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Stories Without Pattern, Lives at the Edge: The Mass Observation Project and Emotional Histories of In/Fertility Before IVF

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Abstract. Very little is known about the experience of infertility before the successful deployment of *in vitro* fertilisation (IVF) in the late 1970s. It is sometimes assumed that in the more constrained emotional climate of early and mid-century Britain, infertile couples adopted or adapted, and that prolonged grief at childlessness is a post-IVF artefact. This article employs a longitudinal study of responses to Mass Observation Project directives, tracing five women who experienced fertility problems through the archive to reconstruct their fertility biographies. These women's life-writings challenge the myth of stoic adaptation to infertility, while the diversity of experiences thrown up by the archive suggests the expansive possibilities of more fluid historical framings of 'infertility' as 'in/fertility'.

Keywords: infertility; adoption; motherhood; emotion; Mass Observation.

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Introduction

> I'm not really the right person to talk about this. At the risk of sounding like a grumpy old woman, why should people think they have a right to a child? Before IVF, if people couldn't have children, they grieved about it and got on with their lives or maybe adopted. In a way, because IVF is available, people may feel they have to go down that road, causing enormous stress, physical discomfort and lots of money, some of which is a drain on the NHS.[1]

In 2011, the Mass Observation Project (MOP), a social research organisation, asked its panel of volunteer writers what they thought about donor conception. Many respondents shared this 'grumpy' 66-year-old woman's understanding of the historical narrative around involuntary childlessness. In this view, before the 1978 birth of Louise Brown, the first child born following conception by *in vitro* fertilisation (IVF), childless people

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[1]Mass Observation Project Archive [hereafter MOA], response to directive 91 ('Donor Conception' [2011]), R1227.

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'got on with their lives or maybe adopted'. In the decades since, the expansion of assisted reproductive technologies (ARTs) had encouraged the belief that everyone had 'a right to a child', the disintegration of the stoic adaptation that characterised earlier generations' responses to infertility, and the pursuit of biological parenthood at any cost. Mass Observation respondents regarded developments around ARTs with ambivalence, alarm, approval, or even wonder, but they took it for granted that IVF had dramatically altered not just how individuals and couples sought to 'resolve' the problem of childlessness, but also the emotional experience of infertility. They slotted this assumption into another historical narrative with broad cultural purchase: that, since the 1960s, spurred on by 'permissiveness', individualism, and the psychologisation of everyday life, the pervasive belief that everyone had 'the right to feel and to act on one's feelings' had dissipated the emotional control that characterised British society in earlier decades.[2]

This emotional revolution dovetailed with successive advancements in reproductive technology: the use of ultrasound in gynaecology (1950s), the oral contraceptive pill (1961), home pregnancy testing kits (1971), and then IVF (1978).[3] These developments transformed women's relationship to their reproductive bodies, and their expectations about their ability to plan their reproductive lives.[4] Stories of 'miracle babies' in the popular press raised awareness of infertility, even as the existence of IVF made it possible to believe that any obstacle to reproduction might be overcome.[5] The late 1970s constituted a major turning point in how people could imagine their reproductive futures and therefore also in how they might feel and react if these expected futures did not materialise. However, the surge of recent scholarship on the twentieth-century history of infertility says little about the emotional hinterlands of sufferers before this watershed moment.[6] The limited historical commentary tends to (equivocally) agree with MOP respondents that until the advent of IVF people met fertility problems with resignation and fatalism, while acknowledging that very little is known about earlier experiences of infertility.[7]

[2]Claire Langhamer, 'An Archive of Feeling? Mass Observation and the Mid-Century Moment', *Insights*, 9 (2016), 2–10, 9. See also Hera Cook, 'From Controlling Emotion to Expressing Feelings in Mid-Twentieth-Century England', *Journal of Social History*, 47 (2014), 627–46; Deborah Cohen, *Family Secrets: The Things We Tried to Hide* (London: Penguin, 2014), 181–252; Teri Chettiar, *The Intimate State: How Emotional Life Became Political in Welfare-State Britain* (Oxford: Oxford University Press, 2022), 1–22.

[3]Ann Oakley, *The Captured Womb: A History of the Medical Care of Pregnant Women* (Oxford: Wiley-Blackwell, 1984), 156–68; Jesse Olszynko-Gryn, 'Predictor: The First Home Pregnancy Test', *Journal of British Studies*, 59 (2020), 638–42. Dates refer to first UK introduction.

[4]Hera Cook, 'The English Sexual Revolution: Technology and Social Change', *History Workshop Journal*, 59 (2005), 109–28.

[5]Katharine Dow, '"Now She's Just an Ordinary Baby": The Birth of IVF in the British Press', *Sociology*, 53 (2019), 314–29; C. McMahon et al., 'What Do Women Undergoing In Vitro Fertilisation (IVF) Understand About Their Change of IVF Success?', *Human Reproduction*, 39 (2024), 130–38.

[6]For an indication of the breadth of recent scholarship see Gayle Davis and Tracey Loughran, eds, *The Palgrave Handbook of Infertility in History: Approaches, Contexts and Perspectives* (Basingstoke: Palgrave, 2017); Sarah Ferber et al., eds, *IVF and Assisted Reproduction: A Global History* (Singapore: Springer, 2020). For partial exceptions to this neglect, see Sianan Healy, 'Broken Bodies: Oral Histories of Infertility after the Women's Liberation Movement', *History Australia*, 20 (2023), 393–408; Yuliya Hilevych and Tinne Claes, 'Peer-to-peer Counselling and Emotional Guidance on Infertility in Britain and Belgium (1970–1980s)', *Medical Humanities* 49 (2023), 214–24.

[7]Elizabeth Roberts, *Women and Families: An Oral History, 1940–1970* (Oxford: Blackwell, 1985), 81–82; Angela Davis, 'Oral History and Women's Accounts of Infertility in Postwar England', in Davis and Loughran, eds, *Palgrave Handbook of Infertility in History*, 123–40.

There is a simple reason for this neglect of infertility experience: it is hard to research. Infertility is 'an experiential state that exists as an absence (the failure to engender pregnancy), that plays out on the bodies of women (a historically marginalised group), and that, it seems, often further stigmatises its subjects (thus rendering them inarticulate or silent)'.[8] It is difficult to locate first-hand accounts of infertility experience for earlier periods. The pervasive taboo around sexual matters, the intimate nature of fertility troubles, and the shame and stigma attached to reproductive 'failure' prevented people from articulating or recording these experiences. Health professionals and other 'experts' generated the most substantial discourse on infertility, meaning that 'our historical knowledge is inevitably skewed towards the construction of infertility as a medicalized condition', and towards those who actively sought help to conceive.[9] The most readily available evidence excludes multiple dimensions of experience and can only produce incomplete understandings of how people negotiated and lived with fertility problems.

Recently, Andrew Burchell and Mathew Thomson have shown the possibilities of the Mass Observation Project for longitudinal study of participants' mental health trajectories, emphasising its value as an 'accidental' or 'incidental' repository of writing about mental health. Burchell and Thomson identified MOP respondents who described mental health difficulties and traced them through the archive to create mental health biographies. Because writers do not join MOP for any other purpose than contributing to social research on everyday life, and because they discuss mental health in multiple, sometimes unexpected, contexts, this method avoids the overdetermination of medicalised narratives produced around specific labels or fixed patient identities. Instead, mental health experiences can be located within a person's everyday life over time.[10] The longitudinal approach to MOP holds great potential for understanding from the inside-out many health experiences that resist other methods of investigation—including infertility.

In this article, I adapt Burchell and Thomson's method to explore how five women narrated their experiences of pre-1978 fertility problems for MOP, placing these experiences within the broader contexts of their lives, and charting how personal and sociocultural changes affected their beliefs, feelings, and narrativisation. This approach to MOP uncovers new evidence of women's 'infertility' experiences in the era before IVF and furthers understanding of how women remembered and negotiated the ongoing effects of fertility problems across the life course. In writing about these experiences, women not only described past and present feelings, but knowingly located themselves within emotional cultures that had transformed within their lifetimes. For some women, MOP provided a welcome venue for the expression of emotions that had been socially silenced; for others, participation in a valued social research project compelled emotional expression despite their preference for reticence. Silence could be stoic, but it was not always willing, while women whose self-image was closely tied to their capacity for emotional resilience and control suffered nonetheless. These women's life-writings enrich histories of infertility

[8]Tracey Loughran and Gayle Davis, 'Introduction: Infertility in History: Approaches, Contexts and Perspectives', in Davis and Loughran, eds, *Palgrave Handbook of Infertility in History*, 10–11.
[9]Ibid., 8.
[10]Andrew Burchell and Mathew Thomson, 'Composing Well-being: Mental Health and the Mass Observation Project in Twentieth-Century Britain', *Social History of Medicine*, 35 (2021), 444–72.

experience, demonstrate the expansive possibilities of more fluid historical framings of 'infertility', and open out histories of emotion and subjectivity.

