INTRODUCTION

People often focus on the physical roots of a disease or disorder, the progression of symptoms over time, possible cures and treatments, the effects it has on the physical body and how it can be prevented in the future. Few people know the disease from the vantage of the person afflicted with the disorder, unless they themselves are afflicted. Moreover, little has been done to understand how social and cultural circumstances affect the experience of infertility. Infertility affects approximately 15% of the reproductive population, and it is estimated that 40% of these cases are related to female infertility.[1] Research on female infertility as a medical disorder is not uncommon, but few have attempted to understand it from outside the medical community. How does a woman feel when she lives through infertility? How does she understand her infertility? How does her partner react to her infertility? How do people understand their infertility treatments? What medical model(s) to people use to understand their disorder, and if more than one is used, how to they negotiate between them? How do class and gender affect the experience and beliefs of infertility? These are all questions which few have tried to answer. The experience of infertility from the infertile couple's vantage can elucidate much about the experience of disease in the United States. Specifically, looking through the patient's eyes, issues of class and gender become relevant to the discussion of one's experience with female infertility. Thus, researching infertility as an episode in one's life, not as a physical disease, provides great insight as to how class and gender affect one's beliefs and experiences.

METHODS

In order to understand the issues of infertility at personal and individual levels, the research for this paper was based primarily on direct interactions with people dealing with infertility. I interviewed professionals in the biomedical field, including infertility doctors and therapists who help infertile couples cope with and treat their disorder. In addition, I interviewed practitioners of alternative medicine, including Chinese Healers and a Doctor of Herbal Medicine. However, I focused most intensively on interviewing ten couples, all belonging to the association Support. Support, a national organization dedicated to helping couples deal with infertility and adoption, organized a series of support groups to put infertile couples in contact with each other. Each of the ten couples whom I interviewed fell into one of two groups. The couples were divided between these two support groups by their primary residence. The two support groups were not in any direct contact with each other, but all were members of the larger Support organization. These two groups were not the only support groups in the Pittsburgh area, but I chose to focus on them exclusively because their sessions were most accessible and regular. Support holds quarterly informative workshops for its members, publishes chapter and national newsletters, conducts private physician evaluations and referrals, offers a national help-line, and aims "to provide compassionate and informed help to people experiencing the infertility crisis and due to increase visibility about infertility issues via concentrated advocacy and public education."[2]

A critical portion of my research was my observation of the two groups during their peer support sessions over the course of two months. I was able to attend four support meetings for each group. Watching the two support groups interact allowed me

to better understand how these couples deal with infertility together, how their experiences are similar and different, how the couples relate to other infertile couples, and finally, how the group defines and understands infertility in general. I was lucky to encounter two groups where class was an obvious distinguishing feature, which allowed me to focus my research on how class affects the experiences and beliefs of these couples.

Lastly, I located several secondary sources to supplement my own fieldwork. Research on the experience of infertility is a relatively new topic, and thus my secondary sources on the topic are fairly limited. However, I was able to find numerous sources on complementary and alternative medicine, more specifically traditional Chinese medicine. This paper will address the negotiation between alternative and biomedical models, but will primarily look at how a particular group of infertile couples experience infertility.

One short note before beginning; the names and locations of some people and places have been changed per request of the informants involved.

FINDINGS AND INTERPRETATIONS

Initially, my project idea was to research and conduct an examination of biomedical and alternative medicines with relation to birth, conception and infertility. However, after attending the two different peer support groups for infertile couples, I was drawn into looking at these ten couples closely and focusing specifically on their experiences with infertility. While examining these two support groups, it was clear from the beginning that the issue of class alone had striking importance. I soon changed the direction of my research to look specifically at the issue of infertility, particularly the experiences and beliefs of the ten couples, and how class affects them. How was I convinced so early in my research that class would become a defining factor? I will start with the description of a "typical" support group session for both of the groups.

The Peer Support Groups:

The first support group I attended was located at a private home in Mt. Lebanon, a suburban township south of the city of Pittsburgh.[3] Driving through the neighborhood, it was evident that the area was clearly upper middle class. Each home I drove past sat on a healthy couple of acres, with well tended, bright, green lawns, and picturesque flower gardens. All of the homes appeared to be in perfect condition and could easily house a large family. Everyone I saw, either in passing cars or walking outside was white. I noticed that most of the cars I saw were BMWs, Mercedes, and SUVs, none of which could have been older than 10 years. I arrived at the home of Carol and Calvin, the couple hosting the peer group support session. Carol opened the door wearing black pants, a button down blouse, and her pearl necklace and earrings. She invited me in,

offered me a glass of wine and informed me of an array of available gourmet hors d'oeuvres. She directed me to a Victorian-styled sitting room, where other couples were talking, sipping their wine. Everyone was dressed in somewhat formal attire, all the men wearing khaki pants and button down shirts and the women in skirts and slacks. Immediately I thought that I had arrived at a social gathering for the group, and had mistaken the date for an actual peer support group session.

Calvin entered the room, and introduced himself to me, telling me that he was happy I could come. He then announced to the 8 other people in the room that he was happy to see all the familiar faces, and then suggested that everyone sit down so that they could begin. Calvin welcomed everyone to his and Carol's home, and then stated that "perhaps we should introduce ourselves again, because I know that for some people, this is your first time with the group." Introductions began with Calvin introducing himself and Carol, stating that they had been married for 5 years, and what their occupations were. He told the group that he was self-employed and that Carol was a dentist. Then each of the 4 other couples followed, with all the introductions taking about 5 minutes total.

The group then began to discuss the previous weekend's adoptions information conference, which was planned by the main Support organization. Those who attended the conference discussed the kinds of information that it provided, and gave their opinions on whether their thought the conference was helpful. This discussion lasted about 10 minutes. Next, the groups talked about a new Progesterone cream, and those who knew about the cream described how the treatment works to the rest of the group. This discussion lasted about 10 minutes as well.

