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When public relations can heal: An embodied theory of silence for public communication

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Abstract
This article extends the conceptualization of silence in public relations beyond strategic communication. It develops a new theoretical framework to explain the mechanisms through which suffering and pain felt inside the body translate into silence, exclusion from public debate, and communication gaps in health communication. This happens through intermediate steps that involve, among others, the role of the media in the narrative construction of the body and the self. This framework advances an understanding of public relations oriented towards civil society and is based on the empirical case study of involuntary childlessness (i.e. not having children not by choice): even in the age of ubiquitous communication, despite affecting about 25% of the adult population of virtually all developed countries, this issue is shrouded in taboo and seldom heard of. The analysis makes the case for a more material, indeed embodied, approach to conceptualizing silence in public relations.

Introduction: The silences about silence

Silence, understood as the absence of speech, is *per se* neither good nor bad (Dimitrov, 2018) and, against common sense, it is not necessarily a symptom of "not having a voice" or powerlessness (Basso, 1979; Gal, 1989; Sattel 1983). Depending on the context, it can be a tool of domination—when a surgeon reaffirms a position of authority by not replying to a nurse's questions, for instance (Gardezi et al., 2009: 1396)—or it can

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serve as a form of resistance—the tortured who refuses to deliver any secrets (Glenn, 2004: 2). Silence does not equate with lack of communication or "emptiness" either. Acheson (2008), on this point, explains how silence is not a mere background, a blank canvas for expressed thought. Silence does not only "carry meaning independent of unspoken speech" (Acheson, 2008: 537)—the message sent by a closed fist, for instance—but is also a source of deeper, visceral reactions—we recognize the meaning of that fist by "feeling" it in our own body (Acheson, 2008: 545). Further to this points, think of what is being communicated, even without words, by a group of silent protesters (Colp-Hansbury, 2004), or to the richness of experience, for a Finn, of a "summer's night silence" (Vainiomäki, 2004), whose full meaning would require "verbose explanations of the different Finnish seasons, the light of the Nordic summer, the softness of the green" (Vainiomäki, 2004: 348–349).[1]

When it comes to public communication, however, silence can be highly undesirable. As Glenn (2004: 5) writes, in our society, "[c]onversation remains our social glue, the coin of the realm, the way to win friends and influence people." Not speaking out, in this respect, equates to invisibility. In fact, although silence and invisibility belong to two different sensory domains, for all purposes of public life, they overlap: not speaking out and not being seen, literally or figuratively, in the sense of not making the pages of a newspaper or TV screen, not having a recognized identity, or not getting one's needs acknowledged, go hand in hand (Casper and Moore, 2009). They both produce a form of non-existence—or a distorted one, when it is always "the others" who define the silent group—on the radar of public awareness.

This article makes a contribution to understanding silence, its mechanisms and consequences, in what Strömbäck and Kiousis (2011) call "political public relations": the study of the way politics, political communication, and public relations have always—at least since antiquity, as they point out—been practically connected. As the authors write (Strömbäck and Kiousis, 2011: 1): "If politics is about "who gets what, when, and how" [. . .] and this is decided through a process of communication, persuasion, and information dissemination and processing [. . .], then politics, political communication, and political public relations, are inextricably linked together."

This demands a different approach to the instrumental and goal-oriented view of silence developed thus far in public relations. Silence as a concept, in fact, has been discussed in the field with a particular emphasis on its strategic dimension (Brummett, 1980; Gunderson, 1961; see Forrest Harlow, 2013 for a definition of "strategic silence" and a review of the literature). Yet, as Dimitrov (2015: 636) points out, public relations has been "silent on silence": "[a]lthough communication practitioners and journalists often use the idiom of strategic silence, they do it in a metaphorical and unreflective way. They do not trip over its meaning because they deem it self-explaining. Strategic or not, in Western cultures silence has a rather negative denotation—not even connotation" (Dimitrov, 2019:19). This has opened the path to problematizing silence, discussing its very nature, as well as its growing role in public relations (Dimitrov, 2015, 2018).

This article thus contributes to extending the conceptualization of silence in public relations. It also responds to broader calls within the field: to move away from an analysis that tends to be centered on organization (Edwards, 2012); to situate public relations

in the social context (Ihlen and Verhoeven, 2012); and for conceiving the subject within a civil-society-oriented (Taylor, 2010) and "cocreational" perspective—the latter term meant as what "makes it possible to agree to shared meanings, interpretations, and goals" in society between publics and organizations (Botan and Taylor, 2004: 652). The analysis will thus focus less on the intentionality of actors—citizens, journalists, industry practitioners, policy-makers, to name just the main protagonists within the case study that will be examined—their strategies and organizational contexts. It will highlight, instead, the way silence is collectively and cumulatively constructed out of a complex interweaving of both individual and societal actions.

Understanding the mechanisms that underpin silence is important to the functioning of a democratic society because it can help preventing exclusion and policy gaps resulting from a lack of representation. Exposing them in public communication in relation to conditions that are shrouded in stigma and taboo is even more urgent, not only because of the complete lack of general awareness of the needs of affected groups of citizens who remain invisible, but also because the suffering engendered by the silence that surrounds them, as I will demonstrate, could be avoided. In this sense, following Taylor's (2010: 7) line of argument, the insights provided by public relations could truly lead "to creat[ing] (and re-creat[ing]) the conditions that enact civil society." It is in this same perspective that the very act of breaking silence becomes part of a "healing" process, both for the stigmatized individuals and for society more broadly.

