Petra Bialkó-Marol – Réka Benczes

Shared Wounds, Shared Words: The Role of Metaphor in Building Online Group Narratives of Infertility

Abstract

In this study, the authors investigate how metaphor use in online infertility forums can influence personal disclosure and the group's illness identity. Infertility is a growing public health concern in Hungary, where, according to the latest statistics, the reproduction rate has plummeted to an all-time low. This, in turn, elevates the role of online forums as unique spaces that provide anonymity, community support, and an opportunity to renegotiate and normalise one's identity within the context of illness. However, little is known about how a specific linguistic feature – namely metaphor – can impact user engagement and emotional openness in these online spaces. The findings reveal that forums with metaphor-rich opening posts prompt greater subsequent metaphor use and personal sharing among participants, fostering greater openness. The metaphors used in the analysed forums helped create a shared narrative that can enhance trust and emotional expression within the community, suggesting that metaphors, beyond their meaning-making function, also serve as a cohesive force in online forums.

Keywords: infertility metaphors, peer-to-peer online forums, collective narrative, infertility discourse, metaphor density, metaphor distribution

Introduction

"A woman is willing to do anything for two things: to have a child, and not to have a child." This well-known saying exemplifies the strong emotional and social significance attached to decisions and experiences related to reproduction. Although there is considerable public discourse on how to avoid having children, the conversation tends to get quieter regarding how to *have* children, especially when problems arise.

Infertility can be defined as the inability to conceive, or in other words, not being able to achieve a clinical pregnancy after one year of regular unprotected intercourse (Zegers-Hochschild et al. 2009). It can come unexpectedly, and the diagnosis itself can have such a devastating impact on an individual's mental state that it can be likened to a chronic illness or even grief (Leiblum–Greenfield 1997). According to the World Health Organization (WHO), one in six people is affected by infertility (WHO 2024). In Hungary, infertility

is becoming an increasingly pressing public health concern, due to very low birth rates and an ageing population,[1] thus prompting government support for childbearing. While starting a family features prominently in both the public and political discourse (Szabó–Sipos 2022), infertility itself remains largely unaddressed.

Couples facing infertility often experience intense emotional distress (Greil et al. 2011), not only because of their unmet desire for a child but also due to the significant social pressure surrounding them. They may feel they are falling short of expectations – those of their families, partners, and even their own. As Greil et al. (2011) argue, in cultures where a childfree lifestyle is socially accepted, women often experience infertility as a "secret stigma." In those societies, however, where the idea of being childfree is not recognised, infertility is even more difficult to conceal. It tends to carry even greater stigma, especially in countries where expectations around parenthood are firm. The taboo surrounding infertility and the dominant cultural view that sexual and reproductive health is a private matter often make it difficult for people to discuss infertility in socially acceptable ways (MacGeorge–Wilkum 2012). If discussing infertility is difficult in traditional social settings, where else can people turn to share their stories and find support? In this study, we focus on exactly this question: the role of online forums as spaces where individuals affected by infertility can find peer support and shared understanding. For many, these online communities offer a sense of community belonging and social support; what is more, online forums also allow for anonymity when discussing very personal and intimate experiences that might otherwise be difficult to share in person (Malik–Coulson 2010; O'Connell et al. 2021). Yet, online peer support groups about infertility can also foster misinformation and negative collective emotions (Lin–Shorey 2023), further perpetuating the hardships of coming to terms with infertility. Given that online discussions can thus also "go wrong," our central question is the following: What features of online posts concerning infertility promote personal disclosure?

The structure of the paper is as follows: in the next section we clarify what is meant by metaphors and we examine their role in articulating the lived experience of illness. We then investigate the unique features and relevance of online forums as spaces for illness-related discourse, which is followed by a description of the methodology we used for analysing the forum discussions and identifying the metaphors. We present and discuss the findings from the selected forum material and finally offer a couple of concluding reflections.

[1] According to the latest statistics, Hungary's population has plummeted to an all-time low, with a reproduction rate of 1.28 children per woman (KSH 2025).

