Opinion

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Infertile or not?

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Infertility has often been understood as failure to conceive after 12 months of unprotected intercourse. By this definition, it is failure to conceive (after the intercourse) that renders someone infertile, not failure to have intercourse: people without a partner or with a partner of the same sex are unable to have complete intercourse, and celibates, people sleeping, unconscious people, people unable to face sex etc. are sexually inactive; they are not infertile. Recently there have been calls to redefine 'infertility' precisely so as to include (some of these) groups of people—the 'psychologically infertile'. Those proposing redefinition usually *also* want to keep the standard definition of infertility as failure to conceive after intercourse. In other words, they want to keep the familiar definition but argue that using the term other than by the standard definition they themselves accept is not incorrect. This is sometimes spoken of as 'extending access'.

It is sometimes possible for terms like 'infertility' to have multiple uses in this way. But the basic concept has first to be grasped thoroughly, and the consequences of redefinition should be understood.

Believers in psychological infertility are generally happy to retain the 'inability to conceive after sex' line: they are not attempting to exclude from ARTs people suffering infertility due to the obstructions and disorders which until now have been the presumed causes of infertility. Instead, they interpret 'inability' to refer not just to conception but also to the complex of "intercourse-and-conception". They can then argue that if you cannot "have intercourse and conceive", you cannot conceive, therefore you are infertile. Since inability to have intercourse is also inability to have intercourse-and-so-to-conceive, hey presto: we have 'medical infertility for psychological reasons'.

Note, this is not *infertility to which psychological factors have made a contribution*. Of course psychosomatic factors may contribute to the inability of some who engage in unprotected intercourse (or try to) to conceive, and psychological distress at the inability to conceive can aggravate that infertility. But this is very different to the person who for reasons of psychology or preference cannot or will not *contemplate having sex and so realise such fertility as that person or couple may have*. Descriptions of psychological fertility as 'medical infertility for psychological reasons' can play ambiguously on these two kinds of 'psychological' infertility, failing to pick up on the very real difference

between ‘fertile yet psychologically unable to engage that fertility’ and ‘infertile, possibly with contributory psychological factors’.

Should we welcome this promotion of a type of infertility unconnected with the physical health and fertility of the individual or the couple? Is reinterpreting the physical impairment and, for some, the tragedy that is infertility so as to include the inability to have or face sex the harmless, generous, logical move it might seem?

One

Infertility—at least as standardly defined—is a malady, a sickness, a sort of ill-health; it is a matter of defect or disease or disorder as determined by a species-typical concept of health. It is, therefore, a different matter from non-fertility (eg of an 8 year old or an 80 year old: fertility in these would not be healthy, they are not *meant* to be fertile). It is a different matter too from deactivated fertility, as in the case of persons unable or unwilling to contemplate having sex, or choosing not to have sex, or unwilling to have sex in a way or with a person or at a time when conception is likely or possible. These persons may be fertile, strictly speaking, whatever the medical, including psychosexual, conditions from which they suffer.

Of themselves, psychological conditions which disable a woman from intercourse no more render her infertile than brain conditions which disable someone from feeding in the ordinary way render him incapable of nutrition. These are both three-term relations. That is, *psychological predisposition* is towards the *sex act* which engages (‘realises’) the woman’s capacity for *fertility*; working *mouth and throat muscles* enable *eating* which engages our capacity for *nutrition*.

Having a condition which disables normal physiological processes for engaging vital capacities does not thereby remove those capacities. A lesbian who suddenly felt attracted to a man would not have developed a new capacity for fertility. She was fertile all along.

Two

The most popular candidate for recategorisation as psychological infertility is revulsion at heterosexual sex (which may or may not be accompanied by homosexual tendencies). This may sometimes be chosen behaviour; but can also be a condition not open to influence by choice. ‘Psychological infertility’ suggests a new disorder that can accommodate revulsion at intercourse (and other difficulties with intercourse too, of course). However, whereas revulsion will include a range of cases from strict “can’t” contemplate having sex to the more voluntary “would prefer not to”, psychological infertility is most clearly aimed at the “can’t” end of the scale. It is less plausible to argue that people able to control their distaste at heterosexual intercourse are suffering from infertility

So if psychological infertility is a disorder meriting medical help and intervention, we should be able to ask: what *sort* of disorder or illness is this psychological infertility? A physical disorder or illness? Definitely not; it is because there is *no* physical condition

present to justify ARTs that the term 'psychological infertility' was invented. Of course, psychological factors may cause or contribute to certain clinical infertilities and certain clinical infertilities may produce adverse psychological reactions that compound the physical infertility; but *that* is not what is meant by psychological infertility. Psychological infertility is *not* psychologically caused physical infertility or psychological distress caused by physical infertility which in turn intensifies that physical infertility; rather, it is 'infertility' without any physical infertility.

Is psychological infertility a mental disorder or mental illness then, analogous to physical infertility caused by some known or presumed physical condition? Prima facie, this is what the words mean. Yet people who use the term are understandably reluctant to describe all same-sex couples, celibates, sex-avoiders etc as mentally ill or disordered. Perhaps then what is meant is not a 'condition' at all but something like a lifestyle choice, a matter of personal preference: but promoters of psychological infertility cannot say that, since in many jurisdictions ART is still something people have to *qualify* for, on grounds of infertility—not just choose or prefer—if they want public funding or insurance funding or to use public facilities for the procedure to be legal.