Overall the article outlines a new *ontology* of silence: a theoretical framework that explains the mechanisms through which suffering and pain felt inside the body both translate into silence and are fuelled by it and, in turn, lead to exclusion from public communication. By connecting what happens inside the body to politics, this framework makes novel contributions to existing literature, both in terms of what we know about silence at large, and the way this concept is more specifically approached in public relations. First, it produces a comprehensive account of silence by bringing together different domains of investigation that, so far, have remained separate and have explained, on their own, only partial aspects of the phenomenon at hand—the sociolinguistic (speech, power, ideology), the sociological (construction of identity, stigma), political communication (media, journalism, politics). Second, it produces a new theory of silence that extends current explanations by accommodating important aspects: the role of the body in the narrative construction of the self, and the dynamic way in which the physical and emotional states of the body (health and well-being) are both influenced by and respond to the reality around it. It does so through a ontology that conceptualizes the reality we live in as both material and shaped by the meanings constructed, exchanged and consolidated through social interaction and the media. This ontology also rejects the mind/body separation that characterizes most of modern science. Third, and as a result of the previous points, the theoretical framework makes the case for taking materiality and embodiment seriously in public relations.[2]

The theoretical framework is developed on the basis of the case study of involuntary childlessness (i.e. childlessness not by choice). Its mechanisms, however, could potentially apply, as the analysis will show, to other groups whose identity is defined by embodied features: for instance, individuals affected by illness, disability, or sexual, racial and ethnic minorities.

Childlessness affects, on average, one adult (over 45) woman in five (Beaujouan et al., 2017: 4; OECD, 2015: 5) and one man in four in the Western world (Präg et al., 2017: 8), yet it is nearly non-existent from the perspective of the general public. Particularly the *involuntarily* childless are virtually invisible: this happens despite the fact that they constitute, according to estimates (Keizer in now, 2010), up to 90% of all people without children. Considering the stigma (Miall, 1985; Whiteford and Gonzalez, 1995) and taboo (Pfeffer and Woollett, 1983: 82; Thorn, 2009: 48) surrounding this status, it might be no real surprise that the voices of the involuntary childless tend to be under-represented in public debate.[3]

Yet, invisibility cannot be easily explained if one considers the ubiquitous communication opportunities offered by the internet and social media, the relevance of the subject to the demographic crisis of the Western world (Kassam et al., 2015; Kotkin, 2017), as well as the sheer amount of individuals involved—we are talking, for instance, about 3.5 million people having difficulties getting pregnant in the UK alone (NHS, 2017). Beyond those who struggle to conceive, perhaps out of medical issues, there are countless more individuals who are childless "by circumstance," as a result of what is often referred to as "social infertility" (Berrington, 2016: 58):[4] having been ill during fertile years, the death of a partner, miscarriage, still birth or early infancy death, among many other possibilities (Day, 2013); or through policies that might exclude one from access to fertility treatment, as in the case of unmarried people, singles, and gay and lesbian couples (Ethics Committee of the American Society for Reproductive Medicine, 2013; Sundby, 2010: 179).

Among the most pressing policy gaps and "human costs" resulting from the invisibility of childlessness are, just to make a couple of examples, the absence of structures to deal with the long-term impact of the trauma of infertility (on the link between infertility and PTSD [Post-Traumatic Stress Disorder] see: Bartlik et al., 1997; Bradow, 2012); and the lack of support for senior childless citizens (currently 1.2 million in the UK alone), in an economic context where even welfare states increasingly rely on the care provided by close family members *(*Ageing Well Without Children, 2019*).*[5]

The arguments presented here are based on a study that set off to understand why, despite the affordances of 21st century communication, there is so much silence, globally, around such a sizeable group of individuals. It combined semi-structured interviews with 18 women and men from Italy, Norway, Sweden, the UK, China and Denmark; a comparative qualitative content analysis of 50 films from Italy, Norway and the US; an ethnography that has been ongoing for six years and involved: participant observation on internet discussion fora dedicated to trying to conceive (2013-2015) and Facebook groups for the involuntary childless (2015-. . .); organization, participation and contribution to events dedicated to (in)fertility in Sweden, Norway, the UK, and online; countless informal conversations with childless individuals.

What explains silence? The unsatisfactory answers of current theories

The existing literature deals with different domains and locations of non-strategic silence. I will discuss, in turn, sociolinguistic (mostly feminist) theories of silence, Goffman's (1963) path-opening work on stigma, Noelle-Neumann's (1993) "spiral of silence," and

the silencing of the actors and subjects that reside in Hallin's (1984) "sphere of deviance." The aim of this critical review is to show that a truly comprehensive theory of silence would not only bring together all of these dimensions, but also address further questions, which were brought up by the evidence of the case study and that current theories do not satisfactorily address.