Metaphors and Meaning-Making in the Experience of Illness

The concepts of health and illness are primarily shaped by social and cultural factors (Davison et al. 2000), and their meanings can be understood through the analysis of the metaphorical language that we use to talk about them (Benczes–Burridge 2018). Conceptual Metaphor Theory was originally introduced by Lakoff and Johnson (1980), who argued that metaphor is not merely a rhetorical ornament but a fundamental cognitive process through which we make sense of the world (Lakoff–Johnson 1980). Metaphors serve as tools that help us understand one domain of experience in terms of another through a "[…] systematic set of correspondences between two domains of experience" (Kövecses 2017: 14).

In the context of health, conceptual metaphors play a central role in how individuals make sense of illness, offering insight into underlying knowledge structures such as schemas, mental models, and lay theories (Demjén–Semino 2017; Sopory 2005). Both patients and healthcare professionals use metaphors when discussing illness, as shown by studies that have explored this phenomenon from various perspectives. For example, researchers have compared the use of VIOLENCE and JOURNEY metaphors in online texts written by people living with cancer and their use by health professionals (Semino et al. 2017), examined metaphor use in Spanish-language blogs of individuals with severe mental illnesses alongside those of mental health professionals (Coll-Florit et al. 2021), and analysed a large corpus of texts from patients, family carers, and professionals to explore the varied use of VIOLENCE metaphors in the context of cancer and end-of-life care (Demmen et al. 2015). Lipowski (1970) identified different ways people interpret illness, such as a challenge, enemy, or punishment, and argued that these meanings shape coping strategies that can impact recovery (Hendricks et al. 2018). Similarly, Gibbs (2023) argues that metaphorical descriptions of the body and illness reveal how individuals uniquely understand and experience their conditions and recovery; therefore, listening to patients' own metaphors helps therapists better grasp patients' perspectives and respond to their needs.

Based on these insights, metaphor analysis might offer a meaningful way to explore how women experience and understand infertility. Online forums where this topic is discussed can serve as a rich resource for observing how women use metaphorical language to express their emotions and challenges, how they collectively make sense of infertility, and how metaphors can support mutual understanding and connections between forum users. This is supported by the fact that fertility patients often turn to peer mentoring and support through

these online platforms to fulfil their needs for shared experience and guidance throughout the treatment process (O'Connell et al. 2021). Consequently, these forums facilitate the exchange of valuable knowledge grounded in real-life experiences (Lin-Shorey 2023) and provide mutual emotional and social support, which can be empowering not only on a personal level but also in practical, social, and collective terms (Kingod et al. 2017).

Narrating Illness Together: The Role of Online Forums

Davison et al. (2000), in their study of illness support groups, draw on Festinger's (1954) social comparison theory to explain why individuals often turn to others during times of illness. According to this theory, people have a basic need to evaluate their thoughts, feelings, and behaviours, especially in moments of uncertainty or distress (McCarthy–Morina 2020). People naturally compare themselves to others in healthcare situations. When facing a health challenge, they look to others not just for information, but also for guidance on how they should be thinking or feeling about their situation. This drive to compare oneself with others becomes a way to reduce anxiety and feel more grounded. In this way, these communities become more than just information hubs; they function as emotional anchors where users make sense of their experiences in dialogue with others who truly understand.

Yet, when confronted with an illness, why do people turn to complete strangers in the online space, rather than searching for in-person sources of support? When facing health challenges, individuals often seek more than just clinical facts; they also look for understanding, empathy, and the reassurance that comes from connecting with others who share similar experiences, which online communities can uniquely provide (Coulson 2019; Kingod et al. 2017; Naslund et al. 2016). Web 2.0 represents a major shift in the creation and consumption of online content; Szűts (2012) argues that this transformation is not merely technological but also rooted in communication, media, and art theories. With the rise of Web 2.0, peer-to-peer forums have gained global popularity, particularly among individuals with chronic illnesses, offering socially acceptable spaces where users can openly discuss their health concerns without the fear of burdening those around them (Kingod et al. 2017). Online forum communities function in many ways like real-life social groups, whose characteristics have been examined, for example, in the context of cancer support groups (Allison et al. 2021), long COVID (Day 2022), chronic illness (Lehardy–Fowers 2020), substance addiction (Rettie et al. 2021), eating disorder (Waller et al. 2021) or mental illness (Smit et al.