Mass Observation as an 'Incidental Archive' of In/Fertility Experience

Since 1981, MOP has issued directives to its panel of volunteer writers ('Observers') at least three times a year.[11] Each directive includes open-ended questions and prompts on an eclectic mix of topics of social, cultural, or political interest. The result is an archive of 'ordinary' people's life-writing on diverse aspects of Britain's recent past of unparalleled extent and richness.[12] The post-1981 MOP is an under-exploited resource for histories of emotion and subjectivity, but studies of responses to individual directives demonstrate MOP's capacity to illuminate the role of emotion in public life, the operation of particular emotional communities, and the 'ways in which emotional styles and expectations change over time, while retaining threads of continuity which haunt us now'.[13] Longitudinal approaches to MOP, made considerably easier by the recent digitisation of the archive, hold even greater potential for emotional histories because of their capacity to interrogate the dynamic relationship between past and present that is an inherent feature of life-writing for MOP. In each directive response, Observers reflect on the past from their standpoint in the present, drawing on their life experiences to explain the opinions they are putting forward, and locating any retrospective assessments within the context of broader political, social, and cultural shifts. As directive responses accumulate, it becomes possible to trace the relationship of the ever-changing present to a past that has steadily accreted more evidential layers.

MOP's capacity to capture subjectivities in flux makes it particularly valuable for historians of infertility. The fact that medical sources form the most readily locatable body of extant evidence narrows our sense of the breadth of possible infertility experiences. By default, medicalised approaches to infertility exclude women who did not seek (extended) medical support when they found themselves unable to become pregnant or bear children.[14] An emphasis on health-seeking behaviour depends on a limited understanding of what past experiences of infertility looked like, and in turn limits where we might look for them. More than this, however, it fixes the infertile woman at a particular moment: during her active efforts to conceive, at a specific moment in her reproductive life, when she held the status of patient, and when her emotional and bodily resources

[11]The directives (but not responses) can be downloaded at Mass Observation, 'List of past directives': https://massobs.org.uk/pastdirectives/ (accessed on 11 June 2025).

[12]The MOP panel is 'ordinary' within specific parameters; it skews white, female, middle-class, older, and to the southeast of England. These demographic limitations mean that it is not possible to extrapolate outwards from MOP responses about 'typical' experiences of in/fertility (or anything else). However, MOP is not a traditional social survey project and nor is it usually approached as such; its value often lies, as in the present exploration, in its power to illuminate the emotional and subjective dimensions of otherwise neglected or undocumented experiences. Annebella Pollen, 'Research Methodology in Mass Observation Past and Present: "Scientifically, about as Valuable as a Chimpanzee's Tea Party at the Zoo"?', *History Workshop Journal*, 75 (2013), 213–35.

[13]Matt Cook, '"Archives of Feeling": The AIDS Crisis in Britain 1987', *History Workshop Journal*, 83 (2017), 51–78, 55. See also Jonathan Moss et al., 'Brexit and the Everyday Politics of Emotion: Methodological Lessons from History', *Political Studies*, 68 (2020), 837–56, 839.

[14]Arthur L. Greil and Julia McQuillan, '"Trying" Times: Medicalization, Intent, and Ambiguity in the Definition of Infertility', *Medical Anthropology Quarterly*, 24 (2010), 137–56.

were directed to becoming pregnant. This fixative effect contributes to the continued valence of the trope of the 'desperate' infertile woman who will do anything to become pregnant.[15] But it also makes it more difficult to think about infertility as an experience or status that might affect women across the life course, entailing different emotional reactions and negotiations over time. The evidence of MOP offers the potential for more expansive framings of infertility that are truer to the complexity, messiness, and multiplicities of lived experience.

MOP has never issued a directive on infertility, and so some creativity is needed to find women's experiences within the archive. I did not intend to explore the experiences of a particular generation or age cohort; my only aim was to illuminate aspects of infertility treatment before the IVF era. Aware that I was unlikely to find many infertility stories, I decided to cast the net as widely as possible, and so I did not set an upper date-of-birth limit for women whose stories might be included in this research.[16] Because I was interested in the experiences of women who had attempted to conceive before 1978 but also wanted to exclude women for whom age-related fertility decline might be the main explanation for difficulties in becoming pregnant, I set 1948 as the lower date-of-birth limit in my search.[17] In the end, I traced the in/fertility biographies of five women through the archive, from their earliest submissions to either their final locatable response or 2020, whichever came later: Ivy (b. 1914), Marta (b. 1926), Bridget (b. 1930), Thelma (b. 1939), and Judith (b. 1942).

I initially identified women who might have experienced fertility problems through looking at the responses of women born before 1948 to the directives on 'Birth' (1993) and 'Donor conception' (2011). 'Birth' included prompts on the experience of giving birth, while 'Donor conception' invited writers to offer their views and 'your direct experiences if you have them' on 'the new ways that people are supported to have babies'. Because the directives did not ask women directly about infertility experience, identifying women with relevant experiences involved a certain amount of guesswork, relying on sometimes oblique comments that suggested it would be worth following a woman through the archive. I hit some 'dead ends' this way, reading multiple responses before ascertaining that the woman had not experienced fertility problems.

I eventually constructed the in/fertility biographies of five women from responses to 84 directives issued from 1981 to 2020. I started by reading responses to directives that seemed likely to elicit reflections on reproduction, sexuality, the family, health, psychology, emotion, or social research. I brought directives relevant to other topics into the

[15]Sarah Franklin, 'Deconstructing "Desperateness": The Social Construction of Infertility in Popular Representations of New Reproductive Technologies', in Maureen McNeil, Ian Varcoe, and Steven Yearley, eds, *The New Reproductive Technologies* (Basingstoke: Macmillan, 1990), 200–29; Layne Parish Craig, '"Soldiering On": Social Media Representations of Infertility and Assisted Reproduction as Patient Narratives', *Literature and Medicine*, 38 (2020), 88–112.

[16]At its relaunch in 1981, the MOP panel included only eight female respondents born before the 1910s (though some did not provide information on date of birth). In practice, then, the upper-date-of-birth limit was 1900.

[17]I made this decision partly because prominent cultural perceptions of older first-time mothers as selfish and irresponsible are a post-IVF artefact and could introduce a further complicating factor into an already complex study. A birth date of 1948 was somewhat arbitrary, but it was necessary to draw the line somewhere. On perceptions of older mothers and ART use, see Virpi Ylänne, 'Representations of Ageing and Infertility in the Twenty-first Century British Press', in Davis and Loughran, eds, *Palgrave Handbook of Infertility in History*, 509–35.

sample as themes relevant to these women's narrativisation of in/fertility experience emerged (such as 'permissiveness' or voluntarism), and as specific issues that might have affected a particular woman's in/fertility story became apparent (for example, Ivy's approach to bereavement, Thelma's fears about ageing, or Judith's attitude to work). I read every woman's responses to every directive on this 'master list' for which they submitted a response.[18] The identification of directives that generated reflections relevant to in/fertility experience therefore depended on becoming familiar with some elements of these women's biographies, and branching outwards to topics that did not seem immediately relevant to reproduction, embodiment, or family life, but that became apparent as rich sources of information through the clues gleaned from different women's narratives. This method creates an 'incidental archive' of pre-1978 in/fertility experience that is small but of unparalleled richness, and that could be extended to different generational groupings for the same topic (for example, by searching using a different lower date-of-birth limit) or adapted for almost any other hard-to-research health-related topic.

The research method also provides further insights into the difficulties of locating evidence of infertility experience, both historical and contemporary. I aimed to identify infertility experiences, but it soon became evident that recognising 'infertility' in MOP responses is not clear-cut. The World Health Organization (WHO) circumscribes infertility as 'a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected intercourse', with primary infertility as 'the inability to have any pregnancy', and secondary infertility as 'the inability to have a pregnancy after previously successful conception'.[19] Subfertility 'describes any form of reduced fertility with prolonged time of unwanted non-conception'.[20] But MOP writers did not systematically record information on trying to conceive, contraceptive use, spacing births, or ideal family size. Standardised definitions are not helpful in this context. Informed speculation, stitching together dispersed biographical details and comparing these women's lives with what is known about 'typical' reproductive behaviour and fertility trajectories, is the best we can do.