Silence at the crossroad: Speech, gender and ideology

A strand of sociolinguistic studies that is most relevant to the study at hand is represented by feminist approaches that examine the relationship between linguistic practices, gender and power (for a detailed review see Gal, 1989). According to them, the "silencing" of oppressed groups is related to the existence of power imbalances and hegemonic discourses (Gal, 1989; Glenn, 2004, for instance). This tends to translate, in practice, into a loss of "voice" for the individual. What tends to be missing is an explanation of how the very power imbalances and hegemonic discourses that are being exposed exactly have come into being. Through which processes and interactions?

When it comes to childlessness the question remains unanswered. One could hypothesize that the silence around it is the result of a pro-natalist ideology. It has been argued that all societies are "pronatalist by default" (Brown and Ferree, 2005; Moore, 2014: 162–163): without new tax-paying citizens the very structure of the state would be unsustainable and, in a demographic scenario where mortality rates surpass natality, a society would outright die out. Yet, through which mechanisms exactly does ideology translate into silence? Some contexts are more openly pronatalist in terms of policy than others—Israel, with its provision of unlimited IVF (in vitro fertilization) cycles to women struggling to conceive is a notorious case in point (Birenbaum-Carmeli, 2016). Most countries, however, are de facto characterized by a pressure towards parenthood without explicitly endorsing natalism. Although to different degrees, in my study practically all interviewees living as childless in societies as diverse as China, Italy, Sweden, the UK, Denmark or Norway experienced this pressure, even in the absence of any declared policies in this respect (in the case of China's one-child policy, in fact, even when natalism is publicly opposed). The question is, then, more precisely, what are the mechanisms that translate an ideology that is embedded into the very fabric of society into silence?

Stigma

Theories of stigma deal most effectively with self-censorship caused by the individual's perception of deviance. According to Erving Goffman's landmark study, stigma refers to "an attribute that is deeply discrediting" (Goffman, 1963: 3). This can take different forms, from visible "physical deformities," to a characteristic of one's personality, like "radical political behavior" (Goffman, 1963: 4). What constitutes a source of stigma is not fixed, but constructed through a "language of relationships" (Goffman, 1963: 3).

Although Goffman never explicitly deals with childlessness, his framework has been applied to infertility (whether medical or social) by several researchers (just a few examples: Fu et al., 2015; Nahar, 2014; Remennick, 2000; Riessman, 2000; Whiteford and Gonzalez, 1995; Yeshua-Katz, 2018). The dynamics Goffman describes explain a whole

range of behaviors, from the length at which the childless, just like any bearer of stigma, are prepared to go correct their "abnormality" (Goffman, 1963: 9–10)—by having a baby, in this case—to the management strategies they implement to avoid situations in which interactions with "normals" will make their stigma apparent (Goffman, 1963: 12)—avoiding Christmas parties with family members asking "when are you going to have a baby, then?," for instance. Goffman's study also partly accounts for the silence of the childless. Stigmatized individuals are very aware of how they "fall short" of the way they "ought to be" (Goffman, 1963: 7) and are, as a result, ashamed of it. They are thus in a constant situation of vigilance in relation to the "normals," being particularly afraid of the way any disclosure about one's stigma might affect the way one is treated and perceived (Goffman, 1963: 42).

Most research dealing with the way childless individuals navigate social interaction (Donkor and Sandall, 2007; Miall, 1985; Nahar, 2014; Remennick, 2000) suggests that the childless tend to censor themselves out of fear of not being accepted. Findings from my study, though, also indicate that there is more to silence than either self-censorship or being silenced by others. Some of my childless interlocutors found it so hurtful at points to talk about their experience of being childless that they could momentarily no longer speak: pain was squeezing their chest, constricting their throat, while tears had started to swell in their eyes. Not only had the very physical act of a body producing sound to be taken into account. Psychological suffering that was causing that pain also needed to be part of the picture.

Yet, the suffering associated to stigma tends not to be explicitly discussed in literature. It generally tends to be attributed to anxiety and insecurity (Sullivan, 1956 in Goffman, 1963: 13), but otherwise regarded as somehow "obvious." At a closer look, however, how precisely does something as abstract as a social norm or a perception create suffering, which is an embodied condition, even a physical one when it turns into pain? What contributes to the suffering, as I found out, is a sense of loss of control on one's own life, the shock of having to deal with a major, unexpected turn in life-plans that had existed in one's minds, in some cases, since childhood. This suggests that individual life-stories, or personal narratives as I will refer to them later, are important. Both the shame resulting from the awareness of the extent to which a childless person deviated from the "norm" and the suffering that led to self-censorship were further intensified by a sense of isolation for feeling alone and invisible: the media had a role in this process, not only in not dealing with infertility and childlessness not by choice (the stories where there is never a final "baby victory"), but also in the tendency to portray those who remain childless as victims without a possibility for self-realization (Franklin, 1990). Narratives publicly conveyed and consolidated by the media are therefore additional components of the structure of silence around childlessness that need, too, to be taken into account.