The groups then spent a large chunk of time (approximately 35 minutes) updating each other on each couple's current condition, status with current treatments and future plans for treatment. The attitude of each person who spoke was upbeat, positive and hopeful that the current or future treatment would work for them. Ellen, one of the women in the group spoke of a recent miscarriage, but finished her story with the following:

> "It is difficult (speaking about the experience of miscarriage), but the in the end it will all be worth it. You have to focus on the positive, and keep in mind that one day, it will all be over and you will have so much to show from the experience. (Smiles)"[4]

At this point some of the women discussed how friends sometimes are insensitive about their disorder, and how frustrated they sometimes feel and become when "women who don't have a clue what it is like, pretend they do." This discussion lasted no more than 5 minutes, and quickly ended when Calvin made the comment, "well, hopefully someday none of us will remember what this is like because we will be too busy chasing our kids around." The group laughed and the conversation quickly and abruptly ended as the couples wished each other luck with their upcoming or current treatments and said a prayer. The couples then gave me their contact information, and left for home. I was at the home for about a total of 75 minutes, the first 10 minutes for socializing and several at the end in order to collect contact information from all the couples.

The other group session I attended was in Shaler Township, north of the city of Pittsburgh.[5] I was informed to park my car in a small lot near the school. As I parked, I noticed that all the other cars in the lot were older, typically less expensive. The elementary school was nothing spectacular, but it was sufficient. Some of the bricks on the main building needed to be replaced, as well as some of the windows, which appeared

old and leaky. The building was standard for a public elementary school. I walked into the building and toward the conference room. I stopped at a water fountain for a drink of water, but it was not working. When I entered the conference room I encountered 5 people, all sitting in a circle. I noted that this group appeared more racially diverse. There was an African American male and Asian couple, a man that looked Hispanic. I noticed that one man was wearing an auto-mechanic shirt, while a woman wore a Wall-Mart name-tag, and another woman wore a Pittsburgh Port Authority black polo shirt. Aside from the chairs, the tables, the chalkboards one the wall and a small garbage can, the room was empty. There were no "cocktails and hors d'oeuvres," and the atmosphere of the room was far more casual than the Mt. Lebanon home. It seemed to me that this group was focused on each other, not on eating, drinking wine and socializing. By the time everyone had arrived, the room consisted of two couples and 3 women. Although the 3 lone women were married, their husbands were absent due to schedule conflicts. I later found out that 2 of the women's husbands worked evenings or nights, which meant that they would most likely never make it to one of the support sessions.

Once everyone arrived, the discussion began with the "welcoming" by the Support-designated group leader, April. She assured the group:

> "Okay, I think this is everyone for tonight. I guess we can start. But first, I just want to remind everyone, don't hold back emotions, if you need to cry, then cry, if you need to scream, then scream (everyone laughs) because we are all in the same boat here, and that is what this group is for."[6]

Then each person in the group said brief introductions, reminding people of their names. Each person also told their "infertility story," which included their history with the

disorder, what actions they are currently taking to treat their infertility, and why they want to have a baby.

After the introductions, the discussion was open to whatever came up, it usually began with someone bringing up an experience or event since the last session that really affected them emotionally, making them happy, sad, angry, etc. The group typically focused on how people feel, how infertility is affects their lives, their relationships, the way people treat them, and how they look at life. I attended four group sessions, and during each session, the group fell into deep discussion about the realities of infertility, such as how they feel jealous of mothers, how people are insensitive to their infertility, how hard it is to get your hopes up and then be let down, doubts about whether or not they are making the right decisions, the "why me?" feeling, unfairness of the health system, how to keep hopes alive, and when to stop trying.[7]

In all four sessions, at least one person ended up in tears. The sessions were emotionally intense and draining. The conversations and discussions appeared incredibly authentic and genuinely focused on "support" in every meaning of the word. The couples would validate and rationalize each others feelings, provided suggestions for treatment options, and most importantly give each other advice as to how to keep hopes alive but at the same time deal with their realities.

The group sessions lasted significantly longer than the Mt. Lebanon. If the session lasted over 2 hours (which it did during 3 of the 4 sessions) a maintenance crew for the school would come in to clean the room, and the group was forced to quickly end the session. At the end of each session, there was a contact list with everyone's phone numbers for each person to take home. April encouraged anyone who needed to talk

during the week to call anyone else on the list. The group then walked out to the parking lot together, often hugged each other, said their goodbyes, and left.

Analysis of Support Groups:

It was clear that there was a definite class distinction between the two groups, with the Mt. Lebanon group being upper-middle class, and the Shaler group being middle to lower-middle class. The Mt. Lebanon group included lawyers, an upper management businessman, a consultant, a dentist and entrepreneurs. Shaler members included a Wal-Mart manager, an elementary school teacher, a plumber, a bus driver, an administrative assistant, and an auto-mechanic.[8] It was apparent after observing these two groups and speaking with the couples individually, that class affects how the couples experience infertility, as well as what the couples believe concerning their infertility. The word "class" can be used to set boundaries based on a variety of criteria, ranging from cultural values, education, income, etc. For the purpose of this paper, I am limiting the word "class" to be determined by money and financial status alone.

However, it is important to note that there is one obvious similarity between the two groups: the experience of infertility is a difficult and painful time for all of the couples. Further, obviously these ten couples can not possibly be mistaken as representative of all experiences with infertility. Through this paper I hope to raise certain questions about how infertility is shaped by social and cultural circumstances. I do not intend to quantify or legitimatize the couple's suffering, but to show how their experience is shaped by the larger social systems within which they operate. The experience of infertility is painful and trying for everyone, regardless of their class or

gender. Nonetheless, by raising these issues of class and gender, important topics concerning their understandings emerge. The pain these couples encounter can not be denied, and is evidenced in the fact that each of these couples sought out the Support organization and chose to become involved in a peer support group. Dorothy of the Shaler group explains why she and her husband decided to join;

> "We decided to join the group because all of our friends have kids and they don't know what it feels like to not be able [to have kids.] We felt alone and decided we needed friends who understood what we were going through. Being in the group makes us realize that other people are going through this all too, and they are doing okay. It helps reassure us that we can do it too."[9]

Similarly, Ellen from the Mt. Lebanon group explains how the support sessions help her;

> "All of this, IVF, hormone therapy, miscarriages, it is difficult stuff to deal with. It is comforting to know that there are others like you, and we support each other through this difficult time."[10]

Class does not affect the amount of sorrow or pain that one feels during their struggles with infertility, just as it can not lessen the amount of pain one feels in any other tragic or difficult circumstance.