The inability to fit Observers' experiences to rigorous definitions of infertility may not be a disadvantage, but the clue to a valuable historical insight. Isabel Davis's recent work argues that uncertainty is the central feature of trying for pregnancy, both in the past and now.[21] Categorisation rigidifies and excludes—that is its purpose. But what, and who, is left out when we prioritise proper classification over the chaos of experience? All five women discussed in this article experienced reproductive disasters: periods of failure to conceive, miscarriage, stillbirth, and neonatal death. They all experienced times when their reproductive futures were in doubt, or when motherhood seemed distant or impossible. None definitively meets WHO's criteria for primary infertility. 'Infertility' might not be the right term here, but nor is there another that fits. Women who adopted or eventually bore

[18]These women had different periods of involvement with MOP, and some did not respond to every directive.

[19]World Health Organization, 'Infertility': https://www.who.int/health-topics/infertility#tab=tab_1 (accessed on 11 June 2025).

[20]C. Gnoth et al., 'Definition and Prevalence of Subfertility and Infertility', *Human Reproduction*, 20 (2005), 1144–47, 1144.

[21]Isabel Davis, *Conceiving Histories: Trying for Pregnancy, Past and Present* (Cambridge, MA, and London: MIT Press, 2025).

surviving children were not 'involuntarily childless'. To encapsulate the breadth of these experiences (a breadth that can no doubt be traced also in the lives of women born centuries earlier or decades later), I propose the term 'in/fertility': this captures both the liminality of these women's fertility status at different points in their lives, especially as they negotiated between past and present in narrating their experiences, and the indeterminacy of our knowledge of their reproductive histories.

Childlessness

Thelma (b. 1939) had always 'assumed that I would get married [to a young blond man with blue eyes] and have children'.[22] She did marry, but, in her early thirties, miscarried at five and a half months pregnant. She suspected that she had experienced several early miscarriages but did not know for sure. She continued trying for a baby, but it never happened. Because of her husband's mental health problems, they did not adopt.[23] Thelma's childlessness was 'the biggest disappointment in my life', and her miscarriage a loss that would never 'fade into the past'.[24] As parents mark their children's birthdays, throughout her life Thelma always remembered 'the anniversary of the day of the miscarriage and of the expected date of arrival'.[25] Thelma got on with her life, but never accommodated herself to the grief of childlessness.

Thelma's story shows how complex and highly personal factors, beyond the simple availability of technological or social solutions, shaped responses to involuntary childlessness. Thelma described herself as childless rather than infertile, and it is not clear whether she ever sought medical help.[26] It seems that the circumstances of her marriage, rather than physical problems alone, prevented Thelma from having children. Her husband's mental health problems affected many aspects of their life together, including frequent house moves.[27] He had attempted suicide more than once, and Thelma lived with intense 'anxieties and fears' for his wellbeing that she felt unable to share with family and friends.[28] The strain caused Thelma stress and depression, but she did not view her own mental health as worth mentioning unless directly prompted.[29]

Thelma's shyness and lack of self-confidence, which she attributed to her parents' extreme emotional reserve, were core elements of her subjectivity, returned to across several directive responses.[30] This lack of self-worth manifested in the tendency to bolster her husband to her own detriment.[31] Asked in 1992's 'The pace of life' directive,

[22]MOA, Response to Directive 103 ('Dear 16 year old me' [2015]), Thelma.
[23]MOA, Responses to Directives 76 ('Sex' [2005]) and 93 ('You and the 1980s' [2011]), Thelma.
[24]MOA, Responses to Directives 103 ('Dear 16 year old me' [2015]) and 120 ('Nothing and the "road not taken"' [2020]), Thelma.
[25]MOA, Response to Directive 120 ('Nothing and the "road not taken"' [2020]), Thelma. See also MOA, Response to Directive 67 ('Birthdays' [2002]), Thelma.
[26]MOA, Response to Directive 79 ('Age' [2006]), Thelma.
[27]MOA, Responses to Directive 79 ('Your home' [2006]) and 82 ('Your life line' [2008]), Thelma.
[28]MOA, Response to Directive 42 ('Death and bereavement' [1994]), Thelma.
[29]MOA, Response to Directives 50 ('You and the NHS [1997]), 55 ('Staying well and everyday life' [1998]), and 58 ('Sleeping and dreaming' [1999]), Thelma.
[30]MOA, Responses to Directives 41 ('Birth' [1993]), 63 ('Courting and dating' [2001]), 82 ('Your life line' [2008]), 103 ('Dear 16 year old me' [2015]), and 114 ('Loneliness and belonging' [2019]), Thelma.
[31]For example, she believed there was a great disparity between their levels of attractiveness. MOA, Response to Directive 54 ('Having an affair' [1998]), Thelma.

'if you were to think of yourself as an object or machine that represented how you lived your life, what would it be?', Thelma reframed the question:

> How do I see myself and my role in life?
>
> The picture of myself that your question conjures up is of a small stake placed beside a rare and unusual tree (which produces beautiful flowers/fruit) to help the tree grow and flower … in other words I see myself as an anchor/life support for my husband to enable his talent and creativity to flourish.[32]

Thelma always framed the desire for children as a shared marital goal, and their decision not to adopt as an unavoidable outcome of her husband's mental health problems.[33] But, after her husband's death in the early 2000s, some comments indicate that he had been less motivated. In the early years of their marriage, it was her husband who had suggested that they put off having children 'for another year or two' because of his depression and anxiety. Thelma was 'disappointed but accepted that this was for the best'.[34] She later regretted that she had not 'persuaded my husband to try for adoption', implying that he had not been keen.[35] Working through 2000's directive on 'The family', Thelma did not address the questions on adoption; maybe her lack of experience was too painful to consider.[36] Thelma may have felt unable to prioritise becoming a mother while her husband was at risk of suicide, and unable to assert her own wants and needs within the marriage.

Thelma's childlessness was a constant presence in her life. She felt compelled to disclose it again and again, as a biographical detail essential for others to understand her.[37] But, it also resonated differently as the circumstances of her life changed. Menopause 'underlined the fact that we would never have a child'.[38] As other women experienced 'the "empty nest" when children have left home', Thelma's life remained the same.[39] On her husband's death, she felt intensely aware that 'we didn't have children so I was very much on my own'; some years later, she commented that, since her husband died, she had rarely felt the happiness of knowing 'that other people care for me and about me', and again appended '(we had no children)'.[40] When her friends had grandchildren, Thelma suffered the pangs of another 'experience that I shall never have'.[41] She researched family history 'because 'I don't have any family future'.[42] Childlessness was Thelma's past, present, and the time that stretched out ahead.

[32]MOA, Directive 36 ('The pace of life' [1992]); MOA, Response to Directive 36 ('The pace of life' [1992]), Thelma.
[33]MOA, Response to Directives 41 ('Birth' [1993]), and 103 ('Dear 16 year old me' [2015]), Thelma.
[34]MOA, Response to Directive 76 ('Sex' [2005]), Thelma.
[35]MOA, Response to Directive 79 ('Age' [2006]), Thelma.
[36]MOA, Response to Directive 61 ('The family' [2000]), Thelma.
[37]MOA, Response to Directives 36 ('The pace of life' [1992]), 39 ('Growing up [1993]), 61 ('The family' [2000]), 67 ('Birthdays' [2002]), Thelma.
[38]MOA, Response to Directive 47 ('Menstruation' [1996]), Thelma.
[39]MOA, Response to Directive 87 ('Midlife transitions' [2009]), Thelma.
[40]MOA, Responses to Directives 98 ('What makes you happy?' [2013) and 114 ('Loneliness and belonging' [2019]), Thelma.
[41]MOA, Response to Directive 120 ('Nothing and the "road not taken"' [2020]), Thelma.
[42]MOA, Response to Directive 83 ('Doing family history research' [2008]), Thelma.

Adoption

Ivy (b. 1914) married in 1939, becoming stepmother to a 5-year-old boy. In 1940, she gave birth to a son who died at 3 days old. The next year, she delivered a daughter who survived for only 30 minutes. Ivy and her husband then adopted two children. At some point (it is unclear when) she also suffered an early miscarriage.[43] Ivy's in/fertility story emerged piecemeal. She first mentioned her maternal bereavement in 1984 and brought up these losses a handful of times over the next decade but only revealed that these were neonatal deaths in her response to 1993's 'Birth' directive.[44]

The duality of Ivy's experiences, as the mother of babies who had died and the mother of adopted children, shaped her writing on self, family, and motherhood.[45] Asked to write about 'key changes for you in your life so far', she offered the ying and yang of

> Losing two children …. something I never forget and rarely talk about … hurts too much.
>
> Adopting two children …. something I never regret and would do again if I were younger.[46]

Ivy always bracketed together the deaths of her babies and the joys of adoption, 'the loss of children and the coming of my "God given family"'.[47] For Ivy, explaining maternal experiences meant negotiating deep sorrows and great joys within the same account, in the effort not to diminish what either set of children meant to her.