2023). While there are many similarities between real-life and online support groups, a key difference stands out: anonymity.

At the heart of choosing these online forums is the anonymity they provide, which allows individuals to share sensitive health experiences without fear of judgment (Hanna–Gough 2016). In this context, anonymity refers to the freedom to interact under a chosen nickname, keeping one's real identity hidden (Hirvonen 2022). Such features become especially important when the medical diagnosis, such as infertility, discourages self-disclosure due to the taboo nature of the condition and heightened concerns about privacy (Lee 2017; Zou et al. 2024). When it comes to stigmatised illnesses, forums can play a role in reducing or even challenging stigma by offering a space where users can connect with others in similar situations and openly discuss their concerns (Moore et al. 2020; Tseng et al. 2022).

Besides offering anonymity, these platforms also serve as a coping strategy, enabling users to connect and interact with others navigating similar circumstances (Hanley et al. 2019; Smith-Merry et al. 2019; Steiner–Farmer 2024; Wang et al. 2021). Building on this idea, this way of coping can be seen as a form of self-help, based on the belief that people facing similar challenges can support each other by coming together and drawing strength from the shared understanding that comes through their collective experience (Davison 2000; Tseng et al. 2022). Joining these groups can strengthen a sense of shared identity, and as people connect with others dealing with comparable issues, they often adopt common ways of thinking and acting around health (Harwood–Sparks 2003; McNamara–Parsons 2016; Upshaw 2019). Internet-based conversations of this nature tend to form intricate networks, structured around patterns of interaction and group dynamics (Laczkó 2021). Through the sharing of "autobiographical" stories – rooted in their personal experiences with illness, the healthcare system, treatments, and daily challenges, users engage in a form of collaborative identity work (Kingod et al. 2017). While a group identity is being formed, these forums also offer individuals the opportunity to rethink and reshape their personal identity. These personal narratives, while contributing to a broader group narrative shaped by shared difficulties and mutual understanding, also serve as tools for self-reflection and emotional support (Davison et al. 2000; Wang et al. 2021). In this way, online forums provide a unique space not only for social belonging but also for renegotiating and normalising one's individual identity within the context of illness (Kingod et al. 2017).

While some members of online forum communities actively contribute by sharing their personal experiences, others remain silent observers who

never comment, commonly referred to as "lurkers" (Badreddine–Blount 2021). What these individuals have in common is a drive for information-seeking and the validation of their personal experiences (Josefsson 2005; O'Connell et al., 2021). Information-seeking is another key coping strategy for patients, as it helps them gain a better understanding of their condition (Mason et al., 2020; Petersen et al., 2021). They seek practical advice on how to manage their daily lives and deal with their illness. Online peer-to-peer support offers several advantages over traditional offline support, such as the ability to exchange information instantly, unhindered access at any time, interaction at a comfortable pace, and asynchronous engagement, allowing participants to contribute without the need for real-time interaction (Lin-Shorey 2023; Steiner–Farmer 2024). These forums also overcome the limitations of location, connecting people from different geographical areas, including those they might not encounter in their everyday lives (Smith-Merry et al. 2019; Steiner–Farmer,2024). This flexibility allows patients to access experience-based insights that they may not easily find on general medical websites (Josefsson 2005; Tseng et al. 2022). What makes these online communities further distinctive is the combination of both lay and professional knowledge. The internet enables those seeking health information not only to learn from others but also to contribute their own insights, making them active producers of medical knowledge (Campbell 2021; Rueger et al. 2021), often referred to as "patient knowledge" (Dumez–L'Espérance 2024; Pols 2014).

In sum, when facing illness, individuals often turn to online communities not just for information, but for connection. In the case of infertility, which is a condition that is often surrounded by silence and stigma, anonymous online forums offer a safe space for sharing experiences that may otherwise remain unspoken. While metaphors play a key role in meaning-making, can they also serve as a cohesive force that brings the community together?

