I have been through this* and sharing information (as can be seen in one of the examples) and the membership is not canceled after successfully conceiving and carrying full-term. Additionally, the results can be interpreted not only as care in terms of caring for others but also as an act of radical self-care given that sharing experiences online is a coping strategy and a meaning-making practice in the infertility experience. Going back to Tronto (1993), care transmitted online might be compared with phases one and three. Not only caring about, being attentive, but also giving care and showing competence.

4.5. Unsolicited advice

Moving through the digital world, especially through social media, a plethora of new phenomena can be discovered. Consequently, given that it is also a theme in real life, there are numerous comments and postings giving advice. Nevertheless, this advice, whether well-intentioned or not – is not always desired. Users are providing posters in *the trying to conceive community* an extreme amount of information and tips on how to conceive faster and what helped them. However, despite the posters actively choosing to talk about their personal struggles, in most cases, the advice is not asked. The analysis of this field material has shown that users do not fear giving any advice, and it is arguable that the word choice and the level of invasion of privacy would be the same in a real-life situation.

Feng and Magen (2016) conducted an extensive research project on unsolicited advice and how it affects recipients. Hence, their work has been substantial to the research process since it provides an explanation on why some unsolicited advice is helpful whereas others are utterly hurtful. Advice in and on itself can be defined as an interaction that provides support in problematic situations and helps the recipient cope with and face difficult situations by recommending what to do or what to think. However, *giving* advice is an inherently difficult task in everyday life that presents social and intellectual challenges. Despite wanting to provide help, the advice-giver subconsciously assumes that the recipient

lacks the competence and knowledge to deal with certain situations and is dependent on external aid. Certainly, the interaction occurs asymmetrically and even suggests a certain power hierarchy that can threaten the recipient's positive reception and take away parts of its autonomy. Additionally, if the relationship is close, recipients might feel forced or obligated to follow the advice received (Feng & Magen 2016).

Another layer of complexity is added when the advice is unsolicited. Thus, advice is deemed unsolicited when there is no clear indication the advice is wished for or there has not been a question. Therefore, it is seen as unhelpful and even inappropriate, leaving the recipient with negative emotions and reactions. Most often, it is met with resistance as well as triggering stress, feelings of loneliness, unworthiness, and even depression. As a result, the interpersonal relationship suffers as well, given that the recipient will rarely seek support from this particular person in the future. Additionally, unsolicited advice in marital relations is an overprovision of support, leading to dissatisfaction in marriage, and can be a potential factor for divorce (Feng & Magen 2016).

Seeking advice is directly linked to interpersonal relationships as well as relationship closeness because most individuals prefer to talk about their troubles with close friends, family, or romantic partners. These relationships are defined by a certain level of trust and intimacy that acts as motivation to ask for help and to give advice. The fact that there is more empathy and sensitivity involved when talking with loved ones makes the advice more effective, given that it is thought-through, fine-tuned, and sensitive (Feng & Magen 2016).

However, scholars such as Tian et al. (2025) argue that unsolicited advice concerning morally questionable decisions might be positively perceived. Receiving advice without asking first is, as mentioned above, a constraint on personal agency in decision making. Therefore, concerning morally incorrect decisions, receiving unsought advice on said decisions can foster a feeling of responsibility being transferred to the advice-giver. This is particularly important concerning self-interest-containing questions, for instance, in a work context. Thus, morality is traded off to a third- party who allows oneself to uphold self-morality. Interpersonal relationships and closeness between the advice-giver and the recipient play an immense role in advice-giving. However, friends who are closer than average often choose the recipient's well-being as a priority rather than being strictly neutral concerning ethics (Tian et al. 2025).

Social support can be described as "*a set of interactive and dynamic processes in which particular actions or behaviors are directed at an individual to positively affect his or her social, psychological, or physical well-being*" (O'Reilly 1987)". However, social support through (unsolicited) advice can be a double-edged sword. On the one hand, it is necessary to be able to handle difficult situations and not feel lonely. However, it can be overwhelming and impact individuals rather negatively than positively, especially when received without solicitation. In an ethnographic study conducted by Boutin-Foster (2005), patients with acute coronary syndrome described it as wanting someone to listen to them without offering advice. Additionally, they highlighted that healthcare providers give unsolicited information as well, despite them having asked not to receive worrying information (Boutin-Foster 2005).

As mentioned above, giving advice to someone, whether solicited or unsolicited, assumes that the receiver lacks knowledge and is placing them in a hierarchy beneath the advice-giver. Feng and Magen (2016) described it as an *intrinsically face-threatening* act. Thus, *face* describes the social identities people attribute to others or claim for themselves (Feng & Magen 2016). The concept of *the face* (Ingram 2023) is crucial because it is not the individual sense of self but it is claimed as happening in interaction with others. Therefore, everyone is given a certain role in an interaction – the claiming of the face happens when behaviors and characteristics align with said role as well as the other part(s) of the conversation, for instance, sustain this role (Ingram 2023). Thus, face-*threatening acts* (FTAs) happen every day in a myriad of ways. However, advice giving is markedly common. It can be extremely controlling as well as critical, despite potentially providing useful information, making it the perfect example of an FTA. Furthermore, in *politeness theory* (Brown & Levinson 1987), there is a differentiation between the *negative face* and *the positive face*. Whereas the former is associated with the desire for respected autonomy, the latter describes the desired outcome of being liked and accepted by other interaction parties. Despite this, numerous other factors play a role. For instance, it depends on the situation and cultural context, making it extremely variable. In addition, hierarchical factors such as the power of the advice-giver over the recipient and the social distance between them play a role. Lastly, there is a sort of ranking of FTAs; therefore, it depends on ideas that are culturally shared, especially about the degree to which the advice is seen as enjoyable or obligatory, etc. Goldsmith (2000) explains this phenomenon using the example of advice given by a boss or a relatively close friend, where individuals would see it as a

lesser FTA than advice being given by a stranger. However, there are certain possibilities to soften face threats. For instance, the advice-giver can acknowledge that the following conversation might threaten face or attempt to redress it by presupposing common ground, acknowledging that the recipient is knowledgeable and weighing up the positive effects of an action (Goldsmith 2000). In the case of unsolicited advice, a solution would be to start a conversation with the following statement: "I know you are struggling, and you have not been specifically asking for advice. However, I have been in a similar situation, and if you want to, I can share something that has helped me."

Nevertheless, FTAs not only happen on the recipient-side, but in some cases, they can also occur on the advice-giver's behalf. One of the hardest FTAs to consider is advice rejection because the spoken words are not rejected online, but present an overt social rejection. Thus, in extension to rejecting advice, values, and knowledge, the advice-giver's face is being rejected. Certainly, the understanding of one's own competence is additionally threatened, given that, when giving advice, it is desired to signal competence as well as it is an act of restoring a sense of control in yourself (Ingram 2023). Accordingly, a question that arises when researching the digital is whether a rejection (e.g by. not answering a comment containing advice) is considered rejective and, resulting, face-threatening. An interpretation would be that the fact of the multitude of comments might soften the threat due to the awareness of the creator potentially not even seeing the comment.

Ingram (2025) conducted extensive research on the affective experiences and emotive consequences of unsolicited advice on individuals with disabilities because prior research has focused mainly on the affective motivations of giving rather than receiving unsolicited advice. Therefore, an unusually strong political power in the intersection of being disabled and receiving unsolicited advice is shame's emotion or affect (in their study used interchangeably). Unsolicited advice, therefore, is a moral tool that presents itself as a response to the able body that effectively is a foundation for the neoliberal social order. Therefore, given that shame is solely researched as a response to unsolicited advice, it focuses largely on the negative impacts of being disabled and confronted with moral tools. Shame is not a set emotion but rather an umbrella term for different feelings, such as humiliation, embarrassment, and shyness. Therefore, feeling ashamed triggers reactions of rejection and feelings of failure or inadequacy in social settings. Rejection, as argued in relation to unsolicited advice, also plays a crucial role concerning shame because it conceptualizes shame as a result of loss of social connection. Additionally, it threatens the

bond between one part of the interaction and the other part. Therefore, it can be classified as an (if not the most) extremely intimate feeling, given that it is brought about by intimate proximity to others. As a consequence, the complex emotional entanglement of shame is the co-existing feeling of being out of place and a strong desire to fit in (Ingram 2025).

Shame is not only a personal feeling but rather an intertwining of the personal and the political. Therefore, after feminist scholars like Shefer (2019), it imbricates within intersectional gender inequalities, given that it is almost surveilling as well as policing gender binarism since maintaining the norms and idealization of a femininity that is respected as well as "correct." Thus, shame is an act of punishing individuals, especially women (in this case concerning infertility), for transgressing despite their struggles being medical and involuntarily. In fact, it serves as a regulation for femininities that were socially prescribed in patriarchal systems and actively helps to further oppress marginal identities (Shefer 2019):

> *Shame and shaming processes are personal and political, constituting powerful material and discursive performances of the long-standing and still salient feminist dictum, "the personal is political". Shame and shaming are also bound up with social inequality, both reflecting and serving to reinforce, reinstate and legitimize social injustice* (Shefer 2019).

