



Jean Purdy, IVF (in vitro fertilization) and Narrative: An Autoethnographic Look at Ben Taylor's *Joy*

Serap Duman İnce, Akdeniz University, serapdumanince@gmail.com

Volume 14.2 (2026) | ISSN 2158-8724 (online) | DOI 10.5195/cinej.2026.808 | <http://cinej.pitt.edu>

Abstract: This article highlights Jean Purdy's invisibility in the history of in vitro fertilization (IVF), as shown in Ben Taylor's 2024 film *Joy*, and considers the film's portrayal of Purdy as having endometriosis. . This article adopts an autoethnographic approach, linking it to my own extensive and challenging IVF journey following a diagnosis of adenomyosis. The article draws on feminist epistemology and reflexivity to establish emotional and intellectual connections between the film's narrative and my embodied experiences. Through these connections, I seek to voice the experiences of women who have been silenced by biopolitical systems. Purdy's portrayal in the film is analyzed through the lens of Foucault's concept of biopolitics, Bourdieu's theory of habitus, Haraway's notion of situated knowledge, and Marks's concept of haptic visuality. This analysis contends that personal yet socially marginalized experiences should be integrated into academic knowledge and collective understanding. The autoethnographic narrative explores the process of becoming a mother through IVF, demonstrating how themes of fragility and resistance reveal the embodied politics of reproductive technologies and the epistemic potential of personal experience.

Keywords: Jean Purdy; IVF; in vitro fertilization; endometriosis; adenomyosis; autoethnography; *Joy* (2024); reproductive technologies; feminist film theory; haptic visuality; biopolitics; women in science; Ben Taylor



New articles in this journal are licensed under a Creative Commons Attribution 4.0 United States License.



This journal is published by [Pitt Open Library Publishing](http://pittopenlibrarypublishing.com).



Jean Purdy, IVF (in vitro fertilization) and Narrative:
An Autoethnographic Look at Ben Taylor's *Joy*
Serap Duman İnce

Introduction

Reproductive technologies such as in vitro fertilization (IVF) offer a biological option but can create conflict between women's bodily autonomy and societal ideals of motherhood, as my own experience has shown. A common discourse I observed emphasizes the sacredness of motherhood. By defining women primarily through their reproductive ability, this discourse sustains patriarchal control by portraying motherhood as an almost unavoidable obligation. When a woman undergoes IVF, she shifts from being a patient to an object of statistical scrutiny, reduced to numbers, protocols, and measurable successes within the system. In this context, Sarah Franklin views IVF not only as a technical procedure but also as a space where control over women's bodies is reshaped and motherhood becomes a neoliberal construct (1997, p. 135).

During my engagement with the film *Joy* by Ben Taylor (2024), my personal experiences and theoretical knowledge intersected, transforming the viewing into a thought-provoking dialogue beyond just a cinematic experience. The film narrates the decade-long efforts of three researchers, physiologist Dr. Robert Edwards, gynecologist Dr. Patrick Steptoe, and nurse and

embryologist Jean Purdy, who pioneered the birth of the first test-tube baby, Louise Joy Brown, in 1978. In addition, the film is particularly noteworthy for its endeavor to render Jean Purdy's unseen labor within the history of science perceptible through cinematic language. My engagement with Joy's portrayal of Jean Purdy as having endometriosis, coupled with the film's depiction of her historically neglected contributions, fostered an emotional, corporeal, and intellectual connection to my own experiences with adenomyosis and IVF. This connection transformed the film from merely an object of study into a catalyst for re-examining my embodied history.

This article examines how reproductive technologies influence women's experiences through a feminist perspective, reflexivity, and an autoethnographic approach, emphasizing autonomy, body politics, and the production of knowledge. Beginning with the representation of Jean Purdy in *Joy*, the article explores the central question: How can the historically invisible female body and labor become sites of knowledge production through cinematic storytelling and personal experience? To answer this question, I draw on a multidisciplinary theoretical framework. Michel Foucault's concept of biopolitics (1976/1978) helps analyze the power mechanisms that discipline the female body within medical and social institutions. Pierre Bourdieu's notions of habitus and symbolic violence (1994/1998) provide tools to understand how social norms are inscribed on the body and how they operate invisibly. Donna Haraway's

concept of situated knowledge (1988) legitimizes personal, embodied experience as a valid source of academic knowledge. Edmund Husserl's phenomenology (1911/1965) emphasizes the rigorous investigation of essences rather than an empirical account of existence. In *Philosophy as Rigorous Science*, Husserl states that pure phenomenology "can only be essence investigation" (p. 116). This perspective conceptualizes the body as a space of existence that perceives, constructs meaning, and interacts with knowledge; it also aligns with Carolyn Ellis and Arthur Bochner's description of autoethnography as "a critical research practice that makes visible power dynamics by linking personal stories to larger social structures" (2000, p. 740). Consequently, the text becomes a reflexive space where personal and political dimensions, individual experiences, and cultural structures converge.

This study addresses three debates in film studies: spectatorship politics, cinematic embodiment, and invisible labor representation. It examines *Joy* through the female body, invisible labor, and IVF, offering a feminist film theory analysis in which the female body is an active subject of scientific work and pain, not a passive gaze object. It uses Laura Marks' haptic visibility in an IVF film, showing that embodied spectatorship extends beyond ethnographic cinema. By combining autoethnography with film analysis, it argues that personal reproductive

experience, when cinematically mediated, is a valid knowledge form, contributing to issues of representation politics in cinema.

The article is structured into several interconnected sections. It begins with a brief methodological part that explains my autoethnographic approach and analysis process. The subsequent sections, “Medicalization, Objectification, and Autonomy in the Knowledge of the Body,” establish the theoretical framework and apply it to key scenes from *Joy*, with particular emphasis on Jean Purdy’s embodied experience. This is followed by “Pain, Silence, Fragility, and the Politics of Productivity in My Story,” in which I incorporate excerpts from my IVF diary into a dialogue with the film’s narrative. The following section, “Autoethnographic Internal Dialogues Between Film and Reality,” deepens this discourse by exploring specific moments of resonance, including an analysis of haptic spectatorship. Prior to the conclusion, “Sacredness or Burden? In the Footsteps of the Ideology of Motherhood” examines the cultural construction of motherhood. Lastly, the conclusion synthesizes the film’s contribution to cinema studies with the personal and political insights gained through this autoethnographic inquiry.