However, other differences between the two groups can be seen as class based. For example, the Mt. Lebanon group, which consisted of upper middle class couples, was consistently hopeful and optimistic in their outlook of their struggle with infertility. Anne, a woman in the Mt. Lebanon group expresses what she thinks her future will entail;

> "It was really sad when I found out about my endometriosis. We wanted so badly to have a baby. But we don't feel like it is going to stop us, it is just something we have to deal

> with and get through. We have a very encouraging doctor, and I think we will eventually get pregnant, it may just take us a little longer than other people."[11]

Advanced endometriosis, when the tissue that lines the uterus grows outside and attaches to other organs in the abdominal cavity such as the ovaries and fallopian tubes, is one of the leading causes of infertility. Most women with advanced endometriosis need to surgically correct the condition before pregnancy is possible. Nonetheless, Anne is still confident and hopeful that she will eventually become pregnant. Likewise, Carol communicates how she pictures herself in the future;

> "Everything is just somewhat more complicated for me. We have a wonderful doctor who helped us through our first pregnancy with our daughter. It is amazing when I think of how much science and technology helped us though that pregnancy. I am so thankful for technology now, more than I ever was before. Right now, I just see this as a bump in our journey, but I know we will get to where we want to be."[12]

Carol had several painful and complicated miscarriages, before finally giving birth to her first child. Her pregnancy with her daughter was extremely complicated and risky, and was almost lost to miscarriage several times. Carol spent the last 4 months bed-ridden to prevent a premature birth, and still gave birth a month early. Family and friends called Carol's daughter a "miracle," a "gift from God," and a "blessing." Even after all the problems Carol has had with pregnancy, she still "knows that another miracle is on its way," and that she will get over this "bump in her journey." Denise, another Mt. Lebanon woman, describes how she will overcome her infertility;

> "Yes, it upsets me when I think about how naturally and easy this comes to many women. I wish I could be like them, but I am not, and that isn't the end of the world. There are many things out there that we haven't even tried yet. And if we find out that having a

> baby will be too much on my body, we still have other options; like a surrogate mother or adoption, or maybe I will just get the pony I've always wanted (laughs.)"[13]

Denise highlights the many options she has to overcome her infertility. Her attitude is that infertility is not the end of her world because not only does she have many treatments she can turn to and try, she also has options beyond child rearing. In a way, these opportunities beyond child rearing can consume her time and thoughts, and fill the loss that infertility has created in her.

The Shaler women of the middle to lower middle class foresee their futures as less hopeful, and express more feelings of frustration and irritation. Betty testifies;

> "I have to work hard for everything I have right now. Everything in my life has been a struggle. I fell like I am always fighting and losing. Like my job right now is not what I want to do, it isn't a career, but it's not like I can just pick up and quit. I guess I always assumed having a family would just happen, but when it wasn't happening, and I found out about all my problems, I think it put me over the edge. Even having a family, something so basic, has been such an ordeal, and now I am fighting for this, just like everything else."[14]

Betty is obviously frustrated by the fact that she has to work so hard for everything she has thus far and moreover that she can't even take for granted that her body will function properly. She is unsure what the future holds for her, and doesn't know whether she will win or lose her battle with infertility. Emily, another member of the Shaler group, also expresses frustration with her body;

> "I don't understand what is wrong with us. Growing up I heard about all those teenage pregnancies, all those accidents. I was so scared to get pregnant that I was very careful. I was on the pill, I used condoms. And here I am today. I never thought I would end up trying so hard to get pregnant. I took it for granted, that it happens so easily. But look at us now, we are at the point where we will try and do anything we can to get pregnant."[15]

Emily is irritated that she spent time in the past preventing something that her body appears to be incapable of doing. She assumed when she was younger, that pregnancy occurs so easily that she went to great effort to make sure she did not get pregnant. Now she has discovered that pregnancy is not easy for all women. She expresses a feeling of desperation, that she will "do anything." April, another Shaler woman, reiterates these same feelings;

> "I am so frustrated. Finding a good husband, buying a house, getting a good job- those are the things that I expected to be hard. Getting pregnant is not. It's funny because I finally get everything I need and want to start a family, but I can't. Why did I work so hard for all those things, and now I can't even have the family I have dreamed of all my life?"[16]

April, like Emily and Betty, assumed that getting pregnant would be easy, and never expected conception to be a challenge or struggle. April's comment demonstrates the unpromising and discouraged attitudes of most of the Shaler women about overcoming their infertility, as she states and then reiterates, "I can't."

The couples in both of the groups realize that money, the defining factor of class, shapes their experience with and options to treat infertility as well. Adam, April's husband from the Shaler group, explains how he has conflicting feelings about the infertility treatments;

> "Sometimes I think- are we doing the right thing? Not that I don't want to have a kid, but these treatments cost a lot of money. It seems like all the money we saved for the baby is going to be spent of her treatments, and then what if she gets pregnant? Then we won't have anything saved at all, and I know we will get by, but we worked hard to save so that we could be more than just 'get by.'"[17]

Adam knows that having a child is expensive, and he conveys some feelings of doubt on whether spending their savings on fertility treatments is the right thing to do. He knows that once they spend the money on fertility treatments, whether April becomes pregnant or not, the money is gone. He is unsure if the risk is worth spending everything they had accumulated. Cathy, also from the Shaler group, expresses how money is a strain for her as well;

> "We don't have a lot of extra money to be throwing around, but this is important to us. It's hard to come up with the money, and it is a lot of money to go through infertility treatments, and I don't know how long we are going to be able to do this, just because it is so damn expensive." [18]

Cathy understands that no matter how important having a child is for an infertile person, once the money for the treatments is gone, nothing more can be done. She realizes that money limits how long she will be able to undergo infertility treatments, and that her desire for a child can not carry the costs of her treatments. Denise from Mt. Lebanon also discusses money and how it shapes her experience with infertility;

> "IVF is not cheap, but having a family is really important to us, so we are willing to pay whatever it takes, until our doctor tells us that we should stop trying. It would be nice if we didn't have to do all of this, if it could be easy, but that just isn't our reality. This is worth all the money we have."[19]

Denise's experience with infertility is not limited by money, and she articulates that she will spend "whatever it takes." Money for Denise opens doors for her various treatment options, while for many others it does precisely the opposite. Closely connected to money is the issue of insurance, which is important for both groups, but for different reasons. The Shaler group once again experiences limitations because the insurance companies will not pay for many of their treatments. Betty of the Shaler group states;

> "Insurance is ridiculous. They don't really pay for anything once they find out you are trying to get pregnant. My endometriosis is a health issue, not just because I am trying to get pregnant, but the Insurance Company won't pay for anything, because they see this all as elective. It is just awful."[20]