Keeping an eye on the role of the media is important when it comes to engaging with a question that, according to a critique developed by Tyler and Slater (2018: 721) in a special issue dedicated to "Rethinking the sociology of stigma," tends to be neglected by those who apply Goffman's framework: "where stigma is produced, by whom and for what purposes." In relation to childlessness, this would include a convergence of interests by different actors: the mainstream media having a preference for stories—in the form of features of (frequently older and/or celebrity) individuals conceiving against all

odds—that reproduce the template of the victory, often with the help of technology, against adversity; a fertility industry whose assisted-reproduction market was estimated, in 2020, to be worth 20 billion dollars (Spoelstra, 2018); medical practitioners deriving professional satisfaction, as I could witness at (in)fertility events, from feeling that they are at the forefront of a developing field.[6]

The "spiral of silence"

The media also figure in the "spiral of silence," a theory that revolves around people's fear of expressing an idea/opinion that is perceived as unpopular. The media are a key source of information—albeit not always accurate—for the individual to assess what positions are mainstream. According to Noelle-Neuman (1993: 202), who developed this theory in the context of political elections, if people believe that their opinion is part of a consensus, they would confidently speak out both privately and in public; if they are convinced that they are a minority they will be more cautious and perhaps remain silent. This, in turn, weakens the minority position until it disappears or "becomes taboo." Some aspects of this theory might apply to explaining the silence surrounding childlessness and infertility—nobody, for instance, wants to publicize his/her own status because they are never sure about the way the "normal" interlocutor will react to the disclosure of stigma. The problem here, however, as I found in my study, is not merely having an unpopular *opinion*: childless individuals know they have an unworthy *identity*. This points at the fact that the spiral of silence relies too much on the circulation of ideas, when the silence surrounding childlessness is in fact rooted, as the evidence suggests, in an embodied self that is publicly constructed as defective and "lacking" (child*less*).

Another issue raised by my case study is "relative silence." One could say that the story of involuntary childlessness is in fact present in the public domain, but overwhelmingly framed from the perspective of being defeated by technological solutions that inevitably lead to parenthood. As I have shown elsewhere (De Boer et al., 2019), in a study of reality TV programmes about couples undergoing fertility treatment, although the representations of infertile women could have emancipatory potential—for instance by showing alternative and otherwise obscured choices, experiences, and lifestyles—they ultimately reinforce traditional (pronatalist) stereotypes. In fact, they show women who are willing and able to endure fertility treatment, to control and discipline the messiness and risk of the procedures involved, and eventually *always* become mothers—to the point that the only couple who does not conceive, among those participating to the shows which were analyzed, is simply made to quietly disappear from the program's storyline. In other words, if the infertility story is not absent from the public domain, it is a highly misleading version of what it is in the everyday reality of those who suffer from it. The question becomes then: Why don't we hear the other side of the story?

Stuck in the "sphere of deviance"

Another framework that might help understand the structural reasons for leaving the "dark" side of (in)fertility out of the media spotlight is the one developed by Hallin: a theory that divides public discourse into the spheres of "consensus," "legitimate

controversy," and "deviance." Although this theory was originally developed to explain the media treatment of opposition to the Vietnam War in the US, it has been widely applied to other issues and national contexts. In the sphere of consensus, as Hallin (1984: 21) writes, "journalists do not feel compelled to present opposing views, and indeed often feel it their responsibility to act as advocates or ceremonial protectors of consensus values." The sphere of legitimate controversy, instead, is "where objective journalism reigns supreme": the aspiration to balance and neutrality that tend to characterize journalism (in Anglo-Saxon contexts at least) means different views and positions are presented (Hallin, 1984: 21). The sphere of deviance is where "those political actors and views which journalists and the political mainstream of the society reject as unworthy of being heard" reside (Hallin, 1984: 21). In Hallin's study these actors, in the first years of the war, were the protesters of the antiwar movement. They were marginalized in the coverage and their voices went often unreported or subject to critique. Over the course of the conflict, mainly as a result of antiwar views being increasingly shared by political elites, their positions became more mainstream, leading to their shifting into the sphere of legitimate controversy and greater inclusion in the coverage. The sphere of deviance is where the "dark side" of the story of involuntary childlessness is currently located.

Questions that are not addresses by Hallin's framework are: Why is an issue confined to the sphere of deviance in the first place? The integration of stigma theory would address this. A further problem here, though, is not only the unwillingness of journalists to cover the issue because this is perceived to be outside the boundaries of acceptable debate. Many journalists, in this respect, not differently from the rest of society, simply are not aware about this dark side at all. This requires the researcher to go back to the childless person, the individual, and understand the reasons for self-censorship and silence there.

This review of existing theories suggests that the silence phenomenon surrounding childlessness requires a more comprehensive explanation that acknowledges the interconnections between the micro and macro factors than currently provided by either of the theories that have been presented on their own. This expanded theory would address the questions of: What are the mechanisms, exactly, through which ideological structures embedded in the fabric of our society produce self-censorship? Why is it so difficult for the stigmatized minorities to find a voice, beyond the sense of shame for the way the fall short of the "normals"? What is the role of embodied suffering in this process? What contributes to define where the boundaries of acceptable debate are drawn? How are some issues and actors constructed as deviant/stigmatized in the first place? What is the role of personal and public narratives in the construction of the self? What is the role of the media in these processes?

The literature I have reviewed, as I will show in greater detail next, reflects a fundamental limitation: although structural factors and material contexts that underlie silence are identified, silence is still conceived as the absence of "communication." Communication, in addition to this, is taken to be as mostly *immaterial*. This translates into a focus on the presence or absence of utterances, words, messages, and the content of communication (mostly mainstream media coverage) at the expense of the material environment in which communication takes place, bodies interact, social action unfolds.[7] These theories also tend to stop at the individual, and especially "at the brain": What

happens below the individual level, inside the body? How are these processes below the surface—indeed under the skin—related to the wider world where social interaction takes place, politics is made, media operate? Addressing these aspects, thereby both bringing together current theories and overcoming their limitations, requires a whole reconceptualization of what *reality* is.