This could be a complex balancing act. Ivy had to use precise, context-dependent language to delineate her maternal relationships. Writing about her living children singly, or in the context of day-to-day life, Ivy called them 'my daughter' and 'my son', but she always specified 'my adopted children' in discussions of family structure or autobiographical narratives.[48] Asked to list her relatives, Ivy enumerated cousins, adopted children, stepson, and grandchildren. At the end of the list, and before going on to the next part of the directive, she added, 'I have what some folk call an unusual family. My own son and daughter are both dead'.[49] Ivy clearly felt compelled to include her biological children on this list, but did not know where to place them. Nevertheless, she claimed the value of her babies' lives against the social dismissal of her grief. She had felt abandoned by friends and family after her son died, writing that because he was only 3 days old, 'they couldn't understand I loved him'.[50] This compounded the experience of being kept on a ward with new mothers after his death, and 'reprimanded' when she cried: 'It was in 1940 the war was at its height and very little time to give to new Mums'. Ivy learned her lesson; after her daughter's death, 'I never cried but shut all the grief inside'.[51]

[43]MOA, Response to Directive 41 ('Birth' [1993]), Ivy.
[44]MOA, Response to Directives 19 ('Morality & religion' [1985]), 26 ('Objects about the house' [1988]), 35 ('Women & men' [1991]), 38 ('Growing older' [1992]), 40 ('Pleasure' [1993]), Ivy.
[45]Her relationship with her stepson was more complicated. They were not close and she rarely mentioned him in her responses.
[46]MOA, Response to Directive 38 ('Growing older' [1992]), Ivy.
[47]MOA, Response to Directive 19 ('Morality & religion' [1985]), Ivy. See also MOA, Response to Directive 41 ('Birth', 1993)], Ivy.
[48]MOA, Responses to Directives 20 ('Major events' [1986]) and 27 ('Regular pastimes' [1988]), Ivy.
[49]MOA, Response to Directive 18 ('Relatives, Friends and Neighbours' [1984]), Ivy.
[50]MOA, Response to Directive 42 ('Death & bereavement', [1994]), Ivy.
[51]MOA, Response to Directive 41 ('Birth', 1993)], Ivy.

Ivy matched this quiet assertion of her biological children's importance with insistence on her genuine love for her adopted children, who she 'consider[ed] my own'.[52] The best day of her life had been when, 'after losing two children in infancy, I was able to adopt a dear little baby girl', equalled by her later adoption of 'a dear little boy'.[53] Ivy emphasised the strength of the bond with her adopted children because she feared being misunderstood. Asked to expound on different types of love, Ivy's first offering was, 'The love I have for my two adopted children which other folk can't understand'. Perhaps even more than such direct statements, Ivy's views on reproductive politics demonstrate how adoptive motherhood shaped her outlook. Asked how she would advise a young unmarried pregnant woman, Ivy passionately replied that the girl should 'hold her head up high and go ahead and have her baby, somewhere there would be a place in this world for it … and such things happily are not frowned on nowadays, which is a good thing, the baby would bring its love with it'. On abortion, she explained (with some agitated overtyping), that 'I do not agree with [it] as there are childless folk xxxxxxxx who would love to adopt a child or children like I did. XX Think of the money that would be saved'. She pointed out, 'you could have asked what happens to the children born out of these situations. Remember I have two adopted children'.[54]

Ivy's life followed what she understood as the 'typical' pattern, moving from courtship to marriage, children, and then grandchildren, but not without heartbreak, strenuous effort, and some deviations.[55] Her need to explain her circumstances over and again demonstrates awareness that her experience of motherhood was not ordinary. MOP allowed Ivy to articulate parts of her experience that were complexly bound up with gender and selfhood, and that had been unrecognised or misunderstood. Knowing her reproductive losses, there is something deeply sad in this assertion, writing about gender: 'Yes it did matter I was a woman and could love my children as a mother'.[56] It is also noteworthy that Ivy discussed perinatal loss most fully in the directive on 'Birth'. Towards the end of this response, she wrote, 'I am not sorry I had the children that died because I know what giving birth is like'.[57] In this way, she claimed a fuller experience of maternity, the bearing as well as raising of children.

Ivy wrote about her maternal bereavement and her experience of adoption, rather than her inability to have children. But one MOP submission hints at the lifelong resonances of in/fertility within her embodied experience of womanhood. Her complete response to 1996's directive on 'Menstruation' reads: 'Sorry the reply to this will have to be short. I lost two children at birth, did not have any more (except by adoption). Now at 81 need an operation for a Prolapse and do not feel I can discuss it any further'.[58] Between 1981 and 2000, Ivy submitted at least one typed page in response to almost every directive. The brevity of this response gestures towards unarticulated pain. Ivy's inability to bear

[52]MOA, Response to Directive 18 ('Relatives, friends & neighbours' [1984]), Ivy.
[53]MOA, Response to Directive 40 ('Pleasure' [1993]), Ivy.
[54]MOA, Response to Directive 32 ('Close relationships' [1990]), Ivy; see also MOA, Response to Directive 50 ('You & the NHS' [1997]), Ivy.
[55]MOA, Response to Directive 38 ('Growing older' [1992]), Ivy.
[56]MOA, Response to Directive 35 ('Women & men' [1991]), Ivy. See also MOA, Response to Directive 40 ('Pleasure' [1993]), Ivy.
[57]MOA, Response to Directive 41 ('Birth' [1993]), Ivy.
[58]MOA, Response to Directive 47 ('Menstruation' [1996]), Ivy.

living children had lifelong effects on her sense of self, family relations, and wider belief systems.

Marta (b. 1926) was also an adoptive mother. She had expected to have children shortly after her marriage in 1950, but when this did not happen, she adopted a son.[59] Unlike other Observers who experienced fertility problems, Marta did describe herself as infertile and had sought medical help for difficulties in conceiving during her first marriage.[60] In her twenties, she had suffered a miscarriage, 'without really being aware of having had one, other than awful pain, when I later knew that it had happened', resulting in complications that required a 'very serious' operation and probably ended her reproductive life.[61] In 1960, she and her husband separated, at his request (she later realised he was gay), and subsequently divorced.[62] In her mid-forties, Marta's second husband died of cancer; her third marriage, always volatile, also ended in divorce. During her period of writing for MOP, her fourth husband was diagnosed with Alzheimer's disease, moved to a residential care home, and then died. In responses permeated with regret for a life 'gone hay wire', infertility counted as only one among many sorrows.[63]

Like Ivy, Marta located her experiences of infertility and adoption alongside each other, and as reasons why she 'could not myself contemplate abortion'.[64] In a litany of misfortunes, she placed 'the trauma of infertility' next to 'the trials of trying to adopt a child'.[65] She had fostered her son from the age of 7 months, and formal adoption proceedings finally concluded when he was 3 years old. After 'years of anguish at not becoming pregnant, and after four negative tries at adoption', 'nothing could top the pleasure' of the finalisation of the adoption.[66] In her son's early childhood changing adoption laws caused Marta much anxiety: 'I was so afraid that he may for any reason be taken from me'.[67] Admitting that being unable to give birth had caused her to feel 'great distress' and like a 'failure', she added that her son had 'given me all & perhaps more than I could have wished for'.[68] Marta could not 'love a child that I had born [sic] any more than I do him', and constantly praised his intelligence, hard work, endurance, and status as an all-round 'wonderful person, husband & father'.[69]

This extreme positivity perhaps reflects not only Marta's love for her son but her residual guilt about the instability of his childhood and youth.[70] Looking back, Marta wished

[59]MOA, Responses to Directives 38 ('Growing older' [1992]) and 51 ('Doing a job' [1997]), Marta.
[60]MOA, Response to Directive 61 ('Gays and family' [2000]), Marta.
[61]MOA, Response to Directive 55 ('Staying well and everyday life' [1998]), Marta. See also MOA, Response to Directive 41 ('Birth' [1993]), Marta.
[62]MOA, Response to Directive 38 ('Growing older' [1992]), Marta.
[63]MOA, Response to Directive 32 ('Close relationships' [1990]), Marta.
[64]Ibid.
[65]MOA, Response to Directive 38 ('Growing older' [1992]), Marta.
[66]MOA, Response to Directive 40 ('Pleasure' [1993]), Marta.
[67]MOA, Response to Directive 61 ('The family' [2000]), Marta.
[68]MOA, Response to Directive 41 ('Birth' [1993]), Marta.
[69]MOA, Responses to Directives 18 ('Relatives, friends, and neighbours' [1984]) and 32 ('Close relationships' [1990]), Marta. See also MOA, Responses to Directives 31 ('Social divisions' [1990]) and 38 ('Growing older' [1992]), Marta.
[70]MOA, Responses to Directives 18 ('Relatives, friends, and neighbours' [1984]), 31 ('Social divisions' [1990]), 42 ('Death and bereavement' [1994]), and 61 ('The family' [2000]), Marta.