Betty feels limited not only in her infertility treatment options, but with her general health care. Beth's insurance company will not pay for endometriosis treatments as a general health problem, let alone an "elective" surgery for her infertility. The couples from the Mt. Lebanon group view insurance as an annoyance, more than anything else. Their infertility treatments do not lie in the hands of the insurance company, and thus insurance is seen as forms to fill out, not determining factors in their treatments. Carol makes a statement that embodies the Mt. Lebanon feeling about insurance;

> "One of the biggest headaches has been our Insurance coverage; it is so much paper pushing, I just can't take it. I am so confused on why they cover some things, and not others. But I just stopped thinking about Insurance, I can't change their policy, so why worry about them, it just stresses me out. If they cover it, then that is great, but if not, there isn't anything I can do. It's unfair, but I guess it's just the way it is."[21]

Interpretations of Support Groups

During the experience of infertility, class is obviously a defining feature for these couples. The members of both the groups share a collective experience, which is the pain and difficulty infertility brings. The pain is evidenced in the fact that all the couples sought out the support groups and the support organizations in the first place. The two groups both expressed similar ideas and values about family life in general. For example, all the couples were married and felt that the context in which they would raise a child was "ideal." Also, all of the couples made clear that family was the most important

priority in their lives. Exactly why the experience of infertility is equally painful for both of these groups is understandable: both value families in the same way.

However, the Mt. Lebanon group appeared optimistic and hopeful, while the Shaler group was frustrated and pessimistic. These feelings are the result of the effects class has on the experience of infertility. Primarily, the couples in the Mt. Lebanon group have the resources necessary to access all available technologies and treatments. They do not feel a sense of limitation, in the way the Shaler group does. The Mt. Lebanon group can also, "buy their happiness," meaning that the Mt. Lebanon group has the money to distract themselves with things like entertainment, which can take their attention away from the infertility. For example, Denise can "get the pony" she always wanted. In contrast, the Shaler group members want to see their bodies as the one piece of their lives that they can take for granted, and to be able to assume they will work for them. They are frustrated because they feel as though they should not have to pay for their bodies to function properly. These women do not have money lying around with which they can distract themselves, and most assumed that reproduction would be one of the few things in life for which they had to work.

The Mt. Lebanon group sees options beyond infertility treatments, which they feel are readily available to them. They can afford surrogate mothers and the couples are ideal candidates for adoption agencies. They are financially and emotionally stable, in a committed and safe relationship, (marriage) and are likely to be perceived by most adoption agencies to host beneficial conditions in which to raise children. However, money limits the Shaler group with respect to these alternatives as well. Most of the Shaler couples struggle to pay for their infertility treatments alone: requiring thousands of

dollars, surrogate mothers are unrealistic for the Shaler couples. Likewise, the Shaler couples believe that if they were to go through the adoption process, the adoption agencies would take years processing their applications, with no guarantees in the end. Being less financially stable, the Shaler group feels that adoption programs will turn to more wealthy couples before they look to them. Betty explains:

> "The adoption agencies don't care as much about having a good couple in a loving relationship as they do about being able to provide for a child. They would rather send a child with a couple where they could easily be taken care of, even if another couple would provide a better family life. It's unfair because, come on, which is more important, fancy clothes or parents who could provide a loving environment?"[22]

Additionally, the insurance policies for the Mt Lebanon group are more comprehensive than the Shaler group. Many of the Shaler couples chose the least expensive insurance policies, so that they could take home the largest check possible. Adam from the Shaler group explains:

> "We don't make enough to have the highest quality [health] insurance. Every month we usually have just enough to cover our bills. Before she found out about her problem, we were both always pretty healthy, so we decided that the minimal coverage plan was all we needed, and those extra dollars helped out a lot each month. Now that we know about her infertility, we aren't sure that getting a better plan would help us out, because the out-of-pocket pay is still pretty high, so we doubt that taking the cut in my paycheck is really worth it."[23]

However, this often limits their "elective" treatment coverage, under which infertility treatment falls. The Mt. Lebanon group as a whole has better, higher paying jobs than the Shaler group, which usually means more extensive health insurance, even if the out-of-pocket pay is still high.[24] The Mt. Lebanon group is also not limited by what their

health insurance refuses to pay, because they have the extra money to cover what their insurance will not. In this sense, they are less limited than the Shaler group as well. Overall, the Mt. Lebanon group has fewer limitations than the Shaler group, which all stems from the fact that the Mt. Lebanon group has more money.

Another important issue that emerges through the observation and interviewing of these two groups is that there seems to be a clear distinction in how the groups define and explain their infertility. Judith Farquhar, who explains this distinction in relation to western and Chinese medicine, is worth quoting at length:

> "Infertility is often not present as a pathology at all, at least according to the usual methods of detecting disorder in Chinese medicine; it is a failure to achieve a desired bodily change, rather than an undesired change that must be brought under control. Further, like most Chinese medical syndromes, it results not from a permanent structural abnormality of the body, but rather from an (often subtle) deficiency of normal physiological functions."[25]

The women in the Shaler groups understand their fertility as a pathology, that their body is somehow different and dysfunctional, and thus they need medical treatment to correct the problem. When asked how they would describe their infertility, most of the Shaler women responded with the idea that their bodies were different from the norm, and this change led to their dysfunction. Cathy explains:

> "We all have a different root for our infertility, whether it is endometriosis, unbalanced hormone levels, tubal or ovulation problems, fibroids…there are a million things that can go wrong in your body. We all have one or a few of these occurring in us, and through treatment we hope that our doctors can figure out what exactly is not working the right way and why, and then try and fix the problem so that it works the right way."[26]

Betty explains the root of her infertility, endometriosis:

> "I have endometriosis, which is why I am infertile. Endometriosis is when you have abnormal growth of your uterine tissue. My doctor thinks that my fallopian tubes are probably blocked by scar tissue caused by this extra growth, which makes getting pregnant pretty much impossible unless I have surgery. I'm not sure what caused my endometrial tissue to grow abnormally, and neither do doctors, but I do know that if I want to have a baby, I'm going to have to deal with this first."[27]

Most Shaler women understand their infertility in terms of a physical abnormality within their bodies which they need to treat and repair. They see it is a permanent condition unless treatment is used. The Shaler women explain their infertility in terms of bodily processes not functioning properly, and thus intervention is required in order to make their reproductive systems operational. Unlike the Shaler women, most Mt. Lebanon women see their infertility not as a permanent condition within their bodies, but as an imbalance or improper timing within their reproductive systems. Ellen explains her understanding of infertility:

> "For me, it (infertility) is caused by my hormones levels being a bit unbalanced. From what I understand, once we adjust and balance my levels, my body will naturally be in a better position to support a pregnancy. Physically I am fine; I guess it more a matter of timing, progesterone and estrogen levels being just right during and after ovulation. Once my hormone levels are balanced, my cycle will become more regular and predictable, which really helps when you are trying to get pregnant. It's funny how such a minor fluctuation, such as hormone levels, can really screw up your fertility."[28]

Ellen focuses on bad timing and unbalanced hormones for the source of her infertility. She explains them as being "minor" deviations from the norm, and once adjusted, she claims that her body will "naturally" be more fertile. She explains that physically she is fine. Ellen embodies the idea that her infertility is not a permanent condition, nor is it rooted structurally. Ellen's hormone levels simply need to be slightly adjusted, and her

desired state of pregnancy will occur. Carol likewise explains her ovulation disorder in terms of a slight deviation:

> "I have an ovulation disorder called LDP (luteal phase defect) where my ovulatory and menstrual cycles are off in timing. I'm ovulating regularly, my eggs are perfectly healthy, my uterine lining is fine, and most likely many of my eggs have been fertilized by sperm. My problem comes is in the timing of the fertilized egg and the lining of the uterus to support the egg. By taking progesterone supplements and clomiphene citrate (which stimulates ovulation) my two cycles can be timed better."[29]

Carol presents her infertility as a simple miscommunication between her menstrual and ovulatory cycles. She focuses on how all of her physical anatomy and reproductive processes are functioning and that only a slight timing error is occurring. She explains that this timing can be corrected with hormone treatment. Carol expresses her belief that after a slight adjustment, her desired state of pregnancy will occur.

Carol, Ellen, Betty and Cathy show another distinction between the two groups. Most women in the Shaler group explained their infertility as a result of a permanent, physical abnormality, while the women in the Mt. Lebanon group generally understood their infertility as a temporary condition caused by a minor deviation, which could be fixed by the slight readjustment of a bodily process. This difference in how women explain and understand their infertility perhaps can be attributed to their overall outlook concerning the disorder. The Shaler women, having more frustrated and negative views of their situation, thus they may understand their disorder as more drastic as well. Their infertility is thus seen as more permanent, rooted in their physical body, and requiring intervention. Likewise, the Mt. Lebanon women's positive outlook concerning their

infertility may contribute to their understanding of the condition as temporary, minor, and easily corrected.

Infertility Treatments: Biomedical and Alternative

Currently there are a very wide range of treatments for infertility, most of which fall into one of two categories, either the standard biomedical model of treatment, or the alternative (also know as complementary) treatment model. Treatments based on the biomedical model include corrective surgical procedures, fertility drugs, intrauterine insemination and advanced reproductive techniques (such as in-vitro fertilization.)[30] Extensive arrays of alternative medicines are also available, ranging from Ancient Chinese medicines, (acupuncture, acupressure, etc.) to supplemental and herbal medicines. Popular herbs that are used by many female infertility patients are listed below with a general description of their proclaimed effects[31]:

- **Black cohosh**- balances hormones, regulates menstruation and increased blood flow to the kidneys
- **Chaste tree**- aids is correcting ovarian dysfunction, as well as increases progesterone levels and decreases estrogen levels
- **Dong gui**- aids is the overall health of the female reproductive system, an "all-purpose" women's herb, also know as the "female ginsing"
- **Ligusticum root**- increased blood flow to the liver and kidneys, regulates menstrual cycle
- **White peony root**- regulates the female hormone cycle, as well as purifies the blood

- **Rehimannia root**- treats the yin, has purifying benefits, increases blood flow to the liver and kidneys

All of the couples in the two groups used a combination of traditional medicine (such as hormonal therapy and IVF) and herbal/complementary medicines.

The theory behind traditional Chinese medicine is that infertility can not be treated simply by treating the reproductive system, or a particular physical piece of the system (for example the scar tissue blocking the fallopian tubes, caused by endometriosis.) Traditional Chinese medical theory insists that attention must be give to why the endometriosis is occurring in the first place, and maintains that there must be a larger imbalance or deficiency within the woman, causing the disorder. Focusing simply no the reproductive system will not be sufficient; the woman's health can not be broken down into systems, because the body is a single entity in which everything is connected and related. According to one traditional Chinese medicine practitioner, "you have to seen the body as a whole and complex being; you can't separate its parts because they all influence one another."[32] Judith Farquhar summarizes this idea well, writing that

> "…these explanations focus on disordered processes which ramify through the whole body. They do not localize the disorder within the body, rather they distinguish it from other possible patterns of pathological process affecting the whole body."[33]

Another assumption of traditional Chinese medical theory is that because the disorder can not be specifically located within the woman's body, it can not be limited to hers alone either.[34] Based on this theory, men's health becomes just as vital to the treatment as well. Accordingly, many of the men in both support groups took herbal tonics and teas as well. The treatment for the men focused on their sexual health, specifically the origins of sexual energy, which are the kidneys. Their treatments were based on the theory that

their blood flow was improperly balanced, leading to an inadequate flows of sexual energy in the body. Most of the men who took herbal medicines took at lease 2 of the following[35]:

- **Ginseng**- aids in overall men's health, regulates blood flow and increases sperm count
- **Astragalus**- increases sperm motility
- **Saw palmetoo**- aid in overall men's health

Each couple in both groups used both the standard biomedical medicine and some type of alternative medicine. As a result, each couple was forced to negotiate between the two. The couples had to decide how and why they should use each type of treatment, as well as how the treatments related to each other. Specifically, one question the couples needed to work through covered the topic of medical theory, and if the treatments from the different biomedical model working together or competing with one another. Several models emerged through the discussions with the couples on how alternative and biomedicine relate to each other. The first way in which some of the couples negotiate alternative and biomedical viewpoints is through an evolution of medicine model, in which alternative medicine is simply seen as the more "primitive" version of today's standard medicine. Brian of the Shaler group explains;

> "I think herbal medicines work in the same way that the drugs she takes work. Our herbalist talked about how herbs like black cohosh, chaste tree, and squaw vine all affect your body in the same ways hormones would. To me, they are pretty much the same thing, but herbal medicine is just more raw and natural, and less refined. I guess the drugs we use today are more controlled, like you know exactly how much, of what, you are putting into your body, whereas with herbs you can't really do that. But I still think the herbs work; some people don't realize how powerful some plants can be."[36]

Similarly, Eddy of the Mt. Lebanon group explains how he associates the two medicines;

> "I think of herbal medicine as the predecessor of our western medicine today. It all is based on the same ideology of healing through intervention, but today's medicine is just more of an exact science."[37]

For Eddy and Brian, herbal medicine works in the same way as the biomedical model, both are based on the intake of drugs to produce a desired effect. However, they see an evolutionary relationship among the two. Herbal medicine becomes less scientific, archaic and less exact. The biomedical model developed from this older medicinal tradition, but with its advanced technology and knowledge, proves to be a more efficient form of medicine.