Shame, as well as evoking the feeling of shame in others, is crucial to infertility after analyzing the field material collected given that couples, especially women, feel severely out of place and desire to fit into the narrative of a *well-functioning woman,* which has been discussed in detail in the chapter *Women's bodies having to be fertile*. Additionally, they are to some extent disabled because their bodies are not functioning like the proper able body, which further alienates them compared to other women. Nevertheless, commenters on the Internet are (supposedly involuntarily) evoking even more shame in sufferers by adding comments containing unsolicited advice.

Another crucial factor of advice-giving, especially concerning unsolicited advice, is the cultural aspect and context. Owing to the field material used in this thesis, a mostly Western/European/American perspective on receiving advice will be used. However, studies, such as those of Chentsova-Dutton and Vaughn (2012), challenge this perspective by researching Russian advice-giving as well as -taking since the Russian cultural context promotes it in any case, whether solicited or unsolicited. The European/American model of giving advice emphasizes the tension between the informational and supportive functions

of advice and the fact that it is potentially threatening to personal autonomy on the receiving end. Therefore, informational cues are well considered to comprehend whether or not advice is desired. Thus, the psychological and relational costs can outweigh the potential benefit of advice. Additionally, Europeans/Americans do not necessarily have to rely on informal advice networks given the public services. In contrast, Russia (Chentsova-Dutton & Vaughn 2012) shows stronger signs of interdependence and collectivism compared to Europeans/Americans. However, interdependence is less harmony-based than, for example, in East Asia (Chentsova-Dutton & Vaughn 2012), but the emphasis is on building and maintaining social networks to solve problems, such as getting medical care and having a helpful collective. The personal is always political; therefore, it is arguable that it might be a result of a post-totalitarian cultural legacy. In Soviet society, informal social networks were crucial in coping with corruption and inefficient/unpredictable service structures. However, boundaries are downplayed, and face and relational harmony are less important than in the previous model. Communication is direct and assertive; conflicts or challenges of autonomy are fully accepted, and telling the truth directly is desired and social norms are enforced (Chentsova-Dutton & Vaughn 2012).

When conducting fieldwork in the *trying to conceive community*, it became obvious that unsolicited advice is a common topic within the first few hours of immersion. However, it became an even bigger topic when analyzing the field material and the comments section. In the written interview the last question was open and gave participants the opportunity to share their thoughts. Therefore, these are exemplary answers to the following question: "Lastly, what do you want the world to know – be it the *trying to conceive community* or the trying to conceive journey as a whole, whatever you want to share and give insight on":

> *I would like for people who didn't go through infertility and pregnancy loss to know that relaxing won't automatically fix all our problems! Yes, I heard "Just relax and don't think about it." comment many many times!* (A.C. (2024) written interviews)

> *I would also like the world to know that if someone opens up to you about their struggle TTC that we are not looking for you to give advice or answers, please just listen! A simple 'I'm so sorry you are going through this' is more than enough. We really do not need unsolicited or misguided advice, even if it is coming from the right place. I think we also need to stop asking women and couples when they are going to have a baby…think before you speak as you have no idea what someone's journey is all about.* (B.S. (2024) written interview)

> *Yes, as most of the account[s] are anonymous and this takes away much of the fear of judgement and unnecessary ''help". People who have not really gone through*

> *this sadly do not know how to deal with this stuff – especially in real life. What some think is ''helping" is really hurting people on this journey*. (H.G. (2024) written interview)
>
> *If I want to say something, then maybe it's to the people who write comments about the desire to have children. This path takes so much strength and is hard enough as it is, so please save your comments like "Maybe it's just not meant to be" or "No wonder you can't get pregnant with your weight".* (G.M. (2024) written interview, translated from German to English)

Given that the last question was not prompted toward advice-giving, either solicited or unsolicited, it is nevertheless apparent that comments like the ones above are hurtful and face-threatening. Especially in the vulnerable position of being infertile and struggling to conceive, the participants feel invalidated, out of place, and "wrong," and feelings of loneliness and despair are triggered. The phenomenon of receiving unsolicited advice is clearly not bound to the online world, as already became clear in the above sections, and posters describe it as extraordinarily difficult in their own family as well as in gatherings with friends. In contrast, technicalities like anonymously commenting, mediated intimacy or the algorithm targeting a lesser-knowledgeable audience might enhance receiving unsolicited advice. Nevertheless, the participants' statements confirm the relational context, especially how close and intimate relationships are. Additionally, the negative face is triggered, namely, the posters and participants want to be respected in their autonomy and reject the advice given. It is arguable that the mediated (ephemeral) intimacy created between the poster and the commenter favors giving unsolicited advice because the relationship *seems* intimate. However, as mentioned, intimacy on TikTok is ephemeral and debatably more intense on the commenter's side, which adds a certain level of complexity to the situation. Thus, even if the comments are helpful and polite, they are intrusive and encroaching. Nevertheless, in the field material it is impossible to be entirely certain about the cultural context of the posters and commenters. Whereas the participants in the written interviews are entirely European/American, the commenters on TikTok are hidden behind anonymous accounts, not giving away their descent or culture. Therefore, there are limitations to fully and generally analyze how and why people choose to give unsolicited advice as well as the perception on the recipient's end. However, in the written interviews, the European Americans fully prove the statements provided by Chentsova-Dutton and Vaughn (2012).

Concerning the commenters on TikTok, two aspects of how the advice is presented are prevalent. First, commenters act as experts, almost as medical professionals, and try to

help the posters by proposing medications and procedures. Second, the commenters are perceived as fellow sufferers and recall what helped them when trying to conceive. Those narratives do not always come separately. For the most part, both works are intertwined, and expertise is guarded by a level of *I have been in your situation, and this is what helped*. Nevertheless, it is arguable that recommendations, especially of medications or supplements, can be dangerous when not handled correctly. Most posters in the trying to conceive community are already going through Western medicine-based fertility treatment and are therefore surrounded by a plethora of doctors who specialize in this field.

4.5.1. Experts

The following comments on TikTok present an example of unsolicited advice being transmitted, with the commenter being the expert helping the recipient:

> *If you do another retrieval I would definitely inquire about zymot. A few other things I was going to inquire about if I did another retrieval were: adding calcium ionophore, using plaquenil, clomid*. (Commenter on TikTok)

> *So so difficult! Wishing you the best of luck for the future retrieval!* ❤️*My clinic recommended CoQ10 for 3 mo[nths] prior to retrieval for egg quality. Maybe ask your clinic you aren't already taking it!* (Commenter on TikTok)

> *I'm not sure if your clinic offers ovarian PRP but this really helped me after multiple IVF rounds. I have low AMH and poor egg quality. After the procedure I got my twins. Everything crossed for you.* (Commenter on TikTok)

The medications proposed in these comments are certainly strong doses of hormones, vitamins etc. Under certain circumstances, individuals taking them (without prior blood-tests and diagnosis), can react badly – for example, allergic reactions, intense pain etc. Given that many medications can also be acquired illegally and without a prescription, it is highly negligent to propose taking them. Most likely, they might help, however, they are not safe to take without medical guidance, can negatively affect the infertility journey, and in the worst-case lead to terminal infertility.