> that my life could have been more stable, that my first marriage had worked & we had had a family of about three children that we were able to live in a comfortable home, had enough financial stability to educate the children, could have holidays abroad & see something of the world, see the children grow up & make a success of their own lifes [sic], both emmotionally [sic] & practically and for me & my husband to have a peaceful & contented stroll into retirement with each other & to enjoy our later years.[71]

An implied or actual 'what if?', and the sense that, when presented with a choice, she had persistently taken the wrong path, pervaded many of Marta's responses.[72] Her life had been tumultuous and remained challenging during her participation in MOP. She narrated her infertility as part of the wider pattern of misalignment and misadventure that characterised her life. She had been 'out of "sync' for most of her life: the outbreak of war ended her promising schooldays, marrying her third husband too soon blighted their relationship, and of course, 'it was the wrong "time" for me to be infertile, as what was wrong with me then, would be a simple matter to rectify now'.[73] Asked to suggest a directive topic, Marta suggested that Observers could write about '[w]hat would they have done with their lives if given another chance'.[74]

Subfertility

In response to the directive on 'Donor conception' (2011), Bridget (b. 1930) wrote only one line: 'I'm sorry, I have given this a great deal of thought, but really can't do it'.[75] Over 25 years of writing for MOP, Bridget produced full submissions for almost every directive, even those on her least favourite subjects (class, sex, and morality).[76] As with Ivy's reply to the 'Menstruation' directive, this uncharacteristically short response suggests an emotional recoil from the directive. However, we can only speculate about what prompted such a strong reaction. Bridget's fertility story does not, in the end, tell us much about in/fertility, but tugging at the thread of her one-sentence response to the 'Donor conception' directive does help us to understand different ways of articulating emotions within MOP.

Tracing Bridget through the archive, a traumatic fertility story comes into view—but we are afforded only glimpses of it. In response to the 'Birth' directive (1993), Bridget wrote that she had three living children, 'one miscarriage and one child who died shortly after being born'.[77] She said nothing else about the baby who had died and did not include this birth alongside those of her living children on her 2008 lifeline.[78] Bridget only mentioned this child's death once more, in the somewhat incongruous context of her response to 'The Backing Britain campaign' directive (1989). Here, she recalled that 21 years ago,

[71]MOA, Response to Directive 40 ('Pleasure' [1993]), Marta.
[72]MOA, Response to Directive 34 ('Taking risks' [1991]), Marta. On 'what if' as a historical lens for analysing women's lives, see Penny Tinkler, '"What if?": Early marriage and the "shadow selves" of young women from the late 1950s to early 1970s', *Modern British History*, 2025, *36*, 1-18.
[73]MOA, Response to Directive 26 ('Time' [1988]), Marta. See also MOA, Response to Directive 47 ('Menstruation' [1996]), Marta.
[74]MOA, Response to Directive 60 ('Designing your own directive' [2000]), Marta.
[75]MOA, Response to Directive 91 ('Donor conception' [2011]), Bridget.
[76]MOA, Response to Directives 32 ('Your views on MO' [1990]) and 36 ('Personal hygiene' [1992]), 76 ('Sex' [2005]), Bridget.
[77]MOA, Response to Directive 41 ('Birth' [1993]), Bridget.
[78]MOA, Response to Directive 82 ('Your life line' [2008]), Bridget.

she had 'endured a disastrous pregnancy which resulted in my child being born prematurely and dying within the first hour of its life', and therefore 'because of my personal circumstances I didn't really take a great deal of interest in what was going on'.[79]

Bridget conceived at least five times, bore three children who survived to adulthood, and did not describe herself as experiencing fertility problems. The premature birth and death of Bridget's baby occurred a few years after the birth of her last surviving child; we do not know when the miscarriage occurred, but there was a 6-year gap between the births of Bridget's first and second children.[80] These lengthy intervals between births, coupled with some evidence of menstrual problems (Bridget suffered 'the miseries of difficult menstruation' with 'floods of bleeding' until the menopause), raises the possibility of periods of subfertility.[81] Bridget was not infertile, but nor is it clear that she should be excluded from an exploration of in/fertility.

Bridget saw herself as 'active, self-sufficient and coping well with whatever life chooses to throw at me'; 'one of those people who will keep going no matter what'.[82] She prided herself on self-reliance, more than once stating, in a matter-of-fact way, that if she became 'incapable of taking care of myself I shall take my own life, rather than become a burden to my children or rely on the provision made by the State'.[83] Despite this no-nonsense, overtly unemotional attitude, deep feelings surface across Bridget's contributions, especially in relation to her unhappy childhood. An illegitimate child, Bridget had suffered neglect, emotional abuse, and the threat of physical violence when her mother married and had legitimate children.[84] This experience inflected her stance on wider sociomoral issues, including tirades against 'restrictive moral codes', and support for contraception and abortion.[85] While Bridget rarely gave much detail in any single response on her childhood, and sometimes commented on the difficult memories provoked by directives, she also returned to the topic again and again.[86] In one response, she bookended the section devoted to her family of origin with the statements 'I don't wish to dwell on this as the memories are still painful after all the years' and 'I really don't want to write any more'.[87]

It seems likely that Bridget's inability to respond to the 'Donor conception' directive arose from painful memories of her childhood experiences rather than baby loss. The directive asked respondents how they would feel if someone in their family had a child through donor conception, and whether they would think of this child 'in the same way as other grandchildren, nieces/nephews, cousins etc'. For Bridget, who had 'never felt as if I belonged in the family' and had grown up with a different surname to her

[79]MOA, Response to Directive 30 ('The "Backing Britain" campaign' [1989]), Bridget.
[80]MOA, Response to Directive 82 ('Your life line' [2008]), Bridget.
[81]MOA, Response to Directives 35 ('Women and men' [1991]) and 47 ('Menstruation' [1996]), Bridget.
[82]MOA, Response to Directives 79 ('Age' [2006]) and 55 ('Staying well and everyday life' [1998]), Bridget.
[83]MOA, Response to Directive 38 ('Growing older' [1992]), Bridget; see also MOA, Responses to Directives 79 ('Age' [2006]) and 92 ('Ageing and care' [2011]), Bridget.
[84]MOA, Responses to Directive 61 ('The family' [2000]), 80 ('Violence in the home' [2007]), Bridget.
[85]MOA, Response to Directive 69 ('Images of the 1950s and 60s' [2003]), Bridget.
[86]E.g. MOA, Responses to Directives 33 ('Celebrations' [1990]), 42 ('Death and bereavement' [1994]), 54 ('Having an affair' [1998]), 55 ('Present giving and receiving' [1998]), 58 ('Sleeping and dreaming' [1999]), 82 ('Your life line' [2008]), 95 ('Siblings' [2012]), Bridget.
[87]MOA, Response to Directive 61 ('The family' [2000]), Bridget.

mother and half-siblings, these questions must have seemed very close to the bone.[88] The isolation of Bridget's childhood was not past and gone but intruded into the present, made visible in artefacts such as the family tree she prepared at her son's request, 'very large on my husband's side and very small on mine'.[89] No wonder that, decades on, she still 'long[ed] to be able to comfort the child that was my past self'.[90]

There are strong similarities between Bridget's emotional style and that of Judith (b. 1942), the last of these case studies. In the early 1970s, Judith underwent fertility investigations and was told that she would not be able to have children. To her own surprise, and that of her gynaecologist, she became pregnant and gave birth to a daughter. However, despite 'years of trying for a family', Judith suffered depression throughout her pregnancy, followed by 2 years of postnatal depression.[91] While she often wrote about postnatal depression, Judith offered minimal information on her experience of in/fertility. She never stated the cause of her (apparent) infertility, just that she needed surgery for ovarian cysts at the time she became pregnant.[92] With only one exception, she commented on fertility problems only as contextual responses to direct prompts.[93] Judith neither avoided nor elaborated on her fertility problems, but only provided information as directives required.

Judith discussed in/fertility experience most directly to justify her opposition to ARTs. She firmly believed that women had 'no "right" to have children', also rejecting rights-based arguments for other medical treatments.[94] Although many of Judith's opinions on sociomoral issues softened over time, her visceral reaction against ARTs barely altered.[95] In 1985, she wrote of her 'abhorrence of in vitro fertilisation, womb implants etc', and more than a decade later insisted that IVF 'should be as abhorrent to the pro-life lobby as abortion'.[96] While she eventually articulated the position that 'scarce resources should [not] be used for infertility treatment though research into the causes should continue', its late appearance makes it seem very much a post facto argument.[97] Perhaps most contrarily, despite active Christian practice, Judith never invoked religious arguments against ARTs. Instead, she held up her own accommodation to childlessness, before the lucky accident of pregnancy, as a form of experiential expertise that trumped all other arguments.