Anne of Mt. Lebanon describes her understanding of the differences between alternative medicine and the standard biomedical model. She contests;

> "Herbal medicine fills a void in today's western medicine. Disease affects a person's mind and soul; it's not just their physical disease that we can locate. Herbal medicine heals the person's spirit, it is a comforting treatment, and focuses on one's own power to heal your own body. The two work well together, they complement each other, and give the person a fully healing experience."[38]

For Anne, herbal medicine and western medicine sit in two different realms of treatment and healing. Herbal medicine focuses on a distinct part of the disorder; the spiritual, mental, psychological side of a person's ailment, while biomedicine affects the actual physical characteristics of the disorder. The two used in conjunction allows for a complete healing of the disorder.

Others see the biomedical and alternative models as competing models, in which one is more valid and valuable than the other. Adam from the Shaler group explains which model he believes to be more legitimate.

> "I don't really believe in all of this alternative medicine stuff. I think it is a hoax, and it really is all mental. You think it is going to work, and so you expect to feel better, or get better results, and you do. I think it is more a result of positive thinking than anything else. I believe that the biomedical view is scientific and there are people who prove a drug works on you body in a certain way, which heals you, or makes you feel better."[39]

Adam obviously values and respects western biomedicine and seriously doubts the validity of herbal medicine. For him, both models claim to work in the same manner, but only the biomedical is legitimate.

When discussing alternative medicine with the couples in the two groups, definite class differences with how people view alternative medicines were evident. For the Mt. Lebanon group, alternative medicines are seen as a positive new trend in healing, and that those who use it are fortunate for being able to obtain the information. Ellen explains her attitude toward the use of alternative medicines in the U.S.;

> "Americans are becoming more aware of this whole new area of medicine. We are realizing that other countries, for example like the Chinese, have rich medical traditions, and that are healing people here in the U.S., and we aren't sure why it works, but it does. So now scientists are looking into these different types of medicine, and more and more are using these treatments."[40]

Ellen's outlook on alternative medicine is positive and encouraging. She sees alternative medicine as tapping into a rich source of healing knowledge, which can potentially add a lot to current western medicine. Beth on the other hand, describes alternative medicines as possibly being better than biomedical medicines. She contends;

> "Realizing that we aren't at war with our bodies has been a big breakthrough. For so many years people have been relying on strong drugs and very direct action to fix whatever is wrong. Now, we are seeing more and more that there are bad side effects to such harsh treatments, when they aren't necessary, and sometimes gentler and more natural remedies, like herbal medicine, is all you need, and you don't end up with half of the side effects."[41]

Carol also argues for the value of alternative medicines;

> "Western science is finally looking at other medical theories and ideologies in the world, finally acknowledging that we don't know everything that everyone else does. If you look at the studies about these other [non-western] medicines, it is very clear that they work, and that they can help people. It is a revolutionary idea in the U.S. that other countries may know things we don't. This stuff alternative medicine stuff has been around for a few decades now, but most people didn't even hear about it until recently. I'm lucky that I heard about it before it became so popular, and that I have been able to get the herbal remedies, when a lot of women know that they exist, but don't know how to find out what they should take, and where to get the herbs."[42]

Beth and Carol both express viewpoints that place alternative and western medicines at equal levels. Their comments also allude to the fact that alternative medicine may hold answers that biomedicine does not. For these women, alternative medicine has great potential because relatively little is known about it in the United States. There is a sense of "who knows what great things it may hold?" among these women. They have hopes that alternative medicines may have the cures that western medicine does not. Alternative medicine among the Mt. Lebanon group is a realm of possibility, potential and uncovered knowledge. Thus, for this group, alternative medicine is highly valued and legitimate.

Most women in the Shaler group devalue alternative medicine, and see it as inferior to the standard biomedical model. Dorothy elucidates her view of alternative medicine;

> "The herbs we take, we know they probably don't help us as much as hormone therapy through pills, or isn't as effective as IVF, but those treatments are so expensive, and our insurance doesn't help us, so herbal medicine is what we can afford right now, and who knows, maybe it will surprise us and really work."[43]

It is clear through Dorothy's statement that she does not value herbal medicine as much as biomedical treatments. Dorothy would prefer to use the biomedical treatment, but she is left with something inferior, and more specifically, something she can afford. Cathy also conveys a clear preference for biomedical treatments, but is also limited by money. She explains;

> "We are working on balancing my progesterone levels right now, and my levels have been really good. I am doing it through this tonic an herbalist gave me, and it works. In a few months, we are planning an IVF session, and so what we figured is that to save money we would use the herbal tonic until about a month before the IVF, and then pay for the hormone therapy. It is just too expensive to constantly be on hormone therapy, and herbal medicine seems to be working just fine for us for now."[44]

Cathy is "make-doing" with her all-natural progesterone cream, but if she could afford drug hormone therapy, she would use that over the alternative. Betty also doubts the legitimacy of her herbal medicines, but uses them because they are accessible for her, and biomedical treatment is not. Betty explains why she takes herbal medicine;

> "We are saving for my endometriosis surgery. I don't want to just 'do nothing' until we can pay for the surgery, so I have been taking herbal medicines. I don't know if I really believe that they help a lot, but I think it is better than doing nothing, it can't hurt, and then best part is that it is within our budget. It is worth the 20 bucks a month."[45]

For most in the Shaler group, biomedical treatment is considered superior to alternative medicine. Alternative medicine for this group is used because it is less expensive than biomedical treatments, not because the couples think it is a better form of treatment. All the couples expressed a preference for biomedical treatments, but realized that the affordable and realistic option for them was herbal medicine. However, these couples do not feel as though they are getting the best, or even good treatments, because they view alternative medicines as less effective than "the real" infertility treatments. The couples in the Shaler group see the use of alternative medicine as a result of their monetary limitation, not a source of possibility like the Mt. Lebanon group.