Zymot is a procedure that is done to imitate the natural separation of sperm that is more likely to fertilize an egg. Therefore, it is a device that separates the more motile sperm from the lesser ones and should promote a quicker in vitro fertilization since "the best sperm" is chosen to be used in the laboratory (Zymotfertility.com 2023). Given that it is a novel form of fertility help, it is unclear if it is helping to the same extent as different methods of artificial reproductive technologies. Second, it is a costly step. As it was invented in America, this allows for the assumption that it is not covered by insurance (as in most

infertility treatments) and is not widely accessible. In theory, the commenter is placed (hierarchically) above the poster in conversation because they did get pregnant already and have the (financial) means to try out novel fertility treatments. The financial aspect is another crucial reason why this example of unsolicited advice is most likely threatening. It is presumed that the poster is unknowledgeable about novel treatments, for instance, due to insufficient research or not obtaining the financial means. In addition, autonomy is taken away by proposing the next step in a stranger's fertility journey with explicit propositions on what to ask for and what to take pharmaceutically. To a certain extent, competence is additionally questioned *because they could have already done it*. Linguistically speaking, the advice is not hidden behind a polite and supportive premise. Therefore, the beginning of the sentence implies a high chance that they will simply accept that it is not their path and that they will give up on trying to conceive, thus reinforcing a certain power play once more by indirectly mentioning that doing it their way would have already resulted in pregnancy. It is arguable that *If you do it again* will have different meanings for every reader. Therefore, the mental state or vulnerability of the reader will provide different outcomes. For example, if the financial factor is playing a remarkable role, the reader might project it onto the fact that another round of IVF would be too expensive. Another outcome would be that if they had tried four times already, they might feel like the poster is trying to tell them to just stop if it did not work. To conclude, meaning-making will look different for everyone. As already mentioned, the facial and verbal cues are often missing in a comment section, and it is therefore difficult for the reader and the researcher to figure out what was actually meant. Nevertheless, the supposedly helpful comment will potentially be perceived as intrusive and impolite. Another example of unsolicited advice that is polite but still unsolicited:

> *There was also some research showing laughter after transfer increased falling pregnant, so find something funny to watch too Xx*. (Commenter on TikTok)

After fact-checking this particular proposition (that is unsolicited as well), Friedler et al. (2011) conducted a pertinent study in Korea where around 200 women undergoing IVF were split into two groups. After the embryo transfer, a group had a 10-to-15-minute interaction with a medical clown, whereas the other group proceeded as usual. The clown group was more likely to build a viable pregnancy (Friedler et al. 2011). Even though this form of unsolicited advice is neither harmful nor dangerous in terms of taking random medication, there is not enough research evidence to make a generalized statement.

This is gonna sound nuts but Mucinex, and cherries. (Commenter on TikTok)

Try taking a[n] aspirin a day. (Commenter on TikTok)

Except for the fact that this form of unsolicited advice is threatening and not written politely, it is proposing medications that are certainly not connected to fertility. *Mucinex*, a form of *guaifenesin*, is a cough remedy, and aspirin is a common cold medication. Certainly, there are medications that hold higher risks of harming someone's health, but it is still possible to use *mucinex and aspirin* incorrectly. Additionally, no large-scale research has been conducted on *Mucinex* along with fertility. There has been research on aspirin; however, there were no significant results concerning live birth rates and conception in general. One group of women who had one or two miscarriages before 20 weeks (no recurrent miscarriages) benefited from it, with an increase in positive urine tests and a 10% increase in live birth rates. Therefore, the use of aspirin as a fertility treatment is not generally recommended (Schisterman et al. 2014). However, *mucinex and aspirin* are medications that can be found in every fertility-focused community on social media.

Goffman's (1959) key work consists of a theory that individuals in everyday life are taking on certain roles depending on the social situation and the public they are speaking to. Thus, the role taken on is defined by social norms and the individual's position. Furthermore, eight key characteristics are met when being in an active role. Therefore, the individual is either *sincere or cynical* regarding their internal conviction with taking on the role. Certainly, there is an intertwining of sincerity and cynicism in everything. Hence, it is not black and white, which means that many sub-forms exist in between. The *façade* describes the environment and the demographic characteristics of the actor. In addition, the social and cultural *façade* describes the general circumstances regarding how the role is to be played. As *a dramatic realization*, the actor has to play in a way that the public must be convinced that it is meaningful and makes sense for the general public, meaning that it must be staged in a convincing and meaning-making way. In terms of *idealization*, the actor must perform in a way that highlights crucial aspects, while actively hiding non-fitting aspects. Certainly, *expression control* must be maintained at any time. Therefore, the actor must have full control throughout the entire performance to be perceived as convincing. *Untrue performances* are recognized by the public and sanctioned according to the situation. Thus, the public decides whether the lie is as bad as to be sanctioned (socially). Next, *mystification* is a key aspect since the distance between the actor, and the public reinforces a certain idealization that is especially pertinent to people with a certain level of fame and/or

power. Lastly, *fiction and truth* describe the differentiation between sincere and insincere performance (Von der Wense et al. 2024).

Commenters who present themselves as experts online actively take on this role actor in the comment section. They are seemingly knowledgeable and speak almost as an authority figure toward the public. Given the distance between the commenter and the readers, the expertise presented is certainly mystified as well because they could be actual experts and nobody would know. Nevertheless, it must be weighed whether it is seemingly an untrue performance that should be sanctioned, which (on TikTok) could be seen by others further commenting and questioning the advice given. Nevertheless, the online sphere makes it extremely difficult to be entirely sure about sincerity, given, once again, the absence of communicative cues that would be present in real life. Individuals giving certain performances in the digital world are arguably trying to impress someone – whether the public or themselves – which they chose to do through imagined expertise that, in fact, is performed.

> *Just caught up on your whole journey 🥹 I'm sure you don't want unsolicited advice but I took Oocyte SAP supplement by NFH before my egg retrieval. Collected 6 eggs and ended with 4 embryos.* (Commenter on TikTok)
>
> *It's probably all the pharmaceuticals that you take*. (Commenter on TikTok)

Concerning the comments above, it is important to highlight the importance of language in online spaces. *In the truest performative sense, language is doing on the Internet, where physical bodies (and their actions) are technically lacking* (Kolko, 1995). As a result, language is the most important aspect in presenting and making meaning in online spheres, especially in online communities. It enables users to do things online, rather than just watching videos (Herring 2004). Technically, both comments present unsolicited advice to either focus on a different approach in terms of treatment or change medications and treat holistically. Nevertheless, it is certain that the performance is completely different. Although the first example is polite, acknowledging that the following advice is unsolicited, the second one could also be mistaken for an insult. Thus, comparing both, there are certain key aspects in the first comments that minimize face-threatening, even though it is still an FTA. For example, the user starts with a general statement and shows support and knowledge about the infertility struggles and journey of the poster. Therefore, the poster is more likely to feel appreciated and understood. Next, they acknowledge that they are about to threaten the poster's face. By doing so, the commenter is building common ground and

actively acknowledging the poster's knowledge. Opposingly, the second comment is almost written as an insult rather than an effort to help. Thus, it provides a perfect example of a threatening positive face by denying connection and understanding, given that the posters' need to be accepted and approved is rejected. This comment will most likely be perceived with complete rejection and will not be answered. Therefore, the mediated intimacy and the imagined intrapersonal relationship are destroyed.

> *You really only need to BD [babydance = have intercourse] when you have fertile mucus! Could be a number of things from your diet to your partner.* (Commenter on TikTok)

Assuming that the poster does not know when to have intercourse with their partner is, once again, a face-threatening act because the knowledge on how to conceive (without struggles) is entirely dismissed. Additionally, assuming that their partner has a poor diet is another core FTA. Likely, this comment will be rejected due to poor language presentation (in combination with the dismissal of knowledge). Thus, the comment seems like an insult to the poster who will most likely try to counteract and go into self-defense mode since their feelings and needs (and knowledge are being dismissed). For instance, the comment starts with *you [...] need to*. Following Rosenberg (2015), there are four major ways in which this message can be perceived. First, the poster will blame themselves for *not considering it* or even *not knowing it*, which will be at the cost of their confidence and self-esteem. Additionally, this will likely lead to shame and loss of social connection due to feeling alone in the situation. Secondly, there is the option to blame the posters themselves and point out their fault because, technically, they do not have the right to do so. However, the complexity is again in the fact that the poster is choosing to publicly share intimate moments on TikTok. Yet, there is the unanswerable question on how far is too far in terms of commenting on someone's life and whether the commenter considers that the intimacy mediated might not be a real connection. Without a doubt, the comment is still unsolicited and highly intrusive. Third, the reader/poster should reflect on why they would be hurt by the comment. Thus, they potentially feel that it is unfair for the commenter to assume a certain lack of knowledge and to criticize their partner's diet (which is, in fact, highly personal and intimate) as lacking in nutritious food. Likewise, they might consciously recognize that their knowledge on conception is dismissed, which leaves them feeling hurt. Fourth, the commenter's feelings could be considered in addition to the poster's feelings. Therefore, they might suggest it due to having been in the same situation and not having considered that aspect of ovulation and their partner not taking in enough nutritionally

dense foods (Rosenberg 2015). However, it is arguable how likely situations three and four are in a situation where the poster is likely to be frustrated, desperate, and in a highly vulnerable position. Assumingly, given that most individuals in the *trying to conceive community* blame themselves for being infertile, it is likely that situation one will be how they perceive it. Therefore, they will not only be hurt by unsolicited advice, but they will also blame themselves for lacking knowledge and feeling ashamed.

4.5.3. Fellow sufferers

As mentioned, another prevalent narrative in which unsolicited advice is presented in the field material is framing it through the position of fellow sufferers. Once again, it is not possible to separate fellow sufferers entirely from the expert-side, yet there are key differences that can be observed.