This study explores which metaphors forum members use to describe and interpret infertility, what kind of reality these metaphors depict, and how shared, repeated metaphors shape the ways users relate to each other and exchange personal experiences on infertility forums. We expect that a metaphor-rich opening article will result in higher metaphor density and higher metaphor distribution in the subsequent forum discussion, thus contributing to increased group coherence and sharing of personal experiences.

Methodology
Data Collection

To address the research question, it was essential to identify Hungarian online forums where the topic of infertility is openly discussed. The website Hoxa.hu, which specifically targets a female audience, hosts several such forums. Hoxa.hu's forum interface allows users to filter discussions by topic. The corpus for this study was compiled using the site's internal search engine by typing in the Hungarian term for infertility (*meddőség*). From the filtered results, we filtered down those forums that began with a confessional forum starter article (n=6). These initial posts serve the same function as any other forum entry, but are typically longer and more narrative in style, often detailing the poster personal story. Some forum starters use rich metaphorical language, while others do not resort much to explicit metaphorical language. Other registered users then respond to these starter articles with comments, creating a chain of interaction. We then searched for two forums that contained a similar number of posts and a similar number of contributors, but essentially they differed in the metaphoricity of their opening article (i.e., there were explicit metaphors about the infertility experience versus there were no explicit metaphors about the infertility experience), to allow for a meaningful comparison. This distinction was particularly important from a research perspective, as the presence or absence of explicit metaphors about the infertility experience in the opening article could influence how subsequent contributors engaged with the discussion. If the initial post contained explicit metaphors about infertility, other users could potentially adopt these to build and shape their own illness narratives. In contrast, if the opening article did not contain metaphors about the infertility experience, then there were no established figurative frames for participants to draw upon in their own contributions. This contrast allowed us to explore whether the metaphoricity of the initial post had an observable effect on the quantity of metaphors used in later contributions, and whether it influenced the level of emotional openness in the overall discussion.

In the end, we managed to find two forums that fulfilled all these conditions. Forum 1's starter article contained several conceptual metaphors that conveyed deep emotional and physical struggles related to infertility, such as INFERTILE FEMALE BODY IS A STUMP, manifested explicitly in the following example sentence: "I felt/feel like a piece of stump."[2] Meanwhile,

[2] Although recent psycholinguistic evidence suggests that simile and metaphor is processed differently (see Roncaro et al. 2021), both are neveretheless conceptually similar in the

the opening article of Forum 2, despite its title "Infertility?", set a non-tragic, conversational tone. It began with a retrospective narrative, recounting a seven-year relationship that led to marriage, followed by the couple's relaxed and hopeful approach to conception. Despite the emotionally rich and detailed personal narrative presented in Forum 2's opening article, no explicit metaphors were used in the text itself concerning infertility.[3] Despite meeting our selection criteria, Forum 1 and Forum 2 were, however, rather different with respect to their length (see *Table 1*). This aspect in itself is noteworthy, which we will return to later on in the paper.

The comments of the two forums were collected into separate Word documents and later analysed using NVivo 14 software. To further protect participants' privacy, nicknames were not included in the analysis; instead, each user was assigned a numerical code. This approach maintained anonymity while allowing for the tracking of metaphor use by individual contributors. The software's coding stripes made it possible to observe how specific metaphors were repeated, how they evolved, or faded away across comments and users.

Table 1. Major Attributes of the Analysed Forums

	Forum 1	**Forum 2**
First Activity	02. 09. 2012	01. 08. 2011
Last Activity	26. 09. 2018	18. 03. 2015
Number of Posts	92	70
Number of Contributors	57	53
Forum's Length	8,210 words	2,231 words

Method of Analysis

To identify metaphorical expressions about infertility used by forum participants, we employed the Metaphor Identification Procedure (MIP), developed by the Pragglejaz Group (2007). First, all comments from the two selected forums were thoroughly read to gain a full understanding. Next, each comment was broken down into individual lexical units, and their meanings were analysed within context. The basic, more general meanings of these units were determined using the online version of *Magyar Értelmező*

sense that similes also make language users aware that the source domain is operating as a different domain of reference. See Benczes et al. (2024: 8) for further details.