Methodology: Autoethnographic Approach and Film Analysis

This study uses autoethnography as its main methodological approach. Autoethnography is a qualitative research method that links the personal and autobiographical to the cultural,

social, and political (Ellis, 2004, p. xix). As Adams et al. (2015) describe, autoethnography involves a researcher's personal experience in analyzing and critiquing cultural beliefs and practices, recognizing and valuing the researcher's connections with others (p. 1). Autoethnography treats research as a socially aware act, challenging traditional ways of conducting research and representing others (Ellis et al., 2011, p. 273). This approach enables me to connect my embodied experience with IVF and adenomyosis to the cinematic narrative of *Joy* (2024), turning personal reproductive struggles into a perspective for examining wider systems of biopower and gendered scientific labor.

My data sources are twofold. The primary source is Ben Taylor's film *Joy*, which I analyze through close, scene-based reading. I selected sequences where Jean Purdy's labor, pain, and institutional marginalization become visible, such as laboratory work, moments of bodily strain, media hostility, and personal interactions. For each sequence, I examine formal cinematic elements such as framing, camera distance, mise-en-scène, sound design, and spatial organization. The second source is my own lived experience, documented through personal archives. Following autoethnographic practice (Ellis, 1991, p. 30), I draw upon reflective field notes, diary fragments, and clinical documents from my IVF journey following an adenomyosis diagnosis (see Figure 1 and 2). These materials, including ultrasound images and journal entries,

are not just illustrative decoration but serve as what Blackman (2012, cited in Aygün Cengiz, 2025) calls “haunted data”, affective residues that return and refuse to be erased (p. 97). They anchor my reflective reading of the film’s imagery and document the embodied stakes of reproductive biopolitics.

My analytic process advances through two interconnected stages. First, I perform formal film analysis, viewing cinematic techniques as data to uncover the film’s ideological and emotional functions. Guided by principles of embodied spectatorship and haptic visuality (Marks, 2000), I explore how close-ups, enclosed interior spaces, and sensory sound design draw the viewer into a bodily, empathetic connection with Purdy’s experience. Next, I connect these formal insights with my autoethnographic materials. I employ what Ellis (2004) terms “emotional recall” (p. xviii) to re-experience past moments, integrating my memories, emotions, and bodily reactions into the analysis. As Spry (2001) states, performing autoethnography involves using the body as a site of scholarly awareness (p. 706). My body becomes a space for analysis as I explore links between Jean Purdy’s cinematic silence and my own feelings of medical alienation, between her repressed pain and my clinical experiences. This dialogic process, where film narrative and personal story “interrogate, embrace, and change each other” (Spry, 2001, p. 708), constitutes the core of my interpretive approach.

My positionality is central to this inquiry. I am a cinema scholar who has undergone a lengthy IVF process following an adenomyosis diagnosis. This lived experience is not a source of bias but what Haraway (1988) calls “situated knowledge”, a specific, embodied, and partial perspective capable of noticing what more “objective” viewpoints might overlook (pp. 581–584). As Harding (1991) argues, beginning research from one’s own life can produce stronger accounts by making the researcher’s position visible and accountable (p. 138). My position grants me an “insider” perspective on the emotional complexities of IVF, the cultural pressures of motherhood, and the experience of being reduced to a biomedical object.

Ethical considerations are critical. Autoethnography involves writing about others while also reflecting on oneself (Adams et al., 2015, p. 56). To protect privacy, all identifying information from my personal and clinical records has been removed or modified. Clinical documents and images are presented in a de-identified, interpretive form. Diary excerpts are shared with deliberate “self-censorship” (Duman İnce, 2024, p. 74), emphasizing analytical insight over revealing private details. The aim is to demonstrate, as Aygün Cengiz (2021) states, that “the personal is political” and can serve as a valid source of academic knowledge (p. 52).

In summary, this methodology merges formal film analysis with autoethnographic reflection, shifting between cinematic technique and personal experience. This layered

approach seeks to reveal the often-invisible effects of reproductive biopolitics on the female body.

Medicalization, Objectification, and Autonomy in the Knowledge of the Body

Bourdieu's concept of habitus understands the body as a site in which social structures are incorporated. He describes habitus as "a socialized body, a structured body," one that has incorporated the structures of the social world (1994/1998, p. 81). This perspective provides a critical framework for understanding how the medicalization and objectification of the female body occur, especially within reproductive technologies. In IVF, defining the body solely through biomedical parameters (such as egg reserve, endometrial thickness, and hormones) shows how the female body is instrumentalized and turned into a controlled object. This process also involves the exclusion of women's experiences from academic knowledge production. History demonstrates that science, intertwined with patriarchal discourses, codifies the female body as disease, deficiency, or risk. As Doğan Özdemir and Kulakaç (2021) state: "In patriarchal societies, the female body is defined based on masculine norms; even natural processes such as menstruation, pregnancy, and menopause become the target of pathological interventions" (p. 2). In line with this, Apaydın Kaya (2021) describes how medicalization practices affect the female body: "The natural processes experienced by women are reproduced by the control mechanisms of medicine and presented as 'problems'" (p. 75).

Foucault's concept of biopower is essential for understanding how bodies are disciplined within modern systems of power. According to Foucault, biopolitical power operates through "the controlled insertion of bodies into the machinery of production" (1976/1978, pp. 140–141). In *Joy*, Jean Purdy's scientific labor and bodily suffering become visible within this logic of productivity. In the context of IVF, the body is no longer treated merely as a biological entity but as a site measured, regulated, and evaluated by efficiency and reproductive success.

Jean's emotional restraint during Lesley Brown's embryo transfer (01:32:46–01:35:07) reveals how biopolitical discipline operates through the body. For the laboratory and treatment process to continue, personal distress remains secondary to scientific productivity. The close framing of Jean's face makes this emotional restraint visible while exposing the tension between scientific productivity and personal vulnerability. .

This silent endurance mirrors my own experience in clinical settings, where I was often reduced to a file number, and where emotional and physical pain became secondary to statistical treatment outcomes. Yet Jean's grimace also appears as a moment of resistance, a crack in the disciplinary surface where the body refuses full submission.