First, there is an intense difference in language in how it is presented. As mentioned in the last example above, a common ground is built, and commenters often refer to it (often multiple times) in their comments. In addition, most of the comments start with an I-statement or the *you should do xyz* is excluded, and giving the statement a less authoritative quality. Another key difference in these examples is the *directness* of the statement. Certainly, unsolicited advice is given; however, there are examples where it is hidden between the lines (Goldsmith 2004).

The following statements will be used as examples to further solidify the understanding of unsolicited advice by fellow sufferers:

1. *I went through 8 years of infertility I tried IVF and IUI and nothing. I drank okra water with cloves for 3 months and got my miracle baby 3 months ago 🥰 praying for you.* (Commenter on TikTok)
2. *Have you had a karyotype blood test done? That answered likely the reason why my embryos weren't making it as I have a chromosome disorder I never knew about :/ wishing you all the best, you're not alone 🫶*. (Commenter on TikTok)
3. *I was on pills for more than 2 years. Then after stop for 7months, on cd26 [cycle day 26] i got faint lines. Tested again cd31, i got two lines. Maybe you should try again 5-7days. Hope you got double lines soon* 😊 (Commenter on TikTok)

Compared with Goldsmith (2004), all three statements are unsolicited advice masked with empathy and presented as a shared experience. Nevertheless, a difference exists in

directedness. Statement one does not contain an advised action, but statements two and three do. Certainly, all statements try to advise the poster in some way or another. However, statement one does not necessarily have to be understood as advice because it is hidden between the lines by presenting a personal experience with infertility. Either way, both advising methods without solicitation exhibit problematic communication characteristics. Statement one might not come across as advice and therefore, a risk is taken that it is misunderstood as a simple sharing of experience. However, this form of communicating advice acts as protection for the speaker because it is masked, and relational implications are highly unlikely. Nevertheless, it lacks the clarity and force of the recommendation to change something, which potentially eliminates the chances of a change. Opposingly, statements two and three are most likely a face-threatening act that risks the longing for autonomy and approval, as discussed before.

However, there is an exceptional difference between some exemplary comments by experts that were considered rude and condescending and features associated with *solidarity*, such as shared experience, used in all statements above. Certainly, *solidarity* (Goldsmith 2004) offsets face-threatening acts to a certain extent. Not shown in those examples, but *deference* (Goldsmith 2004) between speaker and recipient, consisting of formal language, apologies on imposing, as well as hedging, would additionally offset face-threatening acts since respect and autonomy is shown. Considering that these statements are still unsolicited advice, informal language is used in combination with appropriateness toward the individual and the situation. Therefore, it will come across less forcefully, and it will be more likely to be accepted as well as the individual feeling cared for. In statement three, the commenter is taking another step to take off the edge and offset an FTA given that they say *maybe you should try* [...] instead of solely starting with *you should*. Even a slight change in language (e.g., maybe) takes off the edge and makes it feel less forceful and intrusive. In their research on advice-giving in different communication styles, Goldsmith (2004) showed that there are significant differences in reception when using solidarity instead of bluntly advising. Additionally, solidarity in advice-giving was considered the most helpful and most probably fruitful in the end (Goldsmith 2004).

> *Wear wooly socks whenever you're at home until beta day [The day where HCG is measured for the first time after an embryo transfer]! That's what I did* 😊 *oh and also keep moving, light walks around the block. They helped us with our successful round* 😊 (Commenter on TikTok)

Solidarity is also shown in this comment concerning what to do after having an embryo transfer until the first blood draw where HCG is measured. Once again, there is no scientific evidence, nor any research done on whether keeping your feet warm helps you to conceive. Traditional Chinese Medicine advises women to keep a warm uterus and therefore, their hands and feet warm to have enough circulation to produce enough progesterone (Xinletcm 2024). Nevertheless, it is more of a popular cultural belief rather than scientific fact.

As shown in this chapter, advice-giving and advice-receiving are prevalent themes in everyday life, whether online or offline. Nevertheless, there are substantial differences in the social practice of advice, one of which is whether it is solicited or unsolicited. Either way, the style of presentation can trigger negative as well as positive feelings in the recipient; however, a threatening face always poses a danger. Threats, in addition, are culturally coded; therefore, no generalization can be made on how to properly give advice given that it is determined by cultural factors, as has been said in the comparison of Russians and European Americans. Additionally, how the advice is presented linguistically is critical. Certain factors, such as *directedness*, considering I-statements rather than starting a sentence with *you*, etc. Thus, a threatening face is less likely to happen if solidarity or deference is considered. The main goal in advice giving is to avoid the feeling of shame, undermining the recipient's knowledge, and respecting autonomy. As shown in the examples of written interviews, unsolicited advice occurs extremely often with family or friends. Therefore, it proves the point that has been stated in the reviewed literature that advice-giving is highly relational, and it is much more likely to give (unsolicited) advice to a close individual. In return, it can disrupt relationships greatly, especially if the recipient's advice is rejected.

Unsolicited advice is a recurrent theme in comment threats in the *trying to conceive community*. Posters share intimate details and struggles that are naturally met with the desire to help; however, it can massively backfire. Most certainly, TikTok and the hashtag #tryingtoconceive are places where likeminded people find each other, and therefore, most commenters are likely to struggle with infertility as well. Thus, going through the same or a similar situation has the effect that individuals have a need to share what helped them. However, it is a delicate balancing act between sharing your own experience and not giving unsolicited advice. It is arguable that commenters sharing what has helped them in this vulnerable position is an act of letting out frustration; however, it is highly difficult to fully understand the intention behind a comment, given the absence of facial and intonational

cues. Additionally, the online disinhibition effect is in full force, and some comments are written in ways that could indicate forgetfulness about the real person. Before analyzing the field material and the elected comment samples, a hypothesis was that the posters would react in certain ways to receiving unsolicited advice. Thus, it has been surprising that in comment threats, posters neither adapt nor resist – they ignore. However, sometimes there has been a polite *Thank you, I have already tried* that, or *Thanks, I will ask my doctor about it*; however, generally there is no reaction at all. People are more likely to do a so-called stitch (choosing one comment that is visible in a video, and the poster reacts to it (table 18)) rather than reacting to the threat.

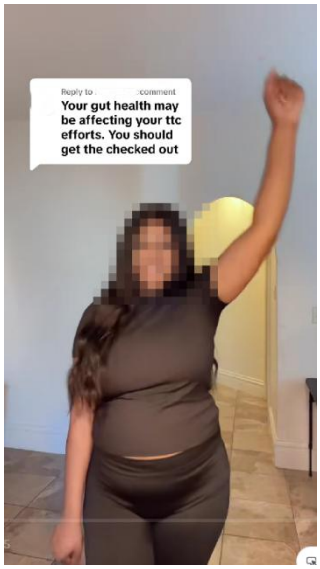

Table 18

One hypothesis is that numerous posters have a markedly high followership and are therefore in the creator fund, which adds a financial component. Thus, the posters see TikTok as their job and try to act professionally. Nevertheless, the economic and financial aspects of TikTok and specific content – such as trying to conceive content – are a topic that could be researched in its own project given that social media professions are still rising exponentially.

Without an explicit question about unsolicited advice in the written interviews conducted, a plethora of participants retold their experiences with unsolicited advice. Namely, how frustrating it was to seek support from their loved ones, expecting to be listened to. However, they were mostly met with unsolicited advice without substance – such as Just relax and it will happen. Wang et al. (2021) have published a study about the perception of parental advice in adulthood, especially in problematic life situations such as divorce or unemployment, compared to struggling with infertility. Certainly, adult children turn actively toward their parents and seek support in decision-making progress, which faces parents with the problem of watching their child suffer. In the parent-child advice-giving, the quality of the relationship is an important, if not the most important, factor. Nevertheless, even when support is sought, it is not an invitation to provide unsolicited advice on the problem, but a request for guidance and emotional support. Therefore, there is still the possibility of unwanted perception of parental advice. An important factor and another layer of complexity is the current mood and well-being of the support seeker. Individuals in already vulnerable emotional positions facing uncommonly difficult life

situations are negatively affected when receiving unwanted parental advice. According to Wang et al. (2021), mood-affection and relationship quality levels directly correlate in terms of receiving advice compared to rejection in FTAs (Wang et al. 2021).

In conclusion, unsolicited advice is part of everyday life; however, the online realm adds complexity due to mediated intimacy and the anonymity of users. While many commenters try to help with shared experiences, articulating in positive and affirming language, numerous individuals add their opinion without considering readers' vulnerable positions. Comment threads in the *trying to conceive community* contain an excessive amount of unsolicited advice, arguably due to its content. However, the threads are mostly calm, without discussions, etc., and posters seem to ignore unwanted advice (in terms of directly answering). However, given the literature interpretation, feelings of loneliness and being out of place are actively triggered when receiving unwanted advice. Therefore, it is arguable that most posters suffer in silence after reading unsolicited comments on their videos.