An ontology to get under the skin

The theoretical framework I propose is based on Latour's (2005) understanding of the world as a human-material entanglement. It additionally takes the distance from the Cartesian separation between mind and body that has characterized most of modern science. In fact, not only mind and body are no longer conceptualized as separate (Malafouris, 2013), but the cognitive and linguistic dimensions normally associated with communication cannot be separated from their bodily dimensions either. As Spatz (2015: 11) explains, "the mind is an emergent property of the body, just as body is the material basis for mind."

The world investigated by the study is thus made up by humans—who have brains, but also sentient bodies—objects, technologies, the material infrastructure of our daily life, places, ideas, all meanings we create, share, agree and disagree on. The media—and by that I mean newsmedia, mainstream media, social media, but also popular culture and the arts—are an important context where these meanings are formed, negotiated, institutionalized, contested and transformed. The whole environment we live in, including the way space is organized, policies, and practices also communicate. This reflects Durham Peters's (2015) radical argument that "media" should be conceived as more than "the audiovisual and print institutions that strive to fill our empty seconds with programming and advertising stimulus" (Durham Peters, 2015: 52), rather as "elemental" or, as he puts it alternatively, as "infrastructure[s] of being" (Durham Peters, 2015: 10). For Durham Peters (2015: 2) material reality, even nature, "the background to all possible meaning" is a medium of communication.

All of these meanings and contents, regardless of where they come from or whether they are based on fact or fiction, make a difference to our lives. Popular culture (literature, cinema, theatre, music. . .), in this perspective, is not "mere entertainment," but a solid component, among many others, of the world of meanings we inhabit. Rushton (2011), in relation to cinema, talks in this respect about "filmic reality." Not only are narratives the basic currency of the social world we inhabit (Tilly, 2002), they also define who we are—our identities (Murray, 1999: 58). Individual identities are shaped through the everyday interaction, face to face or mediated through technologies, with the people who surround us and the material environment. These exchanges include the stories we tell ourselves about who we are—individual narratives—and the stories told by others, both about their own selves and about other groups, or society as a whole—collective narratives.

Even the stories we tell about our selves, however, are never chosen freely, but develop on the basis of publicly available collective narratives. Identity, in this perspective, as a radical lesbian feminist who was a central figure of the early women's movement put it, is "what you can say you are according to what *they* say you can be" (Johnston, 1973 in Fullmer et al., 1999: 134, my emphasis). The mainstream media has

a strong influence in terms of setting the standards of what is regarded as "normal" or "acceptable" against what is "deviant" (Gross, 2001: 11; see also Hall, 1993).

These are the basic components of a conceptualization of reality that allows a more comprehensive explanation of silence within a civil society perspective in an age of ubiquitous communication. The next section explains through which mechanisms these elements combine to produce silence around childlessness.

Silence, deconstructed

In the relational and, essentially, "flat" ontology[8] of the world that I have outlined it is not possible to disentangle different levels of analysis, like the individual from the structural level, or distinguish "layers" of influence. The following mechanisms are thus to be understood as clusters of issues and dynamics that are best discussed together, mostly for the sake of the clarity and organization of the text. Their function is to focus the attention of the reader on the connection between specific components of the theoretical framework, rather than to suggest they are separate or asynchronous processes. All mechanisms, in fact, take place simultaneously and overlap: their essential components—narratives, suffering, the body and the media—reappear throughout, simply from different angles.

The body, narrative and self-identity

The body, with its flesh and bones, is material, but also a site of meaning construction. It is the physical bottom line of our personal narratives—the very limit of the kind of stories we can tell about ourselves. At the same time the very way in which we make sense of its functioning (or malfunctioning), is also shaped by collective narratives.

The body, with its inability to reproduce—but the same could be said for physical disability, skin color, ethnicity or sexual orientation—is the site where stigma originates, but it is not sufficient in itself to explain it. Stigma is socially constructed and, as such, always to an extent arbitrary. In an overpopulated world where resources are outstretched (Poore and Nemecek, 2018), not having children cannot be assumed to have necessarily a negative value (Fleming, 2018). Women in the West, one could also argue, should have access to alternative opportunities for self-realization besides procreation. The body is, in this respect, enmeshed in a web of meanings through which we read it and understand it, which includes expectations about the way it should look and even how it should "correctly" function and perform (Shilling, 2012). More specifically, a body that does reproduce, especially if female, tends to be regarded as defective and, more specifically, ill. As Walks (2007) points out, this is not at all "natural," but the result of a specific process of medicalization of women's bodies that leads to approaching infertility as a pathology to cure.[9]

A (perceived) malfunctioning of the body affects both an individual's personal narrative and the identity that revolves around it. As Murray (1999), who specifically addresses the "storied nature of health and illness" explains, an illness or a life crisis—the latter term accurately captures the way childlessness is lived by those affected by it in the experience of practically all involuntary childless I have talked to (see also: Leon, 2010; Thorn, 2009)—become one of those moments when "we begin to reassess who we are and where we are going" (Murray, 1999: 58). Frank (2013), in examining narratives of

illness, calls this breakdown of one's life narrative a "chaos story" because of its loss of "discernable causality" (Frank, 2013: 97), its fragmentation and incoherence.