Susan Wendell criticizes this medical disregard for women's suffering in *The Rejected Body*: "Women's diseases such as endometriosis have been ignored for years because of the

sexist prejudices of medicine” (1996, p. 82).

The film’s most radical intervention lies in making Jean Purdy’s scientific labor visible and repositioning the female body not as a passive object of medical observation but as an active subject of knowledge production. This narrative strategy resonates with feminist film theory’s discussions of the politics of representation and embodied spectatorship (Mulvey, 1975; Kaplan, 1983). Through close-ups, confined interiors, and sensory sound design, the film encourages viewers not only to observe Jean’s suffering but also to experience it bodily. The viewer’s relationship with Jean, therefore, moves beyond identification to become an embodied, affective encounter shaped by haptic visuality understood as a multisensory mode of film experience (Marks, 2000; Salkaya, 2023).

The film’s repeated emphasis on the bodily limits and risks of reproductive intervention highlights the physical vulnerability embedded in the IVF process. It echoes Aygün Cengiz’s view that autoethnographic research makes researchers vulnerable emotionally and physically (2023). Purdy’s experience mirrors my own IVF fears, hormone injections, bodily fragmentation, and being reduced to a number, showing how reproductive medicine can objectify the female body.

In this context, the film demonstrates that reproductive technologies do not operate solely

within medical boundaries but are also shaped by religious, cultural, and ideological pressures. This becomes especially visible in the conversation between Jean and her mother (00:20:51–00:23:23), where scientific research collides with religious morality and social expectations surrounding womanhood and reproduction: Jean explains that she understands infertility as a medical problem and defends her work as a way of helping women who want to become mothers. Her mother, however, interprets IVF through a religious framework, referring to the biblical story of Isaac and Rebekah and warning Jean that “you can’t play God that way.” The disagreement becomes sharper when she raises Steptoe’s association with abortion. Jean responds, “It’s legal now,” but her mother insists, “Doesn’t mean it’s right.” Jean distances herself from this accusation, “I don’t do abortions, Mom”, and adds, “I’m proud of what I do.” Her position is finally condensed into the simple statement, “I help people.” The exchange intensifies when her mother tells her that Father Paulson has advised her not to attend church and then makes her continued involvement in the research a condition of their own relationship. Jean responds that it is her mother, not the research, who is forcing her to choose.

The exchange shows how reproductive governance extends beyond medical institutions into familial and religious life. Jean’s defense of reproductive science as a form of care and autonomy is placed against a moral framework that casts scientific intervention as transgression

and social deviation. The domestic setting, combined with restrained emotional performance and pauses in dialogue, intensifies her isolation and underscores the weight of these overlapping normative pressures.

Within the same reproductive control configuration, the *Egg Club/Ovum Club* sequence (00:52:38–00:56:10) marks a shift in the articulation of infertility from private conflict to a shared experience. Patients, including Jean, temporarily reposition themselves from objects of clinical knowledge to speaking subjects who narrate their embodied experiences of treatment, loss, and endurance. Rather than existing outside the earlier domestic scene, this collective space extends its logic: what remains unspeakable within the family is reconfigured into a shared discourse among patients. *Ovum Club* thus operates as a fragile yet significant site where biomedical authority is not abolished but renegotiated through embodied storytelling and mutual recognition. During my IVF journey, similar moments of collective recognition, whether in support groups, online forums, or informal exchanges, played a crucial role in sustaining a sense of agency within clinical structures. In this sense, both the domestic confrontation and the *Ovum Club* sequence reveal reproductive biopolitics as a dispersed system that not only disciplines bodies but also inadvertently produces conditions for solidarity, narration, and embodied forms of care.

Pain, Silence, Fragility, and the Politics of Productivity in My Story

My experience with adenomyosis and IVF revealed the cultural pressures shaping my body, the established beliefs about motherhood, and the impact of medical practices on me. Bourdieu's concept of habitus, which he describes as "a socialized body, a structured body" (1994/1998, p. 81), and his account of symbolic violence as a form of domination that operates through unrecognized submission (p. 103) help me interpret how my adenomyosis diagnosis became an experience of invisibility, in which chronic pain was repeatedly normalized or dismissed. This minimization embodies the symbolic violence of patriarchal knowledge production on the female body. The view of the body as a machine or tool for production is closely connected to how female bodies are instrumentalized in reproductive technologies. For Bourdieu, habitus is embodied: the body incorporates the structures of the social world, which in turn shape perception and action (1994/1998, p. 81). In IVF, the body is defined through biomedical reductionism, uterine thickness, egg reserve, and embryo recipient, detaching it from subjective experience and turning it into an object of a project.

The scene where Jean observes the developing embryo under the microscope (00:32:39–00:33:23) invites a haptic mode of perception. The extreme close-up, soft illumination, and gradual emergence of form from cellular texture encourage the viewer to "move over the surface plane of the screen for some time before the viewer realizes what she or he is beholding"

(Marks, 2000, p. 163). This is not an image that resolves quickly into clear figuration; it invites contemplation rather than narrative consumption. For me, this scene resonated with my own first sight of the embryo sac on ultrasound, a moment charged with hope, alienation, and the strange recognition of potential life rendered as medical imagery. As Marks (2000) argues, such haptic images force the viewer to contemplate the image itself, and in that contemplation, the viewer's body becomes a site of knowledge.

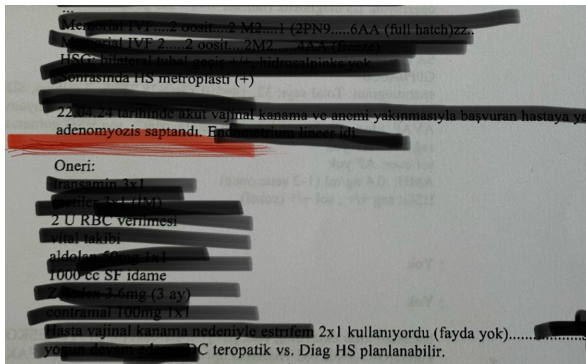


Figure 1: My Epikiriz, Adenomyosis.



Figure 2: My Ultrasound Image.