[3] The text of the opening posts of Forum 1 and Forum 2 can be found in the Appendix.

Kéziszótár (The Explanatory Dictionary of the Hungarian Language 2021). When a unit's contextual meaning differed from, but was related to, its basic meaning, it was identified as metaphorical. In addition to applying the MIP, the principles of Metaphor-led Discourse Analysis (MDA) were also employed. MDA offers a particularly valuable lens for exploring forum interactions, as it foregrounds the temporal and interactive nature of metaphor use in discourse. Rooted in complexity and dynamic systems theories (Cameron et al. 2009), this approach treats metaphors not as static conceptual mappings but as emergent, evolving connections within social and cognitive systems (Cameron–Deignan 2006; Gibbs–Cameron 2008). This theoretical flexibility makes MDA especially well-suited for analysing discourse in social science contexts where interaction, adaptation, and meaning-making unfold dynamically over time.

While MIP provided a structured and reliable tool for the systematic identification of metaphorical expressions, it did not account for the broader discursive patterns or the interpersonal work metaphors perform in a conversation. MDA complemented this by enabling the tracing of framing metaphors and observing how participants adopted metaphorical framings introduced by others. Through this, it was possible to better understand not only what metaphors appeared in the forums, but also how they shaped the conversation. Eventually, we identified 68 metaphorical linguistic expressions representing 13 conceptual metaphors in Forum 1 and 14 metaphorical linguistic expressions representing 4 conceptual metaphors in Forum 2 (see *Table 2*).

Methodological Approach to Metaphor Coding and Metrics

Both the metaphorical linguistic expressions and the identified source domains were coded in NVivo 14. This allowed for a systematic categorisation of metaphor types, while also making it possible to track how certain source domains were activated and reused across the forum conversation. By organizing the data in this way, it became possible to observe not only the frequency of specific metaphor types but also their contextual function and interaction within the discourse. To better illustrate these patterns, the coded data were transferred into a vertical scatter plot chart, informed by NVivo 14's coding stripes. This method of representation offers a vastly different picture as compared to a simple frequency count, as it is able to illustrate how metaphor use appears, recurs, and fades throughout the posts. In this way, the charts serve as a visual imprint of the forum conversation's progression, which we will discuss in the next section.

To address the central research question of this study, we relied on three key concepts: *frequency*, *density*, and *distribution*. The notion of *frequency* refers to a metric that, in the context of this study, indicates the number of metaphorical linguistic expressions and conceptual metaphors relative to the overall length of the forum texts, measured in word count. Specifically, we calculated the ratio of metaphorical linguistic expressions to the total number of words, and likewise, the ratio of conceptual metaphors to the total number of words. This allowed us to determine how many instances of each occur per word, offering a normalized measure of metaphor use across the corpus. In Forum 1, the frequency of metaphorical linguistic expressions, calculated based on the total word count, is 121, meaning that one metaphorical linguistic expression occurs approximately every 121 words, while in Forum 2, the corresponding value is 159, indicating that one metaphorical linguistic expression occurs approximately every 159 words. Meanwhile, the *frequency* of conceptual metaphors in Forum 1 is 632, meaning that one conceptual metaphor occurs approximately every 632 words, whereas in Forum 2 it is 558, meaning that one conceptual metaphor occurs approximately every 558 words (see *Table 2*).

Table 2. The Frequency of Metaphorical Linguistic Expressions and Conceptual Metaphors in the Analysed Forums

	Forum 1	**Forum 2**
Number of Metaphorical Linguistic Expressions	68	14
Number of Conceptual Metaphors	13	4
Frequency of Metaphorical Linguistic Expressions	121	159
Frequency Conceptual Metaphors	632	558

Based on these results, it is not possible to determine definitively which forum is metaphorically more prominent. In fact, if we rely solely on the frequency of conceptual metaphors, one might even argue that Forum 2 is more impactful in this regard, as conceptual metaphors appear more frequently there (i.e., one every 558 words, compared to one every 632 words in Forum 1). However, if we look at the number of *posts* in the forums and divide this by the number of metaphorical linguistic expressions on the one hand and the number of conceptual metaphors on the other hand, a very different picture emerges, highlighting the differences between the two forums more clearly. For this reason, we introduced two additional measures: *metaphor density* and *metaphor distribution*. Metaphor density refers to the average number

of posts per metaphorical linguistic expression, while metaphor distribution refers to the average number of posts per conceptual metaphor. We turn to the discussion of the results in the next section.