Not only a malfunctioning of the body caused by illness—or a diagnosis of infertility in this case—leads to a twist in the plot of our life's narrative, but more fundamentally affects the *content* of the story we tell. Smith and Sparks (2008: 219, their emphasis), drawing on work by Frank (2013), point out that:

> making sense of our experiences, we not only tell stories *about* our bodies, but we also tell stories *out of* and *through* our bodies. [. . .] In this sense, the kind of body that one *has* and *is* becomes crucial to the kind of story told.

The diagnosis of infertility and the inability to carry out a basic bodily function have repercussions on identity: as confirmed by the conversations I had, it might shake the very belief that one is a *capable* person, which translates, to make one example, into not fully believing one can organize one's work productively. The malfunctioning of the body, by leading to a non-valued self, further generates suffering.

Suffering, pain and the challenge of communicating the unspeakable

Suffering occurs "when the illness or its symptoms [. . .] [are] perceived to destroy the *integrity* of the person" (Cassell, 1983: 522, my emphasis). This particularly applies to cases where a physical condition, like infertility, leads to "frustrated life plans and broken life narratives" (Svenaeus, 2014: 411). Suffering might translate into physical pain and affect one's health. As Bueno-Gómez (2017: 2) points out, "[e]ven when suffering is not caused by biological or observable circumstance (like tissue damage), it is an embodied experience which we cannot but feel in the rhythm of our hearts, the clenching of our stomachs, the sweat on our hands, our (in)ability to sleep, or the position of our shoulders."

Pain and suffering affect not only the well-being of the childless, but also their behavior, their perception of- and communication (or lack of it) with the world around—may that be events, media content, or which public services are available. As Svenaeus (2014: 419) points out, "suffering is in essence a feeling (a mood), but as such, it has implications for and involves the person's entire life: how she acts in the world, communicates [or not, we can add] with others, and understands and looks upon her priorities and goals in life."

Suffering gets in the way of telling the story in multiple ways. Its physical repercussions on vocal chords can stop one from producing the sounds required for speaking in the first place. A "chaos story" is also fragmented by nature. As Frank (2013: 105) puts it, it is a "anti-narrative" characterized by a "syntactic structure of 'and then and then and then'" (Frank, 2013: 99) that is "told on the edges of speech [. . .] in the silences that speech cannot penetrate or illuminate" (Frank, 2013: 101).

Suffering (again), narrative and the media

Suffering and pain ultimately arise from narrative discrepancies between what we are and what ourselves or others expect us to be. In my study, more specifically, I could

identify two narrative mismatches. The first is not fitting into one's own self narrative: for instance the imagined story of a woman as a mother she cultivated since she was a child, denied by her inability to reproduce. The second is related to struggling to find a meaningful role for oneself in established public narratives: if in our society the truly realized woman is portrayed as a mother, then a childless cannot be realized—perhaps it cannot be a woman at all.

Narratives in the media are not only influential in defining public narratives about "appropriate" family and gender roles (Tincknell, 2005), but they are also the ground in which stigma and the shame associated to it are rooted, especially when these narratives involve stereotypes and negative representations. My analysis of 50 movies from Italy, Norway and the US (Archetti, 2019), in a nutshell, found that, regardless of country and time period (the analysis spanned 1949 to 2017), the childless tended to be portrayed negatively. In the plots I analyzed, the childless tend to die, either committing suicide or killed by others. They are portrayed as weird, neurotic and hysterical at best, mentally ill and out to destroy other people's lives at worst.[10] When they do not die, they become "normal" by acquiring a child against all odds. A woman who is not technically barren can always get pregnant, and mostly at first attempt. In fact, childlessness is presented as a "temporary" condition until it gets "solved." Childlessness by circumstance does not exist and "miracle babies" are the norm. Ultimately the analysis confirms a central and underlying message that resounds across the whole film sample: a life without children, especially for women, is unthinkable and impossible.

In this sense media and popular culture representations come silently and, through a daily drip of messages we might not even consciously notice, to constitute the assumptions that underpin our reality. They affect what we think and the actions we take. To make a few examples, not only were several childless individuals I interviewed misled in believing that getting pregnant would be easy and that fertility treatments could, in the worst case, *always* fix the problem—along the lines of the film plots I analyzed and the happy-ending stories in mainstream media coverage—but the discrepancy between the high hopes supported by these false impressions and the reality of infertility created even more suffering. As I have observed, many, especially in the immediate aftermath of unsuccessful fertility treatments, were indeed unable to envisage a meaningful life without children.

All of this suggests that what is processed by the brain—the messages that bombard us through social interactions, social media, or popular culture about what is "normal" and what it means to be "realized," "happy" or "successful"—ultimately simultaneously affect our way of reading the world and taking decisions, our well-being, as well as our willingness, and very ability, to speak out. These domains are all interconnected.