This ultrasound image (see Figure 2), like the film's microscopic view of the embryo, captures how reproductive technology translates the body into a visual field, a site of hope, measurement, and biomedical surveillance. For the IVF patient, such images promise life yet reduce embodied experience to data. Placing my clinical image alongside *Joy*'s cinematic frame reveals the gap between the medical gaze and the lived, affective reality of reproductive labor.

The sequences depicting Lesley Brown's egg retrieval (01:22:31–01:24:44), the embryo's development from four to eight cells (01:31:16–01:32:30), and the final transfer (01:32:46–

01:35:34 see Figures 3–6) marks an aesthetic and rhythmic departure from the film’s overall cinematographic structure. Unlike the rapid cuts and observational distance typical of other scenes, this sequence adopts a slow tempo and extended duration. The director balances wide shots with close-ups that reveal the characters’ inner worlds. The microexpressions and close-ups of the three researchers and Brown during the transfer move the viewer from a distant observer to a sensory participant. The ambient sounds accompanying the decelerated rhythm, together with the subtle, low-level use of music, operate within what Michel Chion (1994) conceptualized as the audiovisual contract. The camera follows the action naturally, while very slow zoom-ins at dramatic peaks combine with a slight rise in musical volume to maximize emotional impact. This synchronized crescendo exemplifies Chion’s *synchresis*, the necessary and immediately effective union of sound and image.

The characters’ silence, broken only by lab sounds and breaths, creates a reflective, layered sensory moment that aligns with Marks’s haptic visuality, a synesthetic film experience.

Figure 3: Scene from the movie (01:34:14).



Figure 4: Scene from the movie (01:34:32).



Figure 5: Scene from the movie (00:33:30).



Figure 6: Scene from the movie (01:32:41).

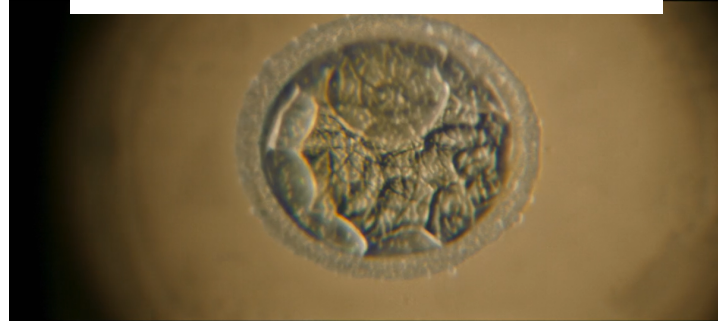


Figure 7: Scene from the movie (01:34:26).

These frames from *Joy* capture moments from the embryo's development and transfer, a process that, for the IVF patient, is intertwined with personal longing, statistical chances, and the burden of failed cycles. The microscopic image serves both as objective data and as a screen

onto which hope and fear are projected. Comparing these cinematic images with my own clinical ultrasound shows how reproductive technology creates both scientific understanding and deeply personal, often conflicting, meanings.

The close-up in Figure 7 visually reinforces the tension between Jean's emotional restraint and scientific labor discussed earlier. Jean's silent struggle with physical pain, my own IVF experience, and many women's battles with chronic illness show that women are often reduced to mere cases in medical practice. This labeling renders subjective experiences invisible. Practices such as being called a number in clinics, reducing hormone levels to charts, ignoring emotional needs, and treating economic limitations as constraints treat the female body as an object of management. In this framework, control over the body takes shape where patriarchal knowledge systems (Foucault, 1976/1978) and neoliberal health regimes (Rose, 1999) intersect. Within the clinical regime, the body becomes governable through measurement, repetition, and statistical evaluation. Beyond a biological entity, it becomes a space governed by ideological, symbolic, and disciplinary rules. Nikolas Rose argues that in neoliberal governmentality, health policies turn individuals into subjects responsible for their own bodies: "...neoliberal rationality has permeated a wide range of practices and mechanisms

for regulating economic life, health care, social benefits, professional activities and so on” (1999, p. 28).

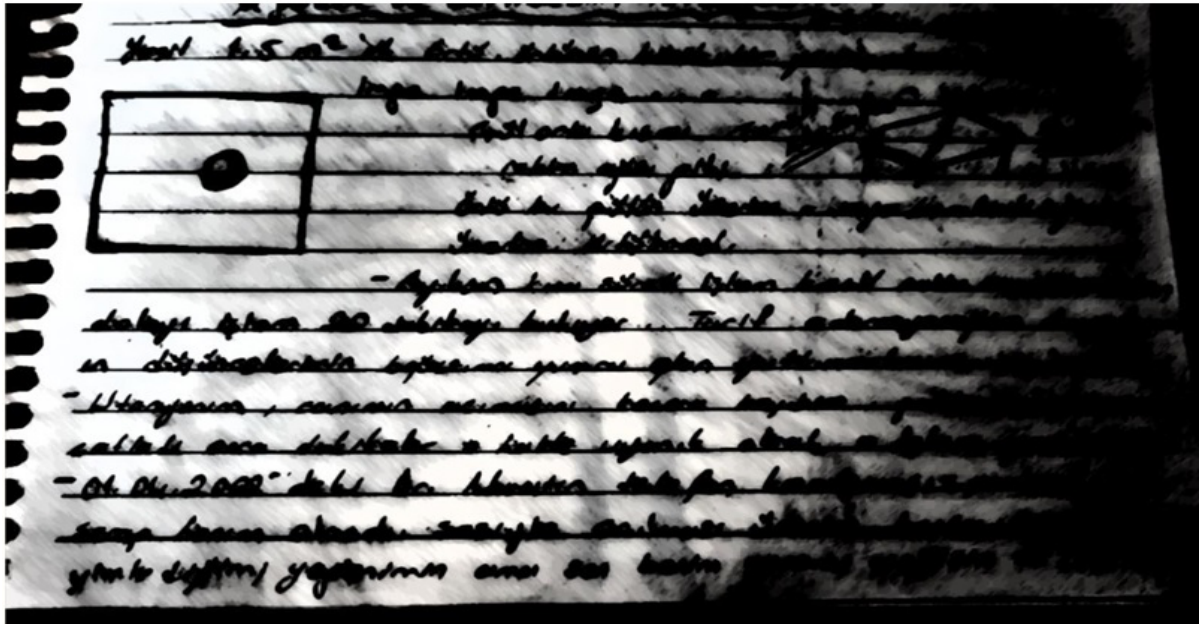


Figure 8: My Field Diary 3, Reinterpretation/presentation of privacy¹. (Daily 03.04.2022 - Doctor - Unfortunately, Ms. Serap, it didn't work.)