Results and Discussion
Metaphor Density and Metaphor Distribution

Both selected forums began with a so-called "confessional" opening article, inviting responses from other users. The opening post of Forum 1 received 91 comments, while Forum 2's opening post received 69 responses (see *Table 1*). Both forums are still open for commenting.

The metaphor density in Forum 1 is 1.4, meaning that there is one metaphorical linguistic expression occurring every 1.4 posts, while in Forum 2 the density value is 5, indicating one metaphorical linguistic expression every 5 posts. As for metaphor distribution, this value is 7 in Forum 1, meaning that there is one conceptual metaphor every 7 posts, whereas in Forum 2, the distribution value is 18, indicating one conceptual metaphor every 18 posts. Therefore, these two indicators highlight the difference between the two forums in terms of their metaphorical richness and usage patterns, indicating that Forum 1 has both higher metaphorical density and distribution than Forum 2.

It is essential to highlight that although the two forums are similar in the number of posts and contributors, the length of their content differs significantly. Forum 1 has 8,210 words, while Forum 2 contains 2,231 (see *Table 1*). This means that posts and discussions in Forum 1 resulted in longer contributions from commenters, whereas those in Forum 2 were shorter. This difference was also reflected in the use of metaphors. Metaphor usage was more prominent in Forum 1 than Forum 2, based on our calculations of the density and distribution indicators, which corresponded with a more detailed exploration of personal stories.

The vertical plot chart in *Figure 1* visualises the distribution and recurrence of metaphorical source domains across Forum 1's comments and the initial forum-starter article. Each conceptual metaphor is represented along the horizontal axis (e.g., FIGHT, JOURNEY, CALVARY, etc.), while the vertical axis indicates the post number, tracing the metaphor's appearance over time. The size of each data point signifies frequency – larger points indicate metaphors that occurred repeatedly in the same post.

Several metaphors, such as INFERTILITY IS A FIGHT, INFERTILITY IS A JOURNEY, and CONCEPTION IS A MIRACLE, display broad temporal distribution,

appearing in both early and later posts. This suggests they function as dominant or anchoring metaphors that structure ongoing discussions and are frequently picked up or echoed by multiple participants. For example, the FIGHT and JOURNEY metaphors show large data points dispersed across the timeline, indicating both recurrence and uptake by several users, characteristic features of framing metaphors in MDA. The CALVARY and ANGEL metaphors seem to appear intermittently and fade toward the later parts of the conversation. The religious and moral undertones of these metaphors (CALVARY evoking suffering and redemption, ANGEL suggesting purity or transcendence) might