4.6. Religion as a coping strategy in crisis situations

Given that terms like religion or spirituality are politically loaded as well as difficult to separate entirely, an explanation for the following is important. I chose to use both terms, religion in this thesis refers to institutionalized and organized systems with various rituals, doctrines and moral frameworks. In contrast the term spirituality is used as in a subjective connection to something higher (like the universe) with not necessarily institutionalized rituals and orientations (like manifesting). However, in no way, shape or form do I claim that they do not overlap or are mutually exclusive.

Surprisingly, a plethora of comments concerning various content creators' videos surrounding their personal stories with (unexplained) infertility involve mentions of God. Consequently, religion and spirituality seem to be important factors in crises. For instance, conceiving a child might present itself as trauma, physically, psychologically, and medically (Carolan & Wright 2017). Therefore, this chapter will build a theoretical base around faith as a coping mechanism and explanation during crisis as well as present collected material that shows how strongly religion is involved in the *trying to conceive community*. A telling example is the following quote:

> *Prayers up for babies to come down* 🖤🖤 (Commenter on TikTok)

4.6.1. Religion

Over the last few decades, both research and the public have shown an intense decline in religion. Despite that, spirituality and religious behavior are still strong forces in pivotal situations and hardships in life (Pargament 1997). Scholars like Pargament (1997) have found that traumatic experiences can trigger turning to God and prayer. However, in everyday hardships – financial struggles, illness, death, birth – individuals also tend to move closer to their faith. Hence, times of stress, for example during trying for a baby, are common, and looking for an explanation in faith or spirituality. Additionally, Pargament (1997) claims that religion, whether Christianity, Buddhism, Judaism, or Islam, builds on a foundation of pain and suffering, namely, how to respond in difficult situations. The outcome – the solutions – don't vary from religion to religion; however, the focus is on coming to terms with life's hardships. In his book about the psychology of religion and coping, Pargament (1997) highlights the fact that coping does not necessarily equal religion. *"The paths of religion and coping may never touch; they may overlap a great deal; or they may converge and diverge at different points in life* (Pargament 1997:132)." Individuals tend to cope with relatively accessible strategies/orientation systems. Concerning Western societies, one reason for turning toward religion (or even back to religion) would be the large (cultural) embedding in our society. For example, nowadays, Sunday masses are relatively empty (Pargament 1997); however, given the cultural spirituality, churches tend to be quite full-on festivities like during Christmas. Despite religion not being the only part of an individual's orienting system, those with more limited alternatives and means might move quicker toward faith in stressful situations. Furthermore, this proves the relative nature of accessibility. Nevertheless, turning toward religion in times of crisis also has a compelling factor. More susceptible to said compelling factors are two particular groups, namely, those who fully integrate religion in everyday life and those who are aware of the limitations and boundaries of human conditions. Nevertheless, compelling choices are not necessarily the most reasonable (Pargament 1997).

In addition, other than resorting to it in times of difficulties, religion is associated with the likelihood of having a positive attitude toward certain health behaviors, such as preventative medical screenings. For example, studies, referenced in Greil et al. (2010), exist relating to a positive attitude toward monitoring blood pressure and cholesterol or doing cancer screenings to religious saliency. Opposingly, there is no association at all with

mammography or pap smears, which could also hint toward a medical gap between the genders. On the other hand, a negative attitude toward medicine can also be caused by religious beliefs. Contraceptives, vaccinations, or blood transfusions are sometimes not accepted because of spiritual/religious beliefs. Infertility is described as a *"devastating experience [that] brings feelings of emotional distress [...], especially among women* (Greil et al. 2010)". Despite the extremely high number of sufferers worldwide, only half of them seek treatment, which could be brought back voluntarily and mostly connected to high financial means. Additionally, infertility is not life-threatening, which sometimes elongates the reflection period and therefore, from time to time, eliminates the sole possibility of undergoing treatment due to age and lower egg quality. There are two opposing forces when speaking of infertility in a more religious context. Firstly, children, family, and childbearing in particular are highly encouraged in religion. As faithful people are typically more traditional in their lifestyle, research from Greil et al. (2010) suggests that this can be a strong encouragement to start seeking treatment. Secondly, some religious beliefs discourage or even prohibit assisted reproductive technologies due to the sanctity of the embryo and marriage. Thus, individuals are mostly allowed to undergo treatments such as IVF, but the use of donor gametes is prohibited. The tendency to adopt children is unusually high concerning strictly religious individuals compared to non-religious individuals. Nevertheless, most couples nowadays do not ask for a permission to undergo treatment; however, religious couples are far more susceptible to ethical concerns about the process (Greil et al. 2010).

As can be seen in the following example of the field material, religion is a part of the *trying to conceive community* as well. Thus, there are a myriad of examples in the analyzed material that resemble the following:

> *Just keep faith, I think it's brave that you are sharing this and one day, you'll have your miracle* (Commenter on TikTok).

Being religious on social media is a growing field in sociology and anthropology, namely, under the name of *digital religion* (Campbell 2013/2021). Presenting oneself religiously on social media is strongly connected to identity formation. Therefore, it consists of a composition of Ammerman's *anthropological narratives* (Ammerman 1997) and Gidden's *religious narratives* (Giddens 1991), where individuals revise their own experiences and categorize them by giving them meaning and then connect them to said religious narratives. Therefore, they connect the narratives that are publicly constructed and are all about ideas,

actors, etc. that are transcendent or sacred – comparable to social norms or moral frameworks in which the individuals act. However, there are recurrent discussions on digital media and religious identity that raise concerns about the possibility of forming meaningful self-understanding when positioned in multiple, intersecting contexts of social intersection. Nevertheless, the internet and social media provide a more flexible way to live autonomously rather than conforming to formal authorities and institutions (Campbell 2021).

4.6.2. Moral framework and Catholic societal beliefs

As expected, religion produces certain moral frameworks and societal beliefs not only about living a conservative life but also about conceiving a child, being in a heterosexual marriage, and gender in general (Czarnecki 2015). Nevertheless, religion, especially Catholicism (Czarnecki 2015), portrays a certain position toward ARTs that is known for being highly, if not the most, restrictive in comparison to other religious beliefs. Concerning infertility in connection with religion and devout women, a known gap exists in the literature. While there are some remarks on religious people after their infertility treatment, there is little to none about the impact it has on decision-making. Therefore, the *if and how do we want to conceive when we struggle* is rather negatively connoted. Assisted reproductive technologies are posing a threat to the *natural* and *normal* procreation taught in a pronatalist religious community. However, not fulfilling a certain role is devastating, identity-questioning, and can cause feelings of worthlessness and a loss of femininity (Czarnecki 2015). Owing to being met with a primarily Western (mostly US-based) field material, the following section will provide more information on Catholic beliefs and frameworks since they are strongly embedded in the comment section on TikTok. Therefore, the following example shows how the act of trying to conceive is seen as sacred and how God is responsible for fertility:

> *You got this girl sending prayers!! Lord Touch her body heal anything that needs healed. We ask that and pray that you bless this couple. And you're heavenly name amen* (Commenter on TikTok).

Marriage and procreation are considered sacred in the Catholic church. Therefore, children are considered a gift from God, but only when they are created during (marital) intercourse. Thus, the divine unification of the corporeal and spiritual sides of man and woman. Undergoing fertility treatments *ex utero* are described by Catholic believers as being a rupture to the divine unification because it takes place in a laboratory. The aforementioned

is deemed disrespectful toward divine intention as well as human dignity because scientists are *overtaking God's role* as the creator of life. Catholicism is not completely restrictive toward technology. Certain help can be taken, for example, via a perforated condom, which later results in an artificial insemination. However, the conjugal act cannot be replaced; the semen must be collected during (marital) intercourse (Czarnecki 2015).