“The field-journal entry shown in Figure 8 reads : Life sometimes takes unexpected turns, tests our emotions, and confronts us with difficulties. After a long wait, the day of embryo transfer arrived. Our hearts were full of hope and excitement; we were dreaming of the future, and our prayers were focused on this tiny life, the embryo, offering us a beautiful future as a result of the IVF treatment. As the days passed, I began to feel an inner change. When the symptoms started to appear, I felt a surge of hope. But these days of joy were short-lived. A few days later, my doctor told me that, unfortunately, Ms. Serap didn’t make it.”

This diary entry captures the moment when medical language, specifically, the doctor’s clinical statement, clashes with personal experience. The phrase “it didn’t work” reduces months of hormonal treatment, physical pain, and emotional effort to a single failed outcome.

Yet, the act of writing itself becomes a form of resistance: by recording this moment, I reclaim control of the story over an experience that biopolitical systems would prefer to reduce to mere statistics. The diary thus functions as what autoethnographers call “haunted data”, affective remnants that refuse to be erased (Aygün Cengiz, 2025, p. 97).

After this experience, the thought I had always believed in and been motivated by was shattered: “*Everything that sprouts blossoms eventually.*” Purdy’s silence in the laboratory is likewise an experience of “not blossoming”; her years of effort, repeated treatment failures (00:39:14–00:39:25) , and invisibilized labor resonate directly with the helplessness I recorded in my diary. These stories are not just my own; they are shared experiences that emerge from a collective silence. I see this process again in Purdy’s emotional restraint during the embryo transfer (01:32:46–01:35:07) , where her contained emotion becomes a form of embodied resistance, just as my diary entries capture my own suppressed screams within the medical system. Purdy’s cinematic portrayal beautifully connects the personal with the historical and the medical with the cultural. In this journey, the space between film and reality prompts us to view the body not just as an object to be studied, but as a living structure that carries and transforms knowledge. By exploring the dialogue where experiences and cultural pressures of

motherhood intersect, I find a new way to understand the body's knowledge that feels more connected and meaningful.

Autoethnographic Internal Dialogues Between Film and Reality

Inspired by the feminist idea that “the personal is political,” I write with an understanding that behind every unnamed woman and unseen act of labor, there is a story worth sharing. The narrative I offer is not just about individual experience; it is a collective voice representing the quiet knowledge, emotional effort, and cultural practices of women who have walked similar paths.

Adams et al. (2015) describe autoethnography as a method that “shows people in the process of figuring out what to do, how to live, and the meaning of their struggles” (p. 2).

Autoethnography allows researchers to openly share their perspectives and cultural backgrounds by focusing on their personal experiences. This method challenges the traditional view of social science. As Ellis emphasizes, “Sociology and other social science disciplines wanted to be accepted like physics and chemistry. Our work threatened this goal” (Aygün Cengiz & İşler Hayırlı, 2023, p. 997). Ellis's statement highlights that autoethnography questions not only research methods but also the fundamental beliefs of social sciences. The authors also point out that the autoethnographic approach carries ideological resistance beyond just research techniques in academia. As Bochner explains, drawing on Jay Haley's “first law

of human relations,” “whenever change is attempted, it is resisted” (Aygün Cengiz & İşler Hayırlı, 2023, p. 977), because people tend to seek predictability and fear uncertainty. In her doctoral thesis, *Documentary as Autoethnography: A Case Study Based on the Changing Surnames of Women*, Çayır discusses autoethnography as a method that connects personal experience with broader sociocultural contexts and provides an accessible framework for researchers and readers (2016, pp. 29–30).

By sharing my personal experiences and relating them to the fictional story in the film *Joy*, I examine how scientific silence can affect the body from an autoethnographic perspective. The emotions I experienced during my diagnosis and treatment are reflected in the parallels I see with the film characters and are recorded in my daily journals. While themes like determination, hope, patience, and othering shine through Jean Purdy’s journey in the film, my own experience was characterized by pain, fatigue, silence, fear, resistance, alienation, and resignation.

Jean’s story goes beyond mere scientific resistance, illustrating a complex struggle involving faith, family, and social norms. The scene in the film where Jean faces a religious conflict with her mother (00:20:51–00:23:23) powerfully emphasizes the tension between scientific independence and cultural beliefs.

- Her mother says, “*But you can’t play God with this..*”

As a woman researcher, I faced many internal conflicts when deciding about my body and reproductive capacity. The loss I experienced in the fourth year of my IVF journey, along with severe pain and heavy bleeding after my surgeries, made continuing treatment a much riskier and more serious decision. Although I tried all available scientific and medical options, the process became even more complicated when I was diagnosed with adenomyosis. At one point, it was clearly stated that I could no longer participate in this treatment, and each time I resisted, the situation worsened. When my hemoglobin levels blood dropped below 7 g/dL, I needed an immediate blood transfusion, and it took at least four months to recover, which was achieved through monthly hormone-suppressing injections. From then on, I was told that continuing treatment was no longer an option and that I needed to take medications that, while scientifically necessary to protect my health, would definitely prevent pregnancy. Hormone-suppressing drugs such as Lucrin, Visanne, and Mirena not only halted my body but also crushed my hope of becoming a mother. Although I didn’t face direct pressure from my family or close friends, I struggled to accept this reality emotionally and mentally. The losses I endured despite trying everything left me with a deep sense of failure. A statement made by a doctor (Hasan) during that time provided some comfort regarding both my treatment and the loss I suffered.

-“*You have done everything you could. This is not your fault; this is the helplessness of medicine.*”

In the film, after examining Jean (01:26:40–01:27:10), the doctor responds to her question:

-“*What about if this works? ?*”

He replies, “*I’m afraid science isn’t entirely ready for you yet. .*” The emotional rupture Jean experienced that day is exactly what I felt years later, when my own doctor (Hasan) spoke the same words of helplessness.