Interpretation of Infertility Treatments

The couples, faced with two treatment options, are forced to negotiate between the biomedical and alternative treatments. The couples thus developed three models, which are the evolutionary, separate realms and competing. The couples use these models to better understand how alternative and biomedicine relate to each other, and what roles they play in the couple's life. The evolutionary model understands the two treatments to be the same in theory, but different in expertise. The alternative view is seen as the predecessor of modern medicine, less organized, less specific, and having more variables. From the evolutionary perspective, the biomedical view is more regulated, more specific, and less ambiguous. Nonetheless, both medical models are viewed as valid and capable forms of treating infertility, simply with the biomedical methods being a more precise and predictable science. The separate realms model is based on the belief that the alternative and biomedical methods for treatment do not treat

the same parts of the disorder. In the case of infertility, the alternative method treats the psychological, emotional and spiritual side of the disorder, and is based on a more holistic approach to healing.[46] On the other hand, biomedicine treats the concrete physical abnormalities. The competing model is one in which biomedical and alternative methods are seen as two options for the treatment of infertility, and are based on different ideologies. A hierarchical relationship develops in the competing model because one treatment method becomes superior to the other.

Class affects how people negotiate between the two treatment methods. The Mt. Lebanon group generally sees the alternative model in a positive way. It is seen as somewhat ancient and mystical, but is nonetheless considered valid and credible knowledge. The Mt. Lebanon group also sees alternative medicine as valuable and even equal to biomedical treatments. The group collectively expressed that alternative medicine has a lot of potential for treating their infertility.

The Shaler group, on the other hand, devalues alternative medicine. Biomedicine is obviously superior to alternatives from the vantage of the Shaler group. There is a belief that because alternative medicines are less expensive than biomedical treatment, they are thus less effective. It is interesting to note that they two groups took extremely similar if not the same types of herbal remedies for their infertility, but viewed their treatments in very different ways. Thus, class plays a role in how these couples understand and evaluate the different models of treatment for infertility.

Gender and Infertility

Gender, like class, also is a defining factor for the experience of infertility. The men in both group sessions and interviews, played a supporting role for their wives. They always supported the women's decisions, treatments and feelings. Not once did a husband question his wife's beliefs, but rather served a more encouraging and comforting role for her. For example, during one support session, Betty was telling the rest of the group about an acupressure treatment that she recently underwent. Some other women in the group questioned the possibility of acupressure as a treatment for infertility, but before long Betty's husband Brian jumped in on the conversation to help reassure and support Betty. The following is an excerpt from the incident[47]:

> "After the session, I felt energized, it was really strange, but I felt great. It was like I could feel a physical difference in my body; all because someone applied pressure at all these different points on my body. I don't know how to describe it, but I guess I just felt really good." (Betty)
>
> "Probably because you just got a massage! (everyone chuckles) But seriously, do you really think that it helped to treat your infertility, or do you think it just made you feel better overall?" (Cathy)
>
> "I don't know, I guess we just have to wait and see. I know it all sounds kinda cookey, but I truly felt this weird sensation throughout my body, like I could feel my blood rushing through my veins...I don't know, it's hard to explain, but…" (Betty)
>
> Brian jumps in "I am 100% convinced that it did something for her, she seemed different, and couldn't stop talking about how great she felt. I have known Betty for 12 years now, and she has never been like she was after that. I think you all should give it a shot, ya never know, right?"

In both the Shaler and Mt. Lebanon groups, the men serve as a solid source of hope and optimism. Never did any of the men introduce doubt where a woman had hope, and

furthermore, the men always backed what their wife was saying or feeling and were reassuring. It was obvious when watching the men and women interact in both the groups that men consistently served a supportive role for their wives.[48] However, at the same time they always appeared somewhat marginalized to the discussion, as if they could not speak on their behalf alone, but only in relation to their wives. Never did a man attend one of the support sessions without his wife, but various women did so on various occasions. Why do men serve these supportive and marginal roles? Was it simply because the couples involved all were experiencing female and not male infertility?

Male marginalization within the support groups partially can be attributed to the fact that all the couples were dealing with female infertility. Even so, the marginalization stems from the complex relationships the man has with both their wives and the disorder. Specifically, men become marginalized within the experience because they do not internalize or associate with the issue of infertility. As mentioned before, all of the couples were incidents of female infertility, and all of the males were found to be healthy and fertile by biomedical doctors and tests. Because of this, men blame the problem on the female body. This is not to say that the husbands blame their wives. As shown above, men serve a highly supportive role with to their wives. However, biomedicine physically locates the source of the infertility. Thus, men can place the blame and the cause of the infertility directly on the female body. The men are sympathetic towards their wives because they separate the woman and the source of her infertility. However, the men do not associate themselves with the infertility mainly because they pinpoint the disorder physically in the woman's body. The males of both groups often used the words, "she" and "her" to describe experiences, whereas the women used "we" and

"our." The women oscillate between fully blaming themselves (where they see the infertility as a result of their own body's dysfunction,) separating themselves from the physical disorder, and understanding the infertility as a problem for both them and their husband. For the men, it is not directly their issue because they don't feel a connection to the disorder, only to their wives, which are separated and distinct. They likewise feel as though they have little say on the issue of infertility because of the lack of a connection to it, and thus distance themselves from experiencing the disorder. Consequently, the men see their role in the disorder primarily as support, reassurance and comfort for their wives.

Gender also affects how the individuals within the couples view alternative medicine. The women of the Mt. Lebanon group view alternative medicine in a very positive light. In general, they feel as though alternative medicine treats infertility as well as, or even better than biomedicine. They are optimistic that the herbal medicines will work for them. The women of the Shaler group all express doubt concerning the use of alternative medicine to treat infertility. Nonetheless, they choose to take herbal teas and tonics as a sort of "long-shot." There is a possibility that the medicine may in fact work, and herbal medicines provides women with a sense of agency and control in their health.

For the men, no single idea relating to their beliefs on alternative medicine was expressed collectively (from the males as a whole), nor as a group (as Mt. Lebanon or Shaler men.) Their responses to the validity of herbal medicines as a treatment for infertility were varied and numerous, ranging from "it makes her feel better," to "it doesn't hurt us to try," to "she has noticed differences, it works for her," and finally to "she is a fighter, and she wants to do everything in her power to overcome this." Thus,

men collectively experience infertility as supporters for their wives. Their primary role is to comfort, back-up, and support their wives throughout the disorder.