Additionally, Czarnecki (2015) mentioned an infertility treatment designed by a Catholic doctor – *NaPro* – which stands for natural *procreative* technology (Czarnecki 2015). OSF HealthCare, an Illinois-based health system, has been mentioned in some comments on TikTok, describing it as a faith-based solution and a fertility provider that honors human dignity and aligns with Catholic values.Clicking on the website and scrolling through the services to fertility care, the health care does not necessarily seem to be highly religious. It is described as what *NaPro* stands for: Mainly tracking the woman's menstrual cycle, ovulation etc. to then perform many hormonal and other tests to "restore the natural ability to conceive." Additionally, there is a video of a licensed OBGYN explaining the procedure. They chose a pregnant woman to explain the procedure (which is at first not detectable, only after they zoom out). Only at the very bottom of the page is there a link to another page explaining how and why faith-based family planning works (OSFhealthcare 2025). Some aspects of the website can definitely be linked to Catholicism even if it is not mentioned directly. First, the name of the technology – instead of the scientific term reproductive, procreative is used. Furthermore, contraceptives, especially hormonal ones, are dismissed numerous times: *Instead of overriding the reproductive system like hormonal contraceptives, NaPro uses targeted medical treatments such as [...]* (OSFhealthcare 2025) or *instead of suppressing or bypassing fertility, ethical approaches work with your body to identify [...]* (OSFhealthcare 2025). Additionally, their services support married couples in monitoring reproductive health, which is arguably an indirect way of excluding any sexuality other than heterosexuality as well as dismissing the existence of more than two genders. Generally, the whole explanation and website is based on helping your body holistically. Nevertheless, on closer examination, they often recall themes such as not intervening with natural processes. Natural family planning (NFP) is deemed an effective fertility option, which is argued with:

The Creighton Model is a helpful way for you and your spouse to manage family planning, whether you want to avoid or achieve pregnancy:

- *Avoiding pregnancy: 96% to 99% effective when used correctly*
- *Achieving pregnancy: Many couples can conceive within six to 12 months* (OSFhealthcare 2025)

Most certainly, it is arguable how scientifically valuable "Many couples can" is, as there are no resources, and no studies or literature is linked on the page.

A brief look and analysis of the website can already show certain (religious) societal beliefs as well as moral frameworks that are usually transmitted in Christian lectures. Namely, the importance of marriage or, more importantly, heterosexual marriage, the rejection of hormonal contraceptives since they are presented as "against nature," as well as numerous mentions of nature, natural processes or dignity, and honoring the ability to procreate. These linguistic choices are further strengthened by stylistic and visual choices. Thus, it is arguable that the doctor being a pregnant woman is solely a coincidence. It might trigger something like a desire to conceive even more in potential patients. The chosen pictures are full of happy (heterosexual) couples, sometimes in nature, and the design is held in green, reinforcing the natural aspect. Touching upon the example above, the commenter prays for God to heal everything that needs healing. Compared to *NaPro*, the infertile woman is invited to be healed holistically without interventions that would corrupt God's will.

The particular case of a religiously accepted fertility care provider was chosen to be researched, despite them not advertising actively on TikTok, because the digital realm allows them to eventually manipulate potential patients. The website is programmed in a way that it is not clear at first sight that they support Catholic beliefs and traditional moral frameworks. In addition, the explanatory video is filmed purposefully to emotionally trigger care – as well as mediate intimacy.

However, restrictions against assisted reproductive technologies is not the only path that religious communities (not necessarily Catholics) take. Therefore, certain studies reveal the intersection between science, gender, and religion and how it is used to, for example, fulfill pronatalist policies (Czarnecki 2015). Israel (Czarnecki 2015), with Judaism as the most popular religion, is known for having the highest number of users of IVF, as there are certain laws posed by Rabbis to accommodate it, as well as government-sponsored rounds of IVF. Ecuador (Czarnecki 2015), with an exceeding Christian population, has a non-restrictive view of reproductive technologies, interpreting them as assisting in God's

laboratories. Orthodox Greeks (Czarnecki 2015) use a form of naturalization to make use of IVF by describing their suffering as atonement. In contrast, Muslim women (Czarnecki 2015) struggle with the question of whether assisted reproductive technologies take away from being "a good Muslim" (Czarnecki 2015).

Strictly religious couples, nevertheless, live in a terribly difficult double bind where having children is almost a must and the desire to have a family is almost unbearable. However, they feel excluded from society where every woman's body just gets pregnant and they cannot. Additionally, the information and exchange between couples is difficult because they cannot go to generic support groups where women just do IVF. Therefore, the sentiments are exclusion for not having/not being able to have children, judgments by their religious community, and isolation from secular society since they do not want to rely on ART (Czarnecki 2015).

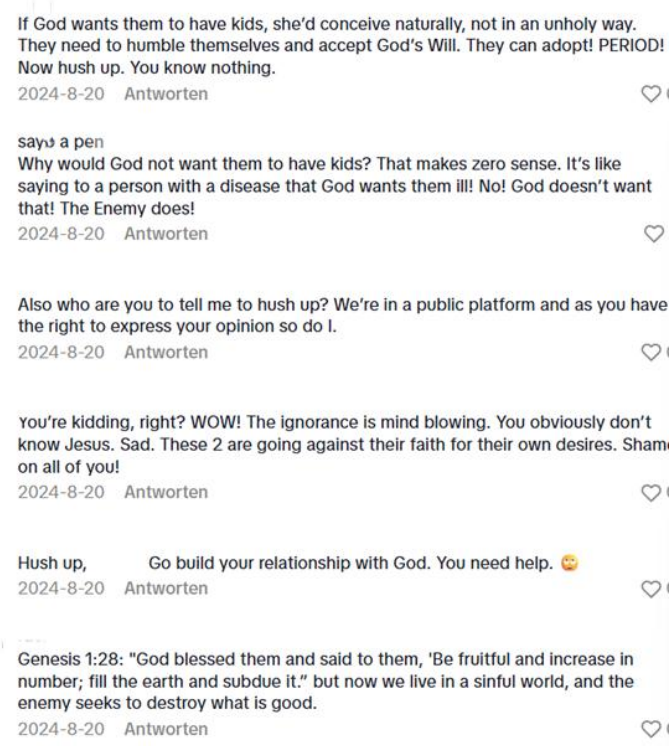

Table 19

Analyzing the field material collected in the *trying to conceive community*, numerous comments such as "Praying for you" or "Keep your faith" kept coming up. However, one conversation (Table 19, 20 & 21) was quite extreme (refusing artificial reproductive technology) and disrespectful toward the creators who are speaking about having an unordinary rapidly growing cyst from endometriosis. Even if the chances of conceiving with the upcoming transfer are less than 10% (due to the cyst), they will still try, and they are heavily relying on their faith. The negative and disrespectful comments are all from the same user, and the moral frameworks surrounding assisted reproductive technologies taught by Catholicism are reproduced in their comments. They actively recall interrupting the natural cycle in a laboratory where "*they play God and resist against his will* (Czarnecki 2015)."

Interestingly, they speak from the above point of view to the other commenters who are trying to defend the couple. Thus, it seems like they are trying to bring God's word into the world and that they are trying to missionize a community that is deemed unholy for trying to conceive with the help of science. The user is completely anonymous; there is no profile picture that makes them identifiable, nor do they have a public profile; therefore, it could be anyone.

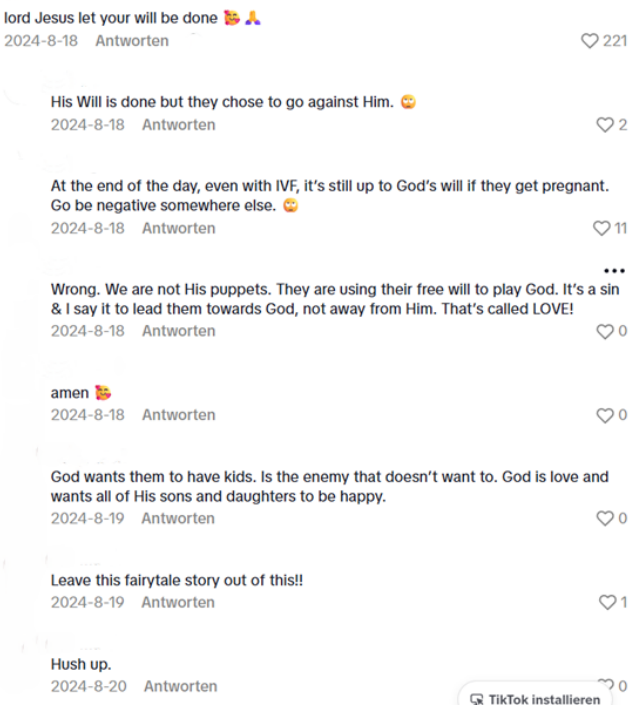

Table 21

However, one of the last of their comments is *fatti affari tuoi*, which suggests they speak Italian or are from Italy. The sentence, meaning *mind your own business,* seems ill-fitting, almost ironic in the context of them having started a discussion about someone else's business. Nevertheless, this certainly shows numerous dilemmas online communities bring with them: first and foremost, anonymity and reproducing extreme opinions. Nevertheless, an ongoing dilemma and extremely important discussion in online communities is the question of whether commenters have the right to propose their opinions on every creator's video since they are actively pursuing to share their lives publicly. Additionally, how far is *too far* when commenting on the life of a living person?