Jean, who has already faced her mother’s religious objections to the IVF research (00:20:51–00:23:23), later acknowledges that the work has cost her both her church and her mother, yet still resolves to continue (00:36:35–00:36:50). My doctor’s words, by contrast, acknowledged the limits of medicine; in both moments, reproductive choices are shaped by pressures that exceed individual desire. Perhaps my years of effort and insistence on continuing until my body could no longer endure the process were influenced by the belief in my faith system: “*Do your best, and leave the rest to God.*”

In the film, Jean’s experience of technical failures in the laboratory, such as the the discovery that the liquid paraffin used in the work was toxic (01:03:45–01:04:12) , reflect the nature of the experimental process while also revealing the invisibility of women’s labor. These

scenes reminded me of the fear of failure and the expectation of patience that female researchers often face in academia and the healthcare system.

In the scene between 01:41:39 and 01:42:16 , Jean’s gaze at a newborn baby reflects both longing and a sense of accomplishment. This moment resonated with me, as I felt a deep connection to the emotions I experienced during my own IVF journey. Amid hormonal treatments, physical pain, renewed hopes, and subsequent disappointments, I recognized not only my own struggle but also the silent battles of many women facing similar experiences. I also observed the disappointments and fragility of men who long to become fathers, as well as women. During my transfer and the subsequent process, I became aware of my feelings and those of other women, as well as of the emotions on the other side. I can describe it like this: after the egg retrieval is completed and the embryo develops in the lab, the embryo transfer happens once specific conditions are met and enough time has passed. After the transfer, it takes about ten days to determine if the embryo has implanted in the uterus. While waiting for the blood test results (beta hCG levels) at the end of this period, I saw not only the woman’s excitement but also that of her partner (my husband).

- He placed his hand over his heart and said, *“It feels like my heart is going to stop.”*

These words reveal that IVF is not solely a female burden; its emotional weight crosses gender lines. I saw the same shared vulnerability on Jean’s face when she told Arun’s proposal

(00:42:19–00:43:35),a moment where personal desire collides with the brutal reality of infertility.

The scene unfolds over just over a minute (00:42:19–00:43:35), a remarkably extended duration compared to the film’s usual cutting rhythm. Although the scene includes cuts and shifts in angle, its restrained pacing and sustained emotional continuity create the impression of an extended, uninterrupted moment. . This temporal stillness creates a sense of suspended time, forcing the viewer to sit with Jean’s emotional pain rather than escape it. The dominant element is silence. No music swells, no voice-over explains, no ambient noise intrudes. Only the faint sound of Jean’s restrained breath and, after Arun walks away, an empty quiet that feels heavier than any melody. This acoustic void functions as what Chion (1994) terms a point of synchronization (synch point): the absence of sound directs our full attention to the micro-movements of Jean’s face,the fragile smile, the nearly falling tear.

This need to trace shared emotional structures led me to Laura Marks’s concept of haptic visuality. The camera’s tight close-up on Jean’s face, with the background softly blurred, encourages viewers not to dissect her expression but to lightly touch its surface,the fragile smile, the almost-held-back tears, the texture of her skin. As Marks (2000) explains, this kind of haptic viewing “tends to move over the surface of its object rather than to plunge into illusionistic

depth” (p. 162). The extended silence deepens this effect, allowing the viewer’s gaze to linger and creating what Marks describes as “a bodily relationship between the viewer and the image” (p. 164).

Watching this scene, I felt the boundary between screen and self blur: I was not merely identifying with Jean’s pain but feeling it viscerally, as if her loss resonated in my own body. This is precisely the mimetic relationship Marks describes, in which “one represents a thing by acting like it” (p. 138) and meaning occurs “in the physical, sensuous contact between two subjects” (p. 168). Therefore, this scene sits at the crossroads of personal memory and collective trauma, gender and individual desire, and physical boundaries and emotional permeability. Jean’s rejection of love or renunciation of motherhood is not simply the result of a single individual choice.

Sacredness or Burden? In the Footsteps of the Ideology of Motherhood

“But we’ll have the mothers. The mothers will back us. .” Bob Edwards (00:09:03-00:09:06).

In the film’s opening scenes, gynecologist Dr. Steptoe, physiologist Dr. Robert (Bob) Edwards, and nurse and clinic director Jean Purdy respond to criticism that this groundbreaking scientific effort will face opposition from the medical community, the media, society, and the wider world. Bob responds with what he feels most strongly about:

-“But we’ll have the mothers. The mothers will back us. .”

This statement captures the powerful, sacred framework inherent in motherhood.

Historically, even though female identity has often been defined by negative qualities such as weakness, deficiency, and excessive emotionality in patriarchal social structures, motherhood has always been regarded as the noblest trait. Motherhood has been linked to purity, self-sacrifice, and sanctity across many cultural and historical contexts. In this way, women have been given a privileged position within social structures (Rich, 1974, pp. 29-114; Koruyucu, 2019, p. 133). As Rich (1974) notes, motherhood significantly influences the female experience both as a biological reality and as an ideological idea. In this context, the sanctity ascribed to motherhood functions as a tool that justifies social discourses on the female body and identity (Bordo, 1993, p. 166).

Throughout history, the identity of motherhood has been central to the concept of womanhood, and this has been reinforced by social norms. In this context: “Motherhood continues to occupy the center of women’s lives as the highest standard that the ideal woman is expected to meet. Therefore, female identity is considered alongside motherhood identity, and even prioritized, and thus legitimized” (Tokdemir, 2022, p. 475). Elisabeth Badinter (2010/2012) notes that since the 1980s, norms of motherhood have become even more rigid under the influence of the media, child psychiatry, and pediatric experts. Motherhood has

shifted from a bond woven with love into a scientifically informed, pedagogically driven, and women-controlled performance arena. Badinter quotes Yvonne Knibiehler as follows:

Infants are not without sense; they are able to understand everything. We must talk to them as we would to adults, explain what is about to happen to them, ‘give words to’ what they do, consult them (if only for the sake of form) when we’re going to take them for a walk or put them to bed. No more initiating potty-training: they will decide for themselves when they are ready. No thwarting their desires, lest we traumatize them or make them insecure. We must let them express themselves, do whatever they like. Even if they seem like tyrants. [...] A mother’s job has become overwhelming, against a background of anxiety and worry” (Badinter, 2010/2012, p. 63). .