CONCLUSION

Looking at infertility from the vantage of those who suffer through it provides a glimpse into how class and gender largely define one's experience. In the case of infertility, class largely determines how the infertile couple understands their condition, and likewise how the infertile couple experiences their disease. Upper middle class people are able to be more positive and hopeful than the lower-middle class, because they do not feel the same types of monetary limitations. Lower middle class couples feel frustrated and discouraged due to the monetary limitations. Infertile women also envision their bodies in a different way than those of the upper middle class. How the infertile couple negotiates between alternative and standard treatments is also greatly influenced by their class. Alternative treatments (although the same for both groups) are defined and viewed in distinctive and different ways for the two groups. The ways in which women explain their infertility differs largely because of the general outlook on the disorder. Likewise, gender also shapes the experience of infertility, especially when focusing specifically on female infertility. Men and women understand infertility differently because of how they locate the disease, and thus they experience infertility in unique ways. Their roles within the experience are also different for this same reason. Examining the experience of the infertile couple demonstrates how class and gender fundamentally influence and shape the ways in which people experience disease.

NOTES

[1] Winston R. Getting pregnant: The complete guide to fertility & infertility. Rev. ed. London: Pan Books, 1993.

[2] Taken from Support National Organization. "Mission Statement." Created in 2000.

[3] Observation of Peer Support Group Sessions in Mt. Lebanon, Pittsburgh, PA. September 24th, 2002

[4] Ibid.

[5] Observation of Peer Support Group Sessions in Allison Park, Pittsburgh, PA. September 26th, 2002

[6] Ibid.

[7] Observations of Peer Support Group Sessions at Burchfield Elementary School in Allison Park, Pittsburgh, PA., September 26th, 2002, October 10th, 2002, October 24th, 2002, November 10th, 2002 and interviews with couples from this group

[8] Based on individual interviews with the 10 couples

[9] Interview by author, September 26th, 2002

[10] Interview by author, October 5th, 2002

[11] Interview by author, October 25th, 2002

[12] Interview by author, September 24th, 2002

[13] Interview by author, October 5th, 2002

[14] Interview by author, October 26th, 2002

[15] Interview by author, November 2nd, 2002

[16] Interview by author, September 28th, 2002

[17] Ibid.

[18] Interview by author, October 26th, 2002

[19] Interview by author, October 5th, 2002

[20] Observation of Peer Support Group in Allison Park, October 24th, 2002

[21] Interview by author, November 5th 2002

[22] Interview by author, January 18th, 2003

[23] Interview by author, November 2nd, 2002

[24] Gathered from all observations and interviews with members of the Mt. Lebanon group

[25] Farquhar, Judith. "Objects, Processes, and Female Infertility in Chinese Medicine." Published in *Medical Anthropology Quarterly*, New Series. Volume 5, Issue 4. December 1991. p374

[26] Interview by author, September 29th, 2002

[27] Interview by author, February 16th, 2003

[28] Interview by author, February 22nd, 2003

[29] Interview by author, February 2nd, 2003

[30] Interview by author, November 9th, 2002

[31] Farquhar, Judith. "Objects, Processes, and Female Infertility in Chinese Medicine." Published in *Medical Anthropology Quarterly*, New Series. Volume 5, Issue 4. December 1991 and interview by author, October 28th, 2002 with Dr. Tonghua Yang

[32] Interview by author, October 28th, 2002 with Dr. Tonghua Yang

[33] Farquhar, Judith. "Objects, Processes, and Female Infertility in Chinese Medicine." Published in *Medical Anthropology Quarterly*, New Series. Volume 5, Issue 4. December 1991. p380

[34] Mann, Felix. "Chinese Traditional Medicine: A Practitioner's View." Published in *China Quarterly*, Volume 0, Issue 22. July-September 1965. Pages 28-36.

[35] Interview by author, October 28th, 2002 with Dr. Tonghua Yang

[36] Interview by author, January 18th, 2003

[37] Interview by author, October 18th, 2002

[38] Interview by auhor, October 25th, 2002

[39] Interview by author, November 2nd, 2002

[40] Interview by author, October 5th, 2002

[41] Interview by author, October 12th, 2002

[42] Interview by author, October 22nd, 2002

[43] Interview by author, October 27th, 2002

[44] Interview by author, September 29th, 2002

[45] Interview by author, September 28th, 2002

[46] Interview by author, October 28th, 2002 with Dr. Tonghua Yang

[47] Observation of Peer Support Group on October 10th, 2002 in Allison Park

[48] Based on all author's observations and interviews with the ten couples

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Events

Bi-monthly Peer Support Group Sessions at the home of "Carol" and "Calvin," in Mt. Lebanon, Pittsburgh, PA
September 24th, 2002
October 8th, 2002
October 22nd, 2002
November 8th, 2002

Bi-monthly Peer Support Group Sessions at Burchfield Elementary School in Allison Park, Pittsburgh, PA.
September 26th, 2002
October 10th, 2002
October 24th, 2002
November 10th, 2002

Interviews by Author

"April" and "Adam" of the Shaler Support Group
September 28th, 2002
November 2nd, 2002
January 11th, 2003
February 15th, 2003

"Betty" and "Brian" of the Shaler Support Group
September 28th, 2002
October 26th, 2002
January 18th, 2003
February 16th, 2003

"Cathy" and "Carl" of the Shaler Support Group
September 29th, 2002
October 26th, 2002
January 28th, 2003
February 23rd, 2003

"Dorothy" from the Shaler Support Group
September 26th, 2002
October 27th, 2002
February 9th, 2003

"Emily" of the Shaler Support Group
October 5th, 2002
November 2nd, 2002
February 8th, 2003

"Anne" and "Alex" of the Mt. Lebanon Support Group
October 14th, 2002
October 25th, 2002

"Beth" and "Bert" of the Mt. Lebanon Support Group
September 29th, 2002
October 12th, 2002
February 1st, 2003

"Carol" and "Calvin" of the Mt. Lebanon Support Group
September 24th, 2002
October 22nd, 2002
November 5th 2002
February 2nd, 2003

"Denise" and "Dan" of the Mt. Lebanon Support Group
October 5th, 2002
February 6th, 2003

"Ellen" and "Eddy" of the Mt. Lebanon Support Group
October 5th, 2002
October 18th, 2002
January 19th, 2003
February 22nd, 2003

Dr. Rasha Hashad, M.D. on November 9th, 2002

Dr. Tonghua Yang, M.D. in China on October 28th, 2002

Dr. Vivienne Garrod-Grinnell, on November 13th, 2002