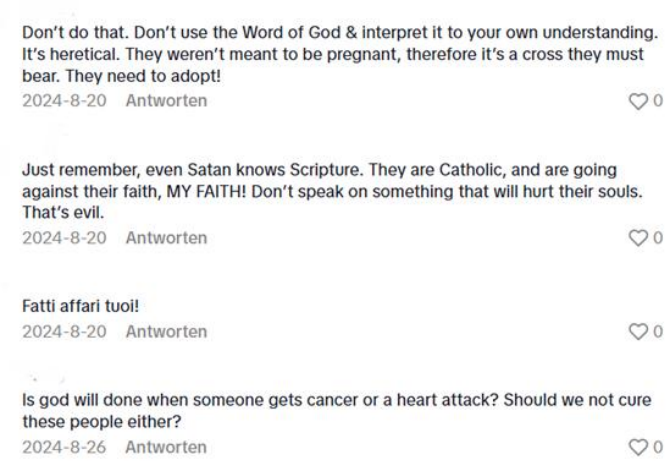

Table 22

A content creator on Youtube, not tied to trying to conceive after all, has pointed out how she perceives the internet, especially TikTok, nowadays:

> *I feel like this [= how far is too far] has really become more of an issue for me over the last few years because of the startling lack of empathy I have seen in general on the internet across any topic. There's it's- it is so terrifying to me how it really feels like people don't understand the fact that there is a human being on the other side of whatever you're seeing, whatever post you're sharing. [...] But I've seen this really increase since [...] Tik Tok has gotten so much more popular. I don't post on TikTok anymore. I don't use the app. I haven't actually gotten on TikTok and scrolled in months because the negative discourse that I see under literally anything is really sad [...]* (Hannah Elise, Youtube 2025)

To further discuss comments in the *trying to conceive community* on TikTok, it seems important to touch upon the *online disinhibition effect* (Suler 2004). Thus, a plethora of factors leads to users behaving differently online than they would in person. Psychological researchers, like Suler (2004), distinguish between *benign disinhibition* as well as *toxic disinhibition*. Psychology as a discipline has been chosen on purpose since it was seemingly the best fitting answer to why people tend to overstep boundaries on the Internet. Given that my interest in research has a strong tendency toward sharing highly intimate information, it felt important to deep-dive into personal reasons (e.g. the interviews) as well as scientific explanations behind it.

Well-fitting to the overall topic, *benign disinhibition* describes individuals who share extremely private facts, stories, etc., as well as secrets, wishes, or fears on a public platform. In psychology, this can be classified as working through difficult stuff to further explore new experiences and emotions related to identity. This can, for example, also happen whilst exchanging e-mails or even chatting on online dating platforms. The false and, once again, ephemeral intimacy created can lead to rapid trusting of the conversation partner and revealing too much personal information. Later, there is a high tendency to feel disappointed but also vulnerable or shameful while being overwhelmed (Suler 2004). Opposingly, *toxic disinhibition* can be described as a repetition compulsion or even a blind catharsis, where unsavory needs are acted out. However, the goal is not personal growth; it is just acting or speaking out thoughts that would not happen in the real world to a real conversation partner. One factor is the so-called *dissociative anonymity* (Suler 2004) because online users can hide parts of their identity or not give any identifying characteristics at all. The created anonymity can separate the actions of the real-life person and the online persona. Therefore, it is possible to dissociate completely from the real world, and owning one's own behavior is not a must and responsibility must not be taken (Suler 2004). Next, Suler (2004) states that *invisibility* plays an important role. Since users

cannot physically see each other, they can go to places they otherwise would not go to. Typing a message deletes the aspects of thinking about how the users look or sound while doing so. Additionally, conversations in online communities as well as via e-mail etc. – are asynchronous. Thus, users do not have to immediately react to conversations; they can freely choose at what point they are willing to read and answer. The asynchrony of those conversations makes people more susceptible to averting social norms and answering in a way they would not normally (Suler 2004). Otherwise, *solipsistic introjection* (Suler 2004) describes the alteration of self-boundaries due to the absence of face-to-face cues in text communication. Users may have a voice or even a visual of the other person in mind; however, it is not an actual depiction of the person itself. It is a character in the intrapsychic world (Suler 2004). *Dissociative imagination* (Suler 2004) can also occur in the online sphere, where the user thinks of the online persona they are communicating with (that is imaginary and only partly true to the actual individual) lives in a different space, namely a make-believe dimension. Thus, the offline fact and the online fiction are dissociated or completely split. Surprisingly, some might argue that their online persona is more likely to be their actual true self. However, disinhibition leads those users astray. Importantly, cultural and personal aspects determine what individuals consider to be true in terms of their true self, since it cannot be seen separately from the environment in which users are placed (in real life). Additionally, the situational context is completely different (Suler 2004).

From what has been analyzed throughout the fieldwork process, the *trying to conceive community* does not have many hateful or disrespectful comments. Partly due to the algorithm that like-minded people can use to find and support themselves. However, it is important to highlight this aspect of an online community. Interestingly, the discussion that played out in a disrespectful discourse was not necessarily about trying to conceive but on religion and a certain moral framework. Therefore, it is arguable that (religious) users tend to have an additional third persona – a dissociative religious persona that is in limbo between their offline and online self. This might be unlikely, but religious users in their minds have imaginary conversations with God similarly to speaking to an imagined online persona. Most likely they have a voice and a visual in their head that is actually imagined living in a make-believe dimension that holds power over offline individuals. An imagined power hierarchy might exist in the online world that is acted out through anonymity and weakened boundaries. Therefore, it is possible to act in a powerful, God-like way without

having to take responsibility or own up to their behavior. Hence, a well-fitting summary by Suler (2004):

> *Everyone—regardless of status, wealth, race, or gender— starts off on a level playing field. Although one's identity in the outside world ultimately may shape power in cyberspace, what mostly determines the influence on others is one's skill in communicating (including writing skills), persistence, the quality of one's ideas, and technical know-how* (Suler 2004).

4.6.3. Spirituality

Nevertheless, religion, as discussed above, is not the sole gateway to psychological help in dealing with infertility. In fact, it can be considered a Western practice rather than a worldwide coping mechanism. For example, Baakeleng et al. (2023) found that Chinese or African couples tend to lean more toward different spiritual practices to potentially be able to have children. In vitro fertilization and many other Western-medicine infertility treatments are an acute financial burden that is not accessible to everyone. Additionally, in terms of numbers, IVF is not the most successful. The financial burden in combination with several failed attempts at conceiving with the help of Western medicine increases hypertension, anxiety, and symptoms of depression. Thus, opting toward more holistic and/or/spiritual options to help achieve a viable and successful pregnancy is rapidly increasing, especially for underprivileged couples. As previously mentioned, parenthood – and especially motherhood – are central to many forms of family constructions and kinship, which is certainly visible in the outstanding levels of psychological stress concerning the societal status of becoming parents and self-identity. Therefore, every possibility is exhausted (Baakeleng et al. 2023). Less religious and more spiritual would be comments resembling this:

> *Sending you so much love & healing energy.* 🤍🤍 (Commenter on TikTok)

For instance, in Ghana, where Baakeleng et al. (2023) conducted research, it is widely believed that conceiving and bearing a child is of supernatural origins, so indigenous as well as religious healers are perceived to be the right people conducting fertility treatments. Indigenous health care practitioners and their ability to treat infertility are common knowledge within African communities. Thus, a common theme on why spirituality is chosen presents itself as healers having the right expertise. Women are counseled while going through treatment, and the indigenous healers encourage them to pray. It is arguable that praying is a treatment for infertility; however, it does have a positive impact on the

psychological distress experienced by patients. An unusual difference compared to Western medicine, for example, is the mutual relationship built between the practitioner and the patients concerning all the problems (physical, emotional, spiritual, etc.) at once. Additionally, it is widely accessible and much more affordable than Western practices (Baakeleng et al. 2023). Baakeleng et al. (2023) also confirm in their study that although infertility is a couple's problem, the blame as well as shame and distress is mostly placed on women (Baakeleng et al. 2023). Other examples of outer-worldly comments are as follows:

> *Still manifesting so hard for you guys!* 🤞🏻 💔*xxx* (Commenter on TikTok)
>
> *Inbox me rn [right now] I have an important message for you from the universe* 💔 💔(Commenter on TikTok)

However, spirituality is a highly complex and dynamic concept. It can change over time as well as across cultures, making it difficult to measure. Nevertheless, it can be defined as a person in this world being connected to themselves as well as to a higher power of nature. Certainly, it can also be a sense of meaning in life as well as providing a possibility to transcend the self as well as suffering. Although religiosity and spirituality are certainly interconnected, the former describes a manifestation of a spiritual existence, whereas the latter is a part of a holistic experience. However, both are especially important to individuals in times of illness and crisis (Romeiro et al. 2017).