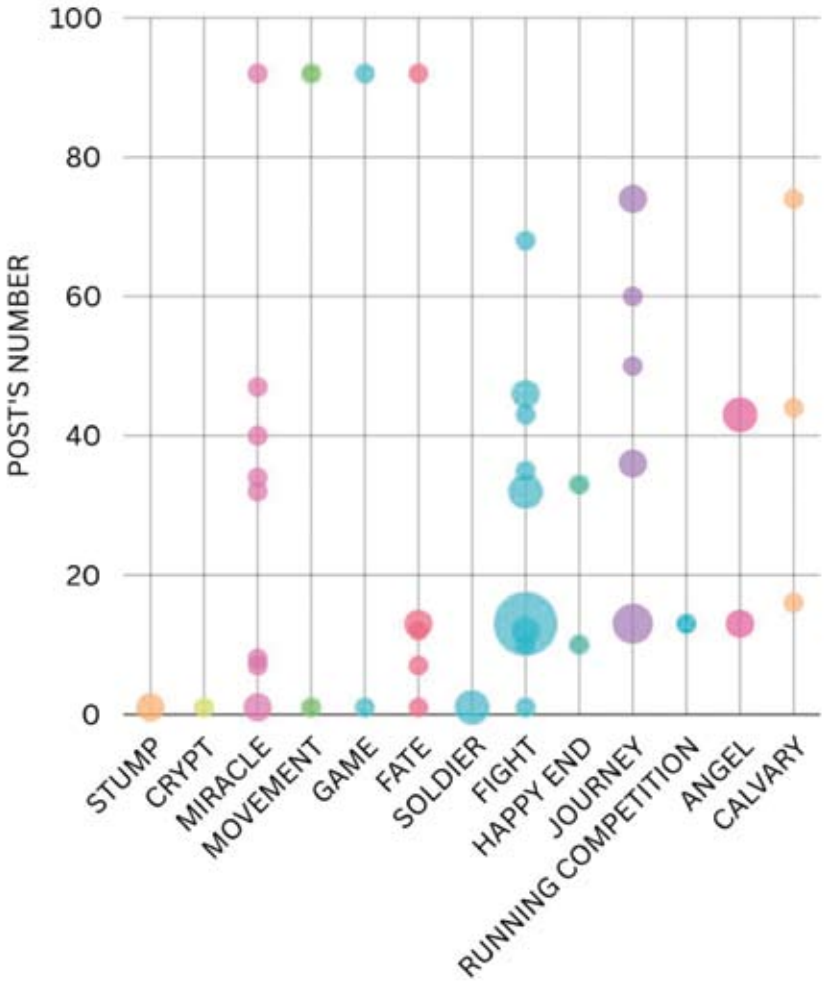

Figure 1. Temporal Distribution of Source Domains in Forum 1.

offer emotional resonance but are perhaps less interactionally flexible than the FIGHT or JOURNEY metaphors. Their disappearance may also reflect a shift in tone over time, from initial emotional framing to more pragmatic or solidarity-driven discourse. The visualization also hints at co-occurrence: certain metaphors, such as FIGHT, and JOURNEY tend to appear in proximity within the same or sequential posts. This points to metaphor clusters – multiple metaphors reinforcing each other's framing, possibly shaping a collective emotional or interpretive stance toward infertility. Another point worth mentioning is that two metaphors found in Forum 1's opening article, INFERTILE FEMALE BODY IS A STUMP and INFERTILE FEMALE BODY IS A CRYPT, did not reappear in any of the subsequent comments. The STUMP metaphor objectifies the female body, evoking an image of lost vitality, while the CRYPT metaphor associates infertility with death and silence. Their absence in later contributions may be due to their highly personal, emotionally intense, and potentially unsettling nature. This observation aligns with Turner and Littlemore's (2023) discussion of creative metaphors, which often emerge in personal narratives to express deeply subjective experiences, particularly when individuals seek to convey their emotions. In this case, the metaphors in question may have served a unique expressive function for the original poster, but were not taken up by others, possibly because they did not resonate as shared expressions of experience or were too emotionally charged to invite further use.

In contrast to Forum 1, Forum 2's discussion displayed a noticeably lower distribution of metaphor use and less narrative intimacy. As *Figure 2* indicates, the dominant conceptual metaphors identified in the comments were CONCEPTION IS A MIRACLE and INFERTILITY IS A JOURNEY. While these metaphors were present, the distribution of conceptual metaphors was more limited compared to the richer metaphorical landscape of Forum 1. Notably, the conversational tone in this forum appeared more restrained; fewer personal, emotionally detailed stories were shared by participants. The absence of metaphorical framing in the opening post might have shaped the interactional norms of the discussion, reducing emotional engagement and metaphorical elaboration. This supports the idea that forum-starter narratives play a critical role in cueing metaphorical and affective dimensions of discourse, influencing not only what is said but *how* participants express and frame their experiences.