Reproductive technologies have changed motherhood from a solely biological process to one shaped by social and cultural influences. IVF treatments involve a difficult journey that is often far from joyful, physically and emotionally exhausting, and marked by repeated failures. Becker (2000) notes that women experience the IVF process both as a medical procedure and as an experience that shapes their social and personal identities related to motherhood (p. 89). Thompson (2005), however, argues that unsuccessful treatment experiences are not just biological losses but can also foster a deep sense of inadequacy in women due to social norms surrounding motherhood (p. 162). The scene at 00:20:42–00:20:50 in the film illustrates this emotional burden:

- *“I can live in hope though, right? I can believe that I might get a chance?”*
- Dr. Steptoe: “I think it’s unlikely, but...”
- “I just want a baby.”

There is a clear distinction between women who view motherhood not just as a personal desire but as a crucial part of social acceptance and existence, and women who experience having children only as a societal norm imposed on them. At this point, the following explanation is appropriate: “I can say that motherhood is not a ‘perfect fit’ for every woman” (Duman İnce, 2024, p. 47).

The historical, ideological, and cultural context shows that interventions in women’s bodies are not only driven by external pressures but are also internalized by women themselves. This highlights the importance of narratives such as autoethnography for in-depth analysis of specific situations, areas, behaviors, and cultural norms.

Conclusion: The Body’s Knowledge, the Knowledge of the Body

In this work, I analyze the collective forgetting echoed in the silence of Jean Purdy, a woman marginalized in scientific memory, through *Joy* (2024). The film is not only a biography but an act of memory that retrieves women’s labor, pain, and silent success. Nearly every word Jean speaks reveals a historical silence specific to women, one that extends beyond the individual. Her invisible yet central presence in the laboratory prompts us to reconsider how scientific epistemology has marginalized women.

For me, the film has become a surface that touches my own body, my decisions, and my moments of rupture. The hole in Jean's sock is a metaphor for the years I spent invisible within the healthcare system. The emotion Jean suppresses when she says goodbye to Arun resonates with my own future, shaped by the possibility of never becoming a mother.

Jean's silence is not passive withdrawal but an active resistance that testifies to historical and institutional erasure. It signifies historical injustice and the institutional invisibility that continues today. The film raises ethical questions about current regimes of knowledge: Whose voice does science represent? In what language does the body find meaning? Which contributions are archived, and which are silently erased? From my autoethnographic perspective, these are not just academic debates but tensions I feel in my own body, memory, and life.

Joy dismantles not only the masculine construct of the history of science but also linear narratives about the female body. Throughout the film, the meaning of motherhood is redefined beyond biology, through ethics, emotion, and epistemology. The disregard for Jean's scientific contributions reflects a deliberate strategy of silencing, similar to how women's reproductive experiences are often minimized in medicine. Therefore, from my autoethnographic perspective, the film's narrative honors a female scientist while revealing the traumas,

decisions, and losses we carry in our bodies. Jean's silence was not born of deficiency but of resistance, a deliberate refusal to disappear.

As outlined in the introduction, this study has shown three things. First, feminist film theory gains a new model when the female body appears as an active subject of scientific labor and pain, extending the critique of the male gaze (Mulvey, 1975) into a positive articulation of female scientific agency. Second, haptic visuality (Marks, 2000) operates not only in intercultural cinema but also in the clinical, reproductive space of an IVF narrative, thereby expanding the domain of embodied spectatorship. Third, autoethnographic testimony, when integrated with formal film analysis, transforms personal reproductive experience into a legitimate and theoretically productive form of academic knowledge. In doing so, this article argues that cinema studies needs to reckon with the labor of women in science, attend to the tactile, acoustic, and durational dimensions of biomedical imagery, and include those rendered invisible by both medical and cinematic regimes in its politics of representation. *Joy* thus becomes not merely a tribute to a forgotten scientist but a methodological model for how film analysis can engage with embodied, precarious, and historically silenced experience as a site of epistemic reparation.

Editor’s Note: To strengthen the historical and representational context of this article, the editor has added directly relevant scholarship on Jean Purdy’s under-recognized role in IVF, women’s contributions to the early IVF program, the gendered media history of the breakthrough, and the narrative reconstruction that informs Joy: Johnson and Elder (2015), Dow (2017), Gosden (2018), Johnson (2019), and Hopwood (2025). A related CINEJ study of female voice/body and audiovisual strategies is also included (Claveria, 2023).

REFERENCES

- Adams, T. E., Holman Jones, S., & Ellis, C. (2015). *Autoethnography*. Oxford University Press.
- Apaydın Kaya, Ç. (2021). Kadın sağlığının medikalizasyonu [The medicalization of women’s health]. *Türkiye Klinikleri Birinci Basamakta Kadın Sağlığı: Sosyal ve Beşerî Açından Yaklaşım*, 75–81. <https://www.turkiyeklinikleri.com/article/tr-kadin-sagliginin-medikalizasyonu-97116.html>
- Aygün Cengiz, S. (2021). Folklore yeni bir soluk: Otoetnografi [A new breath for folklore: Autoethnography]. *Turnalar: Uluslararası Hakemli Türk Dili, Kültür ve Edebiyat Dergisi*, (84), 52–58.
- Aygün Cengiz, S. (2023). *Otoetnografi: “Acı mihlanıp bir kalpte durmasın. Ortada dursun”* [Autoethnography: “Let pain not stay nailed in a single heart; let it stand in the open”] [Video]. Koç Üniversitesi VEKAM. <https://www.youtube.com/watch?v=bNLToK6m8gI>
- Aygün Cengiz, S. (2025). Etnografide yeni karşılaşmalar: Yazının sınırlarında bir gezinti [New encounters in ethnography: A stroll along the edges of writing]. *Uluslararası Fİnal Üniversitesi Sosyal ve Beşerî Bilimler Dergisi (UFUSOBED) / FIU Journal of Social Sciences and Humanities (FIU JOSSH)*, (1–2), 94–124. <https://doi.org/10.29329/ufusobed.2025.1337.6>
- Aygün Cengiz, S., & İşler Hayırlı, D. (2023). Talking about autoethnography and narratives: An interview with Carolyn Ellis and Arthur Bochner. *Folklore ve Literature*, 29(1), 967–1000.