While IVF had not been available at the time of her infertility diagnosis, Judith was adamant that she would not have taken accessible fertility drugs because they entailed multiple risks.[98] She recoiled from the trope of the desperate infertile woman, still nascent

[88]MOA, Response to Directive 89 ('Belonging' [2010]), Bridget.
[89]MOA, Response to Directive 83 ('Doing family history research' [2008]), Bridget.
[90]MOA, Response to Directive 61 ('The family' [2000]), Bridget.
[91]MOA, Responses to Directive 15 ('Social well-being' [1984]) and 103 ('Dear 16 year old me' [2015]), Judith.
[92]MOA, Response to Directive 50 ('You and the NHS [1997]), Judith.
[93]The exception is MOA, Response to Directive 120 ('Nothing and the "road not taken"' [2020]), Judith.
[94]MOA, Responses to Directives 50 ('You and the NHS [1997]), 42 ('Death and bereavement' [1994]), 82 ('You and the NHS in 2008' [2008]), and 91 ('Donor conception' [2011]), Judith.
[95]Compare, for example, MOA, Responses to Directives 19 ('Morality and religion' [1985]), 21 ('A.I.D.S. campaign' [1987]), 29 ('Rules of conduct' [1989]), 31 ('Social divisions' [1990]), 32 ('Close relationships' [1990]), to MOA, Responses to Directives 77 ('One day diary' [2006]) and 112 ('You and the NHS [2018]), Judith.
[96]MOA, Responses to Directives 19 ('Morality and religion' [1985]) and 50 ('You and the NHS [1997]), Judith.
[97]MOA, Response to Directive 82 ('You and the NHS in 2008' [2008]), Judith; MOA, Response to Directive 50 ('You and the NHS [1997]), Judith.
[98]MOA, Response to Directive 91 ('Donor conception' [2011]), Judith.

when she wrote in the mid-1980s that she did not 'understand how women can be so desperate to have a baby'; on being told that she would never have children, she had 'made plans to return to a full-time career, not to go neurotic'.[99] Instead, she repeatedly insisted that she had accepted that childlessness was 'the luck of the draw', her 'lot in life', and her 'ticket in the raffle of life'.[100] These assertions might imply that Judith had not been *that* emotionally invested in conception, especially as nowhere did she write about the desire for motherhood. Only through repeated justification of the validity of her opinion on ARTs, based in personal experience, does the extent of Judith's efforts to conceive become clear: she had 'tried for five years, in the 1970s when the only treatment was drugs and the risk of multiple births, to have a baby'.[101]

This emphasis, the length of the period of trying, and her willingness to undergo fertility investigations, implies a high level of motivation that Judith never directly acknowledged. Like Bridget, Judith's self-image was of someone who was strong, practical, and active—'the family fire engine, called out in a crisis'.[102] Her experience of trying to conceive, and especially her subsequent postnatal depression, involved a helplessness that did not align with this self-image. While she always wrote about postnatal depression as a past event, it continued to influence her life: in her occasional 'days of black depression' in the early 1980s, and in her refusal, even in 2020, to seek medical support for anxiety and panic because she had been so 'terrified' by drugs prescribed for postnatal depression.[103] In 1993, she revealed that, 'I still cannot look back with equanimity on that time. It was years before I could look at a pregnant woman without revulsion and I never go to see new babies if I can avoid it'.[104]

In keeping with her emphasis on self-reliance, Judith insisted that she had 'devise[d] my own way out' of postnatal depression.[105] In this narrative, writing a Mass Observation day diary in the late 1970s provided reassurance that her 'old skills [were] still there somewhere', and set her on the road to recovery.[106] However, Judith always dated her period of postnatal depression at 2 years—exactly the amount of time that she took out of work after her daughter was born. Work meant a lot to Judith; she had dreamed of joining her chosen profession since early childhood. She had intended to give it up on having children and had moved to a different, part-time post at her organisation a few years after marriage when she started trying for a baby.[107] Perhaps strangely, in discussion of fertility problems, Judith never mentioned this significant disruption to her career; in discussion of work, she never mentioned her fertility problems.

Why did Judith never discuss the return to part-time work as an element in her recovery? She seemed to believe that mothers should not work outside the home, feeling the

[99]MOA, Response to Directive 19 ('Morality and religion' [1985]), 50 ('You and the NHS [1997]), and 91 ('Donor conception' [2011]), Judith.
[100]MOA, Responses to Directive 19 ('Morality and religion' [1985]), Judith.
[101]MOA, Response to Directive 82 ('You and the NHS in 2008' [2008]), Judith.
[102]MOA, Response to Directive 38 ('Growing older' [1992]), Judith.
[103]MOA, Responses to Directive 15 ('Social well-being' [1984]), 55 ('Staying well and everyday life' [1998]), and 120 ('Everyday health and wellbeing' [2020]), Judith.
[104]MOA, Response to Directive 41 ('Birth' [1993]), Judith.
[105]MOA, Response to Directive 112 ('You and the NHS [2018]), Judith.
[106]MOA, Responses to Directives 82 ('Your life line' [2008]), 32 ('Your views on MO' [1990]) and 41 ('Birth' [1993]), Judith.
[107]MOA, Response to Directive 51 ('Doing a job' [1997]), Judith.

need to explain that she had 'never seen myself as a working mother' until an unexpected opportunity arose to return to her old job.[108] A passing reference to 'rebuilding my career after an attempt at being full-time wife and mum' implies that she felt this attempt had failed.[109] If this is the case, then Judith's experience of in/fertility entailed multiple blows to her selfhood that she may have found difficult to negotiate: inability to conceive, inability to maintain her psychological wellbeing alongside full-time motherhood, and inability to carry out her own ideal of good motherhood.[110] The experience of mental health problems jarred with Judith's self-image, rooted in a belief system that coalesced around agency and resilience. This may explain why she compartmentalised different aspects of her life across responses. However, unpacking Judith's in/fertility story is not easy; thinking more about different modes of narration is perhaps the best way to untangle some of these threads.

Narrating In/Fertility, Selfhood, and Emotion in Mass Observation

Judith's tendency to compartmentalisation might be read as an example of 'discomposure'. 'Composure' refers to how individuals try to tell or 'compose' life stories in ways that produce emotional and psychological satisfaction with the self ('subjective composure'), and social recognition through their fit with widely understood frames of social and cultural reference. 'Discomposure' is the inability to achieve personally satisfying and socially coherent narratives.[111] Burchell and Thomson use the concept of composure to explore MOP as 'an archive of therapy', convincingly arguing that its unique format provides some individuals with 'an opportunity to exercise agency in relation to their conditions, control (or otherwise) traumatic memories, and achieve forms of narrative closure'. By 'addressing an invisible audience', some participants are able to construct narratives that allow them to create a kind of composure (as a historical subject and as an individual living in a present-moment)'.[112]

This frame of interpretation could be applied to the stories of the women under discussion here. Marta's responses most closely fit the notion that writing for MOP performed a therapeutic function. On marriage to her fourth husband, Marta had moved away from her family; daily visits to her husband in a residential care home followed on from years of acting as his full-time carer, and Marta often wrote about her restricted life and sense of isolation.[113] She valued participation in MOP because she spent 'so much time on my own', seeing writing as 'a sort of therapy' because she had 'not been able to admit

[108]MOA, Response to Directive 51 ('Doing a job' [1997]), Judith.

[109]MOA, Response to Directive 32 ('Close relationships' [1990]), Judith.

[110]In this connection, it is also relevant that while Judith had never intended for her daughter to be an only child, she and her husband did not extend their family through adoption partly because of Judith's 'health'. MOA, Response to Directive 61 ('The family' [2000]), Judith. Discomfort about this decision may also explain why Judith did not submit a response to Directive 95 ('Siblings' [2012]), which invited respondents to reflect on the advantages and disadvantages of growing up without siblings, and whether 'eldest children, people from large families or people with no siblings tend to "turn out" differently'.

[111]Graham Dawson, *Soldier Heroes: British Adventure, Empire and the Imagining of Masculinities* (London and New York: Routledge, 1994), 22–26; Penny Summerfield, 'Culture and Composure: Creating Narratives of the Gendered Self in Oral History Interviews', *Cultural and Social History*, 1 (2004), 65–93, 68–70.

[112]Burchell and Thomson, 'Composing Well-being', 447, 465, 469.