Not being listened to: When others define your "problem"

A stigmatized identity is a discredited and "damaged" one (Nelson, 2001: xii). This means that a bearer of stigma is "disqualified from full social acceptance" (Goffman, 1963: preface, n.p.) and subject to discrimination that might be more or less conscious and overt. As Goffman (1963: 5) writes, "we believe the person with a stigma is not quite human. [. . .] We construct a stigma theory, an ideology to explain his [sic] inferiority

and account for the danger he [sic] represents [. . .]." This also leads to the result, which contributes to explaining the silence around childlessness, that a stigmatized person is not worthy of our attention and time.

Individuals without children might in fact speak up, but they tend to be dismissed on the ground that what they are saying is not interesting or valuable to start with. This is the result of what I call elsewhere (Archetti, 2020: 82–84)—by applying arguments about the "male glance" (Loofbourow, 2018) to pro-natalism—the "natalist glance": the tendency, when faced by statements by childless individuals, to categorize, dismiss and move on quickly on the assumption that this is a sufficient and complete reading. As an example of the swiftness and dismissiveness of the natalist glance, the book *Motherhood* (2018), where author Sheila Heti debates her dilemma at whether she should become a mother, was met by mixed reactions. As a meta-review by Houng (2018) points out, "[e]ven the most positive reviews contain an acid phrase or two." More precisely, "dismissal of Heti's ambivalence is an extreme version of the usual response to women who meditate on this choice: women who ask 'why' and not 'when' to the question of children are narcissistic, immature, incapable of rising to the fullness of adulthood."

When you do not speak, partly because you know, on the basis of the way you are treated due to your physical shortcomings, that you are not worth being listened to, you do not get to define the problem on your own terms. Childlessness the way most individuals without children experience it—as an (embodied) existential crisis—does not publicly exist. Childlessness as a medical problem, i.e. as infertility, does.

Involuntary childless individuals face, in this respect, the same "epistemic invalidation" disabled individuals are subject to. Wendell (1996: 122) defines this as "a tendency [by medicine] to ignore, minimise the importance of, or deny outright any [. . .] bodily experiences that it cannot explain" (Wendell, 1996: 122).

Beyond deviance: An "untellable" story

As seen, being a stigmatized individual, means isolation to start with. One also suffers from epistemic invalidation. A childless person is thus not in an ideal position to speak out. Even if one does so, he or she might not be listened to. The unwillingness of the others to listen, though, is additionally explained by the story of those who remain without children being located beyond the threshold of "tellability" (Norrick, 2005). Norrick (2005: 324) explains that a "narrative is a narrative, not because it tells a story, but because the story that it tells is reportable". This means that while it ticks the boxes of the newsworthy—it is not too ordinary to be interesting—it should also not trespass towards the excessively transgressive—the "too personal, too embarrassing or obscene" (Norrick, 2005: 323) or "frightening" (Norrick, 2005: 327). So, when the stories of the childless are not dismissed, they need to fit a comfortable pattern. Usually this is the story and the overcoming of infertility through science (De Boer et al., 2019). A different story, one that does not progress towards what is socially accepted as the "appropriate" ending, is silenced and obscured. As Frank (2013) bluntly puts it, in the context of modernity, where medicine is expected to solve all our ailments, "the chaos narrative tells how easily any of us could be sucked under" (Frank, 2013: 97). It is therefore deeply terrifying for the "normals" to hear it (Frank, 2013: 101).

Consolidated silence: The institutionalization of invisibility

The more silenced an issue, the more difficult it becomes talking about it. In this sense the "spiral of silence" applies, but the whole process, as I have shown, is far more material and needs to start from the way our bodies and their (mal)functioning fit into the range of publicly available narratives about valued identities and a realized life. Differently from the dynamics envisaged by the "spiral of silence," you do not just think you have an unpopular opinion, you know you have an unfitting, socially inappropriate identity. Worse, you might even embrace society's view of yourself as a morally untrustworthy individual—what Nelson (2001: 28–34) calls "infiltrated consciousness." You become socially isolated (not least in trying to avoid situations that bring you in contact with the "normals"), you are being subtly discriminated. When you try to speak out, you are not being listened to. Your absence from the public debate, both discursively and physically, means that the whole of reality is more and more organized around the needs of "the others."

Conclusions

Silence, in a society where there are so many platforms to communicate and where freedom of expression is acknowledged both as a key civic right and a fundamental democratic value, cannot be explained with a lack of opportunities to speak out.

The body has an essential role in remaining silent. In the specific case of involuntary childlessness, not only is the inability to conceive a source of stigma, a discredited condition most affected individuals wish to hide. The body is also experiencing suffering and physical pain that prevent a person from both reflecting on one's condition and even talking about it. The suffering, a feeling that might well materially affect the body by leading to health deterioration, is rooted in a mismatch between the individual narrative and publicly available narratives about what a valued self is expected to be and do. These public narratives are conveyed by the media but also read by the childless in the very way society is organized. What is processed by the brain—the messages that bombard us through social interactions, social media, popular culture, our daily experience—in other words, do affect the body. They, in turn, have an impact on the identity, well-being, and behavior of the childless, ultimately reflecting on their perception of- and communication (or lack of it, at least in verbal terms) with the world around. This is important for the study of society and politics because it has implications for both public debate and policy-making: for whose voices get heard, who shapes the debate, whose interests get, in the end, represented.