Badinter, E. (2012). *The conflict: How modern motherhood undermines the status of women* (A. Hunter, Trans.). Metropolitan Books. (Original work published 2010)

Becker, G. (2000). *The elusive embryo: How women and men approach new reproductive technologies*. University of California Press.

Bordo, S. (1993). *Unbearable weight: Feminism, Western culture, and the body*. University of California Press.

Bourdieu, P. (1998). *Practical reason: On the theory of action* (R. Johnson, Trans.). Stanford University Press. (Original work published 1994)

Chion, M. (1994). *Audio-vision: Sound on screen* (C. Gorbman, Trans.). Columbia University Press.

Claveria, J. Z. (2023). The acoustic mirror and subversive visual strategies in Park Chan Wook's *The Handmaiden*. *CINEJ Cinema Journal*, 11(1), 170–192. <https://doi.org/10.5195/cinej.2023.446>

Çayır, H. (2016). *Documentary as autoethnography: A case study based on the changing surnames of women* [Doctoral thesis]. İstanbul Bilgi Üniversitesi.

Doğan Özdemir, N. G., & Kulakaç, Ö. (2021). Kadın sağlığının medikalizasyonuna feminist bakış açısı [Feminist perspective on the medicalization of women's health]. *Türkiye Klinikleri Kadının Yaşam Dönemleri, Uygulamalar ve Önlemler Özel Sayısı*, 1–13. <https://www.turkiyeklinikleri.com/article/tr-kadin-sagliginin-medikalizasyonuna-feminist-bakis-acisi-91794.html>

Dow, K. (2017). “The men who made the breakthrough”: How the British press represented Patrick Steptoe and Robert Edwards in 1978. *Reproductive Biomedicine & Society Online*, 4, 59–67. <https://doi.org/10.1016/j.rbms.2017.07.002>

Duman İnce, S. (2024). *Otoetnografik deneysel film: Arzunun kayıp nesnesi annelik* [Autoethnographic experimental film: Motherhood as the lost object of desire] [Master's thesis, Ankara Üniversitesi Sosyal Bilimler Enstitüsü, Halkbilimi Anabilim Dalı].

Ellis, C. (1991). Sociological introspection and emotional experience. *Symbolic Interaction*, 14(1), 23–50. <https://doi.org/10.1525/si.1991.14.1.23>

Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. AltaMira Press.

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Historical Social Research / Historische Sozialforschung*, 36(4), 273–290. <https://doi.org/10.12759/hsr.36.2011.4.273-290>

Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 733–768). Sage Publications.

Foucault, M. (1978). *The history of sexuality: Vol. I. An introduction* (R. Hurley, Trans.). Pantheon Books. (Original work published 1976)

Franklin, S. (1997). *Embodied progress: A cultural account of assisted conception*. Routledge.

Gosden, R. (2018). Jean Marian Purdy remembered, The hidden life of an IVF pioneer. *Human Fertility*, 21(2), 86–89. <https://doi.org/10.1080/14647273.2017.1351042>

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, 14(3), 575–599. <https://www.jstor.org/stable/3178066>

Harding, S. (1991). *Whose science? Whose knowledge?* Cornell University Press.

Hopwood, N. (2025). The ghostwriter and the test-tube baby: A medical breakthrough story. *Medical History*, 69(3), 528–551. <https://doi.org/10.1017/mdh.2025.10025>

Husserl, E. (1965). *Philosophy as rigorous science*. In Q. Lauer (Trans.), *Phenomenology and the crisis of philosophy* (pp. 71–147). Harper & Row. (Original work published 1911)

Johnson, M. H., & Elder, K. (2015). The Oldham Notebooks: An analysis of the development of IVF 1969–1978. V. The role of Jean Purdy reassessed. *Reproductive Biomedicine & Society Online*, 1(1), 46–57. <https://doi.org/10.1016/j.rbms.2015.04.005>

Johnson, M. H. (2019). IVF: The women who helped make it happen. *Reproductive Biomedicine & Society Online*, 8, 1–6. <https://doi.org/10.1016/j.rbms.2018.11.002>

Kaplan, E. A. (1983). *Women and film: Both sides of the camera*. Routledge.

Koruyucu, A. A. (2019). Freudyen ve Jungiye yaklaşımrla anne olgusu [The phenomenon of the motherhood with Freudian and Jungian approaches]. *Atatürk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 23(1), 133–143.

Marks, L. U. (2000). *The skin of the film: Intercultural cinema, embodiment, and the senses*. Duke University Press.

Mulvey, L. (1975). Visual pleasure and narrative cinema. *Screen*, 16(3), 6–18. <https://doi.org/10.1093/screen/16.3.6>

Rich, A. (1974). *Of woman born: Motherhood as experience and institution*. W. W. Norton & Company.

Rose, N. (1999). *Powers of freedom: Reframing political thought*. Cambridge University Press.

Salkaya, A. D. (2023). Haptik görsellik ve çok duyulu film deneyimi: Beden ve ruh [Haptic visuality and multisensory film experience: Body and soul]. *Filmvisio*, 1, 1–19. <https://doi.org/10.26650/Filmvisio.2023.0001>

Spry, T. (2001). Performing autoethnography: An embodied methodological praxis. *Qualitative Inquiry*, 7(6), 706–732. <https://doi.org/10.1177/107780040100700605>

Taylor, B. (Director). (2024). *Joy* [Film]. Wildgaze; Pathé; Netflix.

Thompson, C. (2005). *Making parents: The ontological choreography of reproductive technologies*. MIT Press.

Tokdemir, K. (2022). Cinsiyetçi ikiyüzlülük bağlamında annelik kimliği ve gönüllülük meselesi [Motherhood identity and the issue of voluntariness in the context of sexist hypocrisy]. *FE Dergi: Feminist Eleştiri*, 14(2), 474–483. <https://doi.org/10.46669/feder.1081894>

Wendell, S. (1996). *The rejected body: Feminist philosophical reflections on disability*. Routledge.

ENDNOTES:

¹ This text reflects the ethical and privacy concerns of field diary-based autoethnographic writing, where experiences are true to their essence but include conscious self-censorship. I have quoted verbatim in line with the same idea I used in my thesis.