[113]MOA, Responses to Directives 33 ('Celebrations' [1990]) and 38 ('Growing older' [1992]), Marta.

how I feel to anyone'.[114] The extent of her emotional dependence on MOP surfaces in apologies for 'rambling' responses, and quiet pleas to be kept on the list because it 'means a lot to me—Thanks'.[115] The other four women, however, almost always wrote in less emotional fashion, demonstrating their imbrication in the 'controlled' emotional culture of the earlier twentieth century. But, as we have seen, that does not mean an absence of feeling—whether about childlessness, baby loss, or an abusive childhood. In this section, I address emotional narration in MOP from a different angle, looking at how historians can read overtly 'stoic' responses for traces of emotion, and at how both the format *and* the purpose of MOP worked to elicit emotion from individuals who prided themselves on reticence. In turn, this undercuts the notion that before IVF, women simply 'got on with it' and accommodated themselves to in/fertility.

The most obvious way that MOP stimulated emotional disclosures was through specific topics and prompts, a factor that Burchell and Thomson also note.[116] Ivy, trained to silence on the deaths of her babies, revealed emotion because directives wanted her to do so. Asked to write about birth, she could tell how she still cried about these deaths, or when she saw 'a baby born on T.V.', or when she held a relative's new baby: 'this directive has made me cry … but I had to answer it'.[117] Asked to write about the (apparently) innocuous topic of 'objects around the house', including things of 'sentimental value', she was compelled to describe how 'an old Church magazine' that recorded the death of her son provoked 'tears even after 46 years'.[118] Thelma was 'not accustomed to talking about feelings or personal matters', and aware of her own discomfort in writing about sex and the body.[119] While she wrote often about childlessness, she provided the fullest account of baby loss in response to the 'Birth' directive, which directly asked about miscarriage.[120]

Bridget and Judith both conveyed distaste for overtly personal expression; it is particularly notable than neither woman submitted contributions for 'Subject of your own choice' (1995) and 'Designing your own directive' (2000), despite responding to almost every other directive in this sample and providing full responses for the other directive parts issued at the same time. The topics clearly demanded too much self. Bridget disliked day diaries because she had always found diary-keeping 'a self indulgent activity'; she also railed against 'the constant repetition of "I"' demanded by one directive.[121] Alongside this discomfort, Bridget admitted that she found some writing difficult because the memories of her childhood were 'too painful'. The drip-feed of directives, however, made disclosure possible 'as it is done in small doses and doesn't hurt quite so much—a series of pinpricks rather than real pain'.[122]

Judith's submissions were context-specific, and she rarely volunteered emotional reflection unless it seemed that the directive demanded it. Judith was aware of her

[114]MOA, Response to Directive 32 ('Close relationships' [1990]), Marta.
[115]MOA, Responses to Directives 32 ('Close relationships' [1990]), 36 ('The pace of life' [1992]), 38 ('Last night's dreams' [1992]), Marta.
[116]Burchell and Thomson, 'Composing well-being', 449.
[117]MOA, Response to Directive 41 ('Birth' [1993]), Ivy.
[118]MOA, Response to Directive 26 ('Objects about the house' [1988]), Ivy.
[119]MOA, Response to Directives 47 ('Menstruation' [1996]) and 76 ('Sex' [2005]), Thelma.
[120]MOA, Response to Directive 41 ('Birth' [1993]), Thelma.
[121]MOA, Responses to Directives 77 ('One day diary' [2006]), and 82 ('Your life line' [2008]), Bridget.
[122]MOA, Response to Directive 42 ('Autobiography and diaries' [1994]), Bridget.

emotional reticence, and unsure how she felt about it. At times, she worried that she was 'a bit of a cold fish', attributing this emotional incapacity to her upbringing and positioning it as a reaction against her 'hysterical and violent' mother.[123] At other times, she seemed proud to be 'part of the stiff upper lip brigade'.[124] She believed that not talking about difficult events could prevent them from 'having too deep an effect', and that there was nothing to be gained from counselling and 'stringing the affair out even more'.[125] She preferred the private mechanism of a diary where she could 'let off steam about the sorts of things that can't be said but are better out than in'.[126] Interrogating her own emotions for MOP was, however, 'difficult', and sometimes she didn't 'like the me I see here'.[127] On one occasion, she admitted ripping up two initial attempts at one response as 'too self-pitying', emphasising that 'you are the sole recipients of these moans'.[128]

Nonetheless, Judith and Bridget tried to write honestly about whatever MOP asked. How can we explain this commitment to openness from people who were, at best, highly ambivalent about the expression of emotion? While Judith noted more than once that anonymity enabled truthfulness, the safety of an Observer number does not explain the motivation to continue participation in an enterprise that demanded uncomfortable confrontations with self.[129] However, Judith did not shy away from difficult burdens in other parts of life. Much of Judith's adult life, including undertaking lengthy and demanding caring responsibilities within the wider family, to the detriment to her own 'ambitions and plans', had been propelled by her 'strict sense of duty'.[130] This carried over into extensive voluntary activities at her parish church, local hospice (an institution that she had campaigned to set up), daughter's school, and for a social association.[131] Judith derived personal enjoyment from writing for MOP, but this combined with her strong sense of social responsibility. On the one hand, participation was 'rather an ego-trip in a way as yes, I do feel it is taking part in social research but in a personal and more detailed way than any survey would provide'; on the other hand, she made carbon copies of all responses, suggesting one eye on preservation for the future.[132] MOP's status as a social research project compelled Judith to write openly even when she found directives difficult.

The same is likely true for Bridget. Despite her lack of ease with the form, she had once tried to write an autobiography. She rapidly gave up as it left her 'sinking in a morass of self-pity', but the context of the attempt is important. While studying as a mature student, a tutor had commented on the 'dearth of history relating to ordinary people'.

[123]MOA, Response to Directive 77 ('Public mourning' [2006]), 38 ('Growing older' [1992]), and 55 ('Staying well and everyday life' [1998]), Judith.
[124]MOA, Response to Directive 42 ('Death and bereavement' [1994]), Judith.
[125]MOA, Response to Directive 76 ('Sex' [2005]), Judith.
[126]MOA, Response to Directive 42 ('Autobiography and diaries' [1994]), Judith.
[127]MOA, Response to Directive 32 ('Your views on MO' [1990]), Judith.
[128]MOA, Response to Directive 55 ('Staying well and everyday life' [1998]), Judith.
[129]MOA, Responses to Directives 32 ('Close relationships' [1990]), 40 ('Pleasure' [1993]), 73 ('Being part of the research' [2004]), Judith.
[130]MOA, Responses to Directives 32 ('Close relationships' [1990]) and15 ('Social well-being' [1984]), Judith. See also MOA, Responses to Directives 31 ('Retrospective on the eighties' [1990]), 55 ('Staying well and everyday life' [1998]), Judith.
[131]MOA, Responses to Directives 49 ('Unpaid work' [1996]) and 93 ('You and the 1980s' [2011]), Judith.
[132]MOA, Responses to Directive 73 ('Being part of the research' [2004]) and 32 ('Your views on MO' [1990]), Judith.

Bridget had believed the social value of her life story might make the effort worthwhile.[133] Since adolescence, Bridget had engaged in voluntary work, and in her retirement estimated that she devoted 'around one week in four' to activities with charities and other organisations.[134] Like Judith, Bridget could square an overtly stoical attitude with emotional expression because she was participating in a social research project.

The other women shared this belief in social responsibility. Marta did not find emotional expression difficult and enjoyed writing for MOP, but she also liked 'the feeling that I am in some way useful'. This aligned with her active engagement in multiple forms of voluntary work.[135] Thelma also had a long history of volunteering within religious, political, civic, and educational organisations.[136] Acknowledging her own emotional reserve, Thelma participated in MOP partly because she wanted to contribute to creating a 'more people-friendly' society based on greater mutual understanding.[137] Ivy was more or less housebound, but earlier in life had volunteered for a Christian organisation and continued to act as a pen-friend to 'shut ins and disabled folk'.[138] She felt personally connected to MOP but also believed in the social value of her contributions.[139] This impelled emotional honesty, even when she 'had to reveal things I seldom talk about', and she hoped that her contributions would help others to 'understand the heartbreak' and 'come to terms' with loss.[140]

Awareness that a strong sense of social responsibility propelled Observers' contributions to MOP is helpful in resolving an ethical orientation to (re)telling their stories. The unique format of MOP prompted biographical reflection and encouraged reticent Observers to open up about their emotions. However, the women discussed here did not deliberately put forward in/fertility stories. Their fertility biographies are retrospective artefacts, pieced together through the historian's detective work and speculation. In other words, the stories that I have constructed here are not necessarily stories that their authors intended to tell. To what extent is it ethical to use responses to directives on subjects unrelated to fertility to produce in/fertility biographies? Some might argue that use of evidence for unintended purposes is simply the bread-and-butter of historical practice. But, it is also arguable that life stories, of the dead as well as the living, and even (perhaps especially) of the fragmented kind that emerge from the MOP archive, merit special consideration.[141] A life story is a part of self, not a commodity, and it is given in trust. This trust requires in return that historians who try to reconstruct and recontextualise