This paper has only scratched the surface of an under-researched topic that involves a sizeable and growing, yet invisible, group within our societies. In this respect, it raises urgent questions about inclusion and fairness. In exposing how public communication and narrative mismatches can lead to silence and suffering, the analysis also implicitly points to a way forward, for both research and policy practice, which I am going to unpack briefly.

Truly overcoming the stigma surrounding infertility means, ultimately, acknowledging the contribution anyone can make to public life regardless of their reproductive ability and greater social acceptance for a life without children. Public communication has a key role

to play in this process. Two priorities emerge from my study, particularly from my participant observation of discussion fora dedicated to childless individuals (websites, Facebook pages, online events) and from the contributions to public seminars I organized about the topic—and that I wanted to be an outlet for childless individuals and activists to express their own voice, rather than rehearse a majority discourse that neither understands nor is based on any direct experience of infertility.[11] The first is raising publics' awareness about the very existence of involuntary childlessness: this would provide help to the individuals affected, both women and men, in terms of feeling less alone in their trauma and finding a community of belonging. It would also make having children a less "taken for granted" narrative: not "when" one will become a parent, but "if." The second priority is educating the public, health practitioners, and policy-makers about the life-long impacts of not conceiving. Among the most pressing issues here are: educating medical staff in different fields—from gynaecologists and andrologist, to psychologists, counsellors and gerontologists—about the long-term health implications of infertility; addressing the sense of isolation and exclusion that come with invisibility; putting the issue of ageing without children on the policy agenda. Indeed not having children, from a childless perspective, is not a matter confined to reproductive health alone. It is not a question of infertility only, or managing an individual's choice of "wanting" or "not wanting" a baby. As the analysis has suggested—and as I demonstrate at length elsewhere (Archetti, 2020)—childlessness is an existential, social, and political issue. The public domain is where it needs to be problematized and redefined—where, in other words, the wellbeing, inclusion, and future of millions of individuals will be shaped and decided. That's where a public relations that uses communication "to help groups to negotiate meaning and build relationships" (Taylor, 2010: 6) can help healing and making a difference.

Acknowledgements

Funding

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Notes

1. For examples of further studies of silence as an integral part of communication see: Basso (1970), Philips (1983), Lebra (1987), Clair (1998), Ranjbar (2017).
2. Acheson (2008: 545–551) refers to silence as "embodied" for its being both a "gesture" (Acheson, 2008: 547) and "inherently spatial and temporal" (Acheson, 2008: 545) within human experience. In the ontological perspective on which the embodied theory of silence presented here is rooted, "embodiment" revolves around the human body, yet is not strictly

confined to its physical boundaries. By relying on the work of Spatz (2017: 267), I use the term to refer to our bodies as "an intermediate zone—a hinge, pivot, or junction—between the ecological and the technological." This means that the body made of flesh, blood, and bones we inhabit is where sensory and cognitive inputs from the outside—a world that is constituted by both a natural environment and technology—are processed and felt, but also a site of negotiation of meanings, ideas, and norms. "Embodiment," within the analysis I present, is not only relevant to the nature of silence, but to the entire *process* of constructing silence.

3. Foucault (1978: 3–4), in his *History of Sexuality*, further emphasizes the utter deletion, over time, of infertility from public view, discourse, and even material reality: "sterile behavior carried the taint of abnormality. [. . .] Nothing that was not ordered in terms of generation or transfigured by it could expect sanction or protection. Nor did it merit a hearing. It would be driven out, denied, and reduced to silence. Not only did it not exist, it had no right to exist and would be made to disappear upon its least manifestation—whether in acts or in words."

4. It is because of the prevalence of "social infertility" and its far-reaching social and political consequences that the issue of involuntary childlessness, deliberately pushing against a public discourse that tends to frame it nearly exclusively from a medical angle, is not approached here from a "health communication" perspective, but in terms of "public communication."

5. It is possible to argue that the silence surrounding involuntary childlessness has some positive functions, such as protecting individuals' privacy by shielding them from "painful conversations and unwelcome advice, criticism, or questions" (Allison, 2011: 17). However, as it will be further illustrated in this article, these are far from balancing the negative consequences that derive from it (Allison, 2011; Archetti, 2020).

6. The childless community, however, on this last point advances a radically different perspective: doctors and practitioners are, despite the best intentions, effectively using women (*they* undergo fertility treatment, not men) as overmedicated (Nargund, 2018) "lab rats" (Day, 2016).

7. There are of course many approaches to communication. Some of them, like the study of interpersonal communication, would include the analysis of more material aspects of communication, such as body language. These approaches, however, are not the most relevant angle here to explain the dynamics of silence surrounding a taboo topic. My observations refer to the literature that has been discussed.

8. A flat ontology is a theory where the "realm of the social is entirely laid out on a single level (or, rather, on no level)" (Schatzki, 2016: 15).

9. Conrad (1992: 209) defines "medicalization" as "a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness or disorders." It can be argued, as I (Archetti, 2020) or Agigian (2004: 49) have, that childlessness is not an illness. However, this is the way medicine currently brands the inability to conceive and how this condition is lived, as confirmed by my study, by the individuals affected by it.

10. For a discussion of further portrayals of childless individuals in film—as career-focused, selfish, care-free, for example—see (Archetti, 2019).

11. For the details of the online sources and events see (Archetti, 2020, "Appendix: Methodology," especially pages 255-256) or contact the author.

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