So 'psychological infertility' can only be a new mental illness or mental disorder. There are various views of psychological sickness, of course. On one view (most famously, that of Boorse) it is purely physical, brain-based. But there is no evidence that, for example, lesbianism or celibacy are brain diseases. At the other end of the spectrum (eg Fulford and Ssasz) is the view that psychological sicknesses are purely socially constructed, only 'illnesses' in a metaphorical or mythological sense.[1] But this view, apart from its immediate implausibility, raises serious questions of equality of access: how can it be fair that some people (presumably, mainly homosexuals) who fit society's present (but changing) conception of psychological sickness receive ARTs straight off, while others have to undergo rigorous tests to prove real and tragic physical incapacity?

More sophisticated philosophers of medicine (eg Wakefield) would opt for a mixed definition: psychological disorder consists in a *natural dysfunction* that is also awarded a *social value* (so that both organic dysfunction and society's judgement of the dysfunction as disordered are necessary for psychological disorder). But, again, the problem is that there are *no* natural dysfunctions with mainstream psychological infertility (unless all lesbianism and celibacy can be shown to be organically based dysfunctions).

The only reading of any new suggested mental illness of psychological infertility that seems half-plausible is 'purely socially constructed disease'. But in addition to the equality of access issue, there are also grounds for suspicion about illness that is new, political, created by redefining familiar words by legal and political *fiat*, flying in the face of established medical thought. Thomas Ssasz has warned for decades of the dangers of this sort of politicisation of medicine, and in this case the warning seems right: do we

[1] For recent statements of the debate over the status of psychological disorders, see *Philosophy, Psychiatry and Psychology* 7: 1, 2000.

not here have the manipulation of individuals and communities by political ideologies and the judgment that those who live as they choose to are ‘sufferers’, patients with a medical condition?

Perhaps people will reply that psychological infertility is not a medical concept at all, but a legal or social concept, or a psychological concept. But if legal or social concepts are to do justice to people who can’t or won’t have sex but want children, they should do so by amending the grounds for access, not by pretending infertility and calling ARTs in these cases infertility treatment. In other words, the relevant legal and social concepts here are the well-established ones of sexual differences, disorders, and therapies; law and politics can do without the counter-intuitive thought that some (physically) fertile people are at the same time (also) infertile. Further, psychological infertility cannot itself be a psychological concept, like anxiety or insecurity, because the inability to have or contemplate sex is *not* due to the psychological infertility: rather the psychological infertility is due to the condition (eg lesbianism) that makes sex inconceivable or impossible.

There are serious problems then over just what sort of concept this is—which is reason for slowing down and rethinking. Possibly of course it is simply shorthand for ‘the inability to have a child due to a non-physical factor such as revulsion at heterosexual coupling.’ This at least explains the motivation of those who are for the concept. It is a matter of sympathy for people physically or psychologically *unable* to have intercourse and so, in turn, to conceive and so, in turn, to have children. This is at least a warm and human motive—though of course that is no reason to adapt words so as to present what are familiar psychosexual conditions as newly discovered forms of infertility, or to stretch existing access rules beyond coherence.

Social and legislative success for such linguistic engineering, however well motivated, will encourage some to suggest that those *able* (both physically *and* psychologically) to have intercourse but who find this troublesome for some other reason ought too to be held ‘infertile’. After all, would it not discriminate to deny these admittedly fertile people infertility treatment? Would it not be unfair—especially when the differences between mere psychological difficulty and actual psychological inability are so hard to determine—to deny access to those who could contemplate having sex but find the thought, or the deed, psychologically difficult, unwelcome?

And if ARTs are available to those who dislike sex, why not to those open to sex but unable to find a willing partner, or a partner of whom they approve, or irked by the thought of pregnancy? Why not admit further extension of infertility to include ‘social infertility’ alongside ‘clinical’ infertility? Why should reproduction be tied in any way to sexual intercourse? Might we not begin to hear arguments that justice and fairness require extending this technology to all who might benefit from it, in whatever ways they themselves happen to construe ‘benefit’?

And if this becomes the norm, then what of women who are perfectly happy to have sex and bear children but who would like to design a child to their own personal

requirements? Would not similar appeals to justice and fairness, and personal benefits, and individual choice suggest that if treatment can produce the desired healthy, heterosexual, blue-eyed girl, then treatment should be made available? Should ARTs not be available on demand, and all would-be users categorised as 'infertile' for political or legal or funding purposes?

No, someone might say, we are too linguistically and legislatively conservative for that. But 10 years earlier would we not have said the same about making ARTs available for people unable to face sex? Technology once sold to the public on the grounds that it can cure infertility can now respond to the wish for sex-less fertility and child-designing; so can we be sure this will not represent our future?

Of course, if we ever reached this stage, we might well be embarrassed into changing the title of 'infertility treatment' in law and practice into something more neutral, like 'ART'. Then we could try to forget or reinterpret the early battles in which 'infertility' was redefined to make infertility treatment available to fertile people.