[133]MOA, Response to Directive 42 ('Autobiography and diaries' [1994]), Bridget.
[134]MOA, Response to Directive 49 ('Unpaid work' [1996]), Bridget.
[135]MOA, Response to Directive 38 ('Last night's dreams' [1992]), Marta. See also MOA, Response to Directive 49 ('Unpaid work' [1996]), Marta.
[136]MOA, Response to Directive 49 ('Unpaid work' [1996]), Thelma.
[137]MOA, Response to Directive 73 ('Being part of the research' [2004]), Thelma. See also MOA, Response to Directive 42 ('Death and bereavement' [1994]), Thelma.
[138]MOA, Response to Directive 49 ('Unpaid work' [1996]), Ivy.
[139]See MOA, Response to Directive 32 ('Your views on Mass Observation' [1990]), 34 ('Education' [1991]), 38 ('Growing older' [1992]), 40 ('Pleasure' [1993]), 42 ('Autobiography & diaries' [1994]), and 46 ('Subject of own choice' [1995]), Ivy.
[140]MOA, Responses to Directives 32 ('Close relationships' [1990]) and 41 ('Birth' [1993]), Ivy.
[141]Oral historians have long grappled with similar problems: see Anna Sheftel and Stacey Zembrzycki, 'Who's Afraid of Oral History? Fifty Years of Debates and Anxiety about Ethics', *Oral History Review*, 43 (2016), 338–66, 356–7.

these lives act with deep care and thought to 'avoid harm as well as to act in a morally responsible, ethical fashion'.[142]

What it means to 'act in a morally responsible, ethical fashion' when holding life stories in trust is not always self-evident, and different researchers will make different, context-dependent decisions. It might involve withholding information where this is not indisputably relevant to the wider argument. For example, in researching this article, I built up knowledge of women's relationships with partners and children. These relationships may be relevant to understanding their biographies in the widest sense but are not essential to understanding their orientations to in/fertility. Commenting on these matters would therefore feel like an invasion of privacy. But acting ethically is about what we do, as well as what we choose not to do. Judith Butler writes that '[e]thics involves finding the right categories through which to offer recognition'.[143] To understand these women's in/fertility biographies is to offer recognition of silenced or neglected aspects of their own experience, and to generate new ways of recognising the experiences of other women whose in/fertility narratives do not fit our existing categories. This is surely in line with the spirit of how they offered their lives up to a social research organisation in pursuit of greater good, even if this is not a use they might have predicted.

In the absence of evidence, historians of infertility are often thrown back on the dangerous enterprise of interpreting silences.[144] The longitudinal approach to Mass Observation makes it easier to navigate some of these difficulties, enabling us to contextualise silences within respondents' often voluminous bodies of writing for the project, and through the biographical details that they chose to share, repeat, or omit over the period of their participation. The information that writers chose to repeat in different contexts, across directives, is telling; the facets of self that they held up again and again can be understood as structuring elements of their subjectivity and self-perception. For Bridget, it was her unhappy childhood, and for Judith her ability to cope no matter what; for Ivy, it was the fact of her adoptive motherhood, and for Marta, the sense of a life gone awry.

For Thelma, it was the experience of constant absence. She narrated this absence in her response to 'Nothing and the road not taken' (2020). But even more than the story she told, it is the build-up of isolated comments and asides, in multiple different contexts, and over the several decades that she wrote for MOP, which demonstrate the ongoing and inescapable effects of involuntary childlessness on her life—and the force of emotion behind what people did not talk about, even as their lives continued down the paths they had not chosen.

[142]Suki Ali, 'Silence and Secrets: Confidence in Research', in Roísín Ryan-Flood and Rosalind Gill, eds, *Secrecy and Silence in the Research Process: Feminist Reflections* (London and New York: Routledge, 2010), 247 (Ali is not referring to historical research here, but the point stands). James Hinton, the first historian to use MOP responses 'vertically', discusses these ethical issues and his own resolutions to them in James Hinton, 'Seven Late Twentieth-century Lives: The Mass Observation Project and Life Writing', *The European Journal of Life Writing*, 10 (2021), 92–101, 98–99.

[143]Judith Butler, 'Reply from Judith Butler', *Philosophy and Phenomenological Research*, 96 (2018), 243–49, 247.

[144]Christina Benninghaus, 'Silences: Coping with Infertility in Nineteenth-Century Germany', in Davis and Loughran, eds, *Palgrave Handbook of Infertility in History*, 99–122.

Conclusion

Tracing these women through the MOP archive opens out new possibilities for histories of infertility, not least in revealing the need for more expansive understandings of fertility problems that are difficult to classify across the course of a lifetime. We cannot definitively categorise the women discussed here as 'infertile'. Nevertheless, with the possible exception of Bridget, they all experienced potential or actual reproductive losses that structured their subsequent understandings of parenthood or childlessness. Using the more fluid concept of in/fertility to think with might help in pursuing fertility stories beyond the narrow confines of medical contexts, and in trying to understand the lifelong effects of difficulties in conception. Looking at women's experiences across decades, rather than at the moment of active 'trying', also helps us to understand the resonances that in/fertility could take on at different points in the life course. By the time these women began writing for MOP, their 'active' experience of fertility problems, meaning ongoing difficulties in attempts to conceive or to give birth, were in the past, but they continued to negotiate memories and experiences of in/fertility in their construction of selfhood.

Using MOP as a longitudinal study also enables a more complex, multilayered approach to understanding sexual subjectivities and emotional cultures. The oldest woman in this 'incidental archive' of in/fertility was born in 1914, and the youngest in 1942. These birth dates place these women either outside or just on the margins of the female generation that grew to maturity under the transformative conditions of the postwar settlement and that benefitted from not only enhanced social mobility but new understandings of their capacities for agency. Identifying a 'welfare state generation' born between the late 1930s and early 1950s, Eve Worth argues that material security and educational opportunity meant that women of this generation 'felt more able to be vocal and articulate their needs' than their forebears, and that they had 'more confidence to take risks and to adapt to changing historical circumstances'.[145] For Lynn Abrams, postwar social reform liberated the 'transition generation' of women born in the long 1940s 'from the emotional limitations experienced by those who preceded them'; the new cultural visibility and legitimation of emotions powered a female 'self-realization and fulfilment' that came to fruition in the Women's Liberation Movement.[146]

Ivy, Marta, Bridget, Thelma, and Judith were not part of this 'transition' generation. These women reached sexual maturity before the mass uptake of the oral contraceptive pill and the Abortion Act 1967; their sexual subjectivities were formed before the expectation of reproductive control that these developments ushered in.[147] Reaching adolescence before the mid-1960s, crucial elements of their psychological subjectivities and modes of expression were formed before the emotional transformations that historians argue took flight towards the end of that decade.[148] They wrote in the 'now' that

[145]Eve Worth, *The Welfare State Generation: Women, Agency and Class in Britain since 1945* (London: Bloomsbury Academic, 2022), 161–62.

[146]Lynn Abrams, *Feminist Lives: Women, Feelings, and the Self in Post-War Britain* (Oxford: Oxford University Press, 2023), 3–4.

[147]Cook, 'The English sexual revolution', 122–23.

[148]It is likely that a systematic investigation of the in/fertility stories of women born after 1948 would reveal different emotional styles and modes of disclosure; in the course of preliminary research on related but different topics, I have encountered a few responses from younger women that discuss in/fertility. These seem to adopt a much more open and confessional style, but the in/fertility narratives and experiences of younger generations require separate research.

followed that transformation; this could heighten their sensitivity and expose the reticence they felt. They negotiated relationships to changing emotional regimes in different ways. Marta poured out her heart to MOP. Ivy, the oldest of these women, recorded the silencing of her suffering at the mid-century, and allowed her grief to leak out in her responses. Thelma lamented her inability to completely escape the reticence of her upbringing but kept trying nonetheless. Bridget and Judith maintained explicit allegiance to the emotional practices of an earlier time, but implicitly justified emotional expression within MOP in the cause of social duty.

In their writings for MOP, these women offered up projections of self. Their modes of narration complicated or even undercut the explicit content of their responses, revealing the continued emotional resonance of past experiences. MOP created a unique set of conditions for those women who firmly believed in stoicism and emotional control to acknowledge, directly and indirectly, what they felt and what they had lost. Through the incremental repetition of biographical detail, we can build up a picture of what was deeply important to Observers, even when their expression of emotion is contextual rather than confessional: offering statements of emotion that are brief and direct, providing information in response to prompts, and no more. This form of writing demonstrates adherence to a culture of emotional restraint, but also shows how MOP's highly specific form prompted and/or allowed them to write about feelings and experiences that had been denied social validation. These in/fertility stories show that silence and restrained expression do not equate to lesser emotion, even if that emotion requires careful excavation.

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