Spirituality is also known to be an impactful coping mechanism in times of severe distress. Therefore, it can be considered as a contextual framework originating in an individual's interpretations, comprehension, and reaction to different life situations. Thus, meaning is constructed in suffering, which helps build a more optimistic and hopeful outlook and attitude. It is argued that spirituality and meaning-making can be used synonymously because they are both a process of cognitive reappraisal, which helps adapt to struggles. In terms of coping, spirituality can help contribute causally and make sense of the situation. Nevertheless, there is a difference between positive reframing, which would consist of, for example, saying *In a higher power's/the universe's will* or framing it as someone's purpose on earth. In contrast, including the devil and demonizing situations can negatively impact mental health, as seen with individuals surviving 9/11. Those who attributed it to the devil experienced higher levels of posttraumatic stress and extreme reactions (revenge-desire, etc.) than those who framed it differently (Gall et al. 2005).

> *I thought that maybe my abortion at 15 had given me bad karma and I was no longer worthy of having a child, but this little one seems to think differently* (Participant 1 written interviews).

As can be seen from the citation above, unfortunately, spirituality – in this case Karma – can also be a causal attribution for being unworthy and having to show remorse for having an abortion. Nevertheless, this participant became pregnant at 15 and was almost forced by her mother to have an abortion. A doctor friend was contacted and instructed by the mother to not show her the ultrasound to prevent the formation of an attachment. Therefore, she did not make this decision and still had to sign. However, during the interview, there seems to be an underlying sense of guilt and bad conscience. Given that neither the doctor nor their mother had spoken about the detected *polycystic ovarian syndrome*, she did not have a causal explanation for her infertility and therefore relied on a spiritual concept like Karma. In contrast to former examples, this citation would fit into negative coping after Pargament (1997), given that suffering is seen as punishment for having an abortion as a teenager (Pargament 1997). Given the last sentence, there is also the notion that her unborn child (at the point of the interview she was 32 weeks pregnant) is already with her in a spiritual form and is also presented as a spiritual gift. Coming from a culturally Catholic background, it is widely accepted that you get the child you need, this child is particularly looking for you.

4. Conclusion

To conclude, this thesis has been an introduction to possible future research in the realm of TikTok as a meaning-making space, a new space for the creation of subcultures, community building, and a contemporary process from *non-lieux (*Augé 1992) – TikTok as a platform – to a virtual community (place) happening in the digital. Most certainly, the *trying to conceive community* relies on a strong sense of solidarity, in terms of trusting users with sensitive (medical) information as well as caring for each other. Nevertheless, the fieldwork has shown that it is paradoxical how information and personal stories are shared with an exceptional audience while maintaining a sense of intimacy. Thus, referring back to *non-lieux* (Augé 1992), intimacy is mediated yet ephemeral.

Despite women solely sharing their experiences online, it is evident that social expectations and moral frameworks are produced and reproduced under a patriarchal structure. Thus, women share their experiences and anecdotes on feeling shameful and unworthy because they suffer from idiopathic infertility. Additionally, various women in the community

shared how they feel guilty toward their male partners for not being able to sustain a lineage and bear their children. By sharing intimate feelings, they affirm how they are affected by patriarchal structures and beliefs in addition to narratives about being a *normal, standard, and wanted* woman and mother. Additionally, those voices are confirmed in the comment threads where various users share similar stories but also reinforce those frameworks by adding onto what the woman could do to get pregnant – male testing is rarely discussed in said comment threads.

The prevalent norms are rarely actively challenged in comment threads and videos in the *trying to conceive community*. Nevertheless, I would argue that by discussing online and making oneself and others in that situation visible, the norms are susceptible to being transformed and even challenged in the future. A hypothesis would be that by voicing the struggles and therefore challenging the traditional view of the obedient and private woman, it is still an act of rebellion against the social expectations of becoming a mother. Additionally, the taboo around being infertile has been broken, and most certainly, highlighting the disenfranchised grief of being infertile as well as potentially suffering a miscarriage is further dismantles the taboo of infertility.

In terms of moral judgment, the analyzed material shows that most judgments occur when religion or spirituality is involved. First, growing a family and being able to get pregnant and sustain said pregnancy is assumed to be a default in marriage. Second, *ex utero* conception and other fertility treatments in some religious beliefs, and extraordinarily highly in Catholicism, are seen as sin. Women are especially concerned by the judgment because they already have lower status and less power in marriage and their body is not doing what is expected of it. The fact that the field material's rude comments were solely seen in connection to religious belief will sustain the hypothesis around that connection. An additional hypothesis would be that the content creators on TikTok are also faced with moral judgment because they are sharing their story publicly online. Breaking taboos is frowned upon in society and will potentially lead to being judged.

Medical interventions are, again, mostly *morally* evaluated in terms of religious judgments around laboratories and embryologists acting as God in creating babies *ex utero*. However, as it became visible in embedding the findings in prevalent literature, it is also judged in certain cultures (also underlying patriarchal structures). Therefore, divorces can legally be done if the woman is infertile, and violence can usually be a consequence. Nevertheless,

men suffer greatly as well when their masculinity is questioned and they are unable to produce descendants, resulting in social exclusion.

Despite the moral evaluation of medical interventions, every step, every injection, every medication, and every day of the cycle are evaluated in the *trying to conceive community*. Therefore, I argue that viewers internally judge by watching and commenting as well as sharing (unsolicited) advice. Given our socialization and cultural experiences, subconscious evaluation evolves naturally without trying. The online realm is still more susceptible to open and voiced evaluation given the anonymity and spatial distance. Users have time to think about what to say and not look directly at their conversational partner, which might make it easier to voice them.

Given the fieldwork and the number of conversations with users in the *trying to conceive community*, I am relatively certain that comment threads act as a space to connect and create a network. Therefore, users might initially meet in a comment thread; however, they transfer to private message exchange and, at some point, phone conversation. Given said conversations, the relations, with exceptions, rarely leave the online realm, which could be the focus of further study. Nevertheless, the members definitely connect and find solace on TikTok by caring for each other, providing free and accessible information, and by sharing the difficulty of trying to conceive.

This thesis aims to connect a topic like infertility, which has been researched for an inordinately long time, with a relatively new platform like TikTok, which have rarely been considered to be connected. Additionally, feminist anthropology has discussed whether in vitro fertilization can be seen as an improvement for women in patriarchal society. Thus, with the *trying to conceive community*, an idea would be that the women in it not only have the choice for artificial reproductive technologies, but they also have the voice to share it and not be silent and shameful about it. Given that shame has been mentioned by various conversational partners, the sharing by several women might be interpreted as regaining power over their bodies, both physically and verbally.

As discussed in the thesis itself, the field material has been primarily heterosexual as well as Western. Given that those videos were automatically shown first by the algorithm, I am unsure whether it is because of my location in Vienna, Austria, or what else would be the cause. From what I was able to determine about how TikTok works, the model and Wi-Fi, among other data are collected by the app and potentially influence the algorithm.

Nevertheless, I actively looked for content creators in Asia, but the results were minimal. Besides only finding ~thirty videos, they were all in different languages which made them difficult to translate and use. Most certainly, I am immensely critical about the research being Western based because I am aware that not everyone can openly discuss their struggles with infertility, let alone share it with an endless international audience. Additionally, treatments like IVF are uncommonly costly and not accessible in general; thus, the content creators are in a privileged position as well. Essentially, digital ethnography offers remarkable opportunities. For example, I was able to reach a broad and diverse audience with a myriad of examples on how creators and viewers make sense in the *trying to conceive community* as well as to why they chose to seek support in the digital. Nevertheless, the technicalities have also shown severe limitations. As briefly touched upon, the algorithm made it almost impossible for me to find examples from Asia, for example. If I was shown videos, they were in languages I could neither understand nor read the transcript. Even though there is the possibility of obtaining a translation, it did not make sense, and I was unable to fully understand the thoughts that the creators were sharing. Hence, as expected, a diverse approach combining traditional fieldwork and digital fieldwork is a solid strategy. Additionally, it was surprising that actively posting creators were opposed to speaking in a personal interview. Consequently, I was met with another limitation that I would potentially not come across in a traditional fieldwork setting.

As many women I had conversations with articulated their gratefulness numerous times, I would wish to see infertility not only as a medical and social topic of conversation, but also see and hear the women experiencing it. Thus, in terms of research, there are endless possibilities in shedding light on creators and commenters in the *trying to conceive community* and a plethora of subjects to explore. Since I only scratched the surface of (whatever), each ethnographic observation could be researched further and sustained with examples found on TikTok. It would be immensely interesting to speak to people from other countries, share their experiences, and look into their TikTok experience, such as whether they are aware of it or have access. Nevertheless, as several women mentioned, listening to and acknowledging their struggles as well as grief is the most important.

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