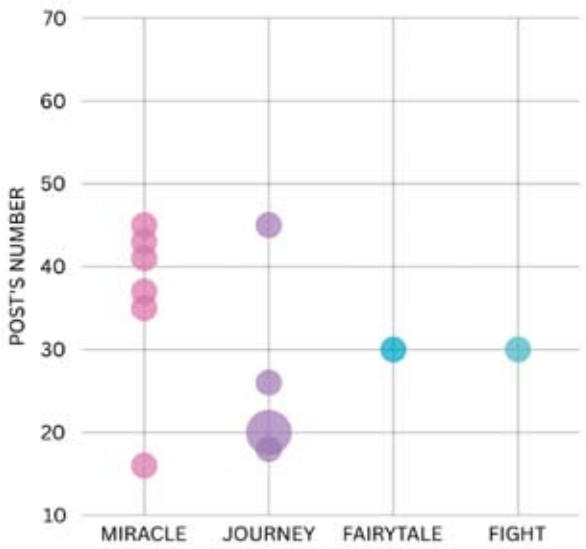

Figure 2. Temporal Distribution of Source Domains in Forum 2.

Discussion of Metaphor Types

Turning to an overview of the most prominent metaphors in the forums, it is intriguing to examine what kind of reality these metaphors portray. The INFERTILITY IS A FIGHT metaphor (Examples 1-2) is based on the source domain of WAR, reflecting the struggle individuals feel they must endure while facing infertility. It evokes imagery of conflict, highlighting the emotional and physical toll of the experience.

(1) "My husband has been a great source of emotional support for me, and he still is to this day. With his love and support, we face the difficult moments of everyday life together, truly **fighting side by side in our fights for** a child."– Forum 1
(2) "I know how hard and superhuman this **fight** is, this **battle** for the long-awaited CHILD." – Forum 1

The SPERM IS A SOLDIER metaphor (Examples 3-4), which appeared in the opening article, portrays the sperm as active, determined, and purposeful entities engaged in a mission or battle. This framing emphasizes the struggle,

competition, and effort associated with conception, attributing a sense of agency and urgency to the process.

(3) "They also started examining the father, and it turned out there are **soldiers**, they **move** well, but there aren't many of them." – Forum 1
(4) "They didn't do another ultrasound. I was a bit surprised by this, that there's no ultrasound, just pushing the **soldiers** into me, 'and that's it'?" – Forum 1

The WAR metaphor, in the context of cancer, is considered an overused metaphor. Its perception in the literature is predominantly negative (Guité-Verret–Vachon 2021). For cancer patients, the metaphor frames the illness as a battle and the patient as a warrior. If the patient's health worsens or they cannot meet the societal expectation to fight hard enough, they may feel judged, inadequate, or even blamed for the progression of their illness. This dynamic evokes stigma by suggesting failure is due to a lack of effort or willpower, rather than the uncontrollable nature of the disease. Similarly, when the WAR metaphor is applied to infertility, it can stigmatise women who are unable to conceive despite undergoing treatments or making significant efforts. This expectation can be internalized, leading to self-blame, feelings of inadequacy, and the perception of infertility as a personal failing. Furthermore, this metaphor often ignores the complex and uncontrollable biological, medical, and social factors that influence infertility, oversimplifying the experience and reducing it to a question of effort.

The INFERTILITY IS A JOURNEY metaphor (Examples 5-6) frames the experience of infertility as a long, often unpredictable path filled with challenges, decisions, and emotional milestones. This metaphor highlights the process-oriented nature of infertility, bringing to the surface its complexities and the different stages one goes through.

(5) "But what could someone who is already a mother, who has children, and has not **walked this path**, truly understand of our feelings?" – Forum 1
(6) "You could have written my story as well, although we never **got as far as** insemination or IVF. I **got stuck at the point** where I believed I had PCOS." – Forum 2

The INFERTILITY IS A CALVARY metaphor (Examples 7-8) likens the experience of infertility to a journey of immense suffering and sacrifice. In Christian

tradition, Calvary refers to the hill where Jesus was crucified, symbolizing ultimate suffering and the willingness to endure for a greater cause. When applied to infertility, this metaphor conveys the emotional, physical, and psychological hardships that individuals endure as they navigate the challenges of trying to conceive.

(7) "I wanted a baby, and the **Calvary** began, from one gynaecologist to another, Clostyl, Metformin, all kinds of stimulants." – Forum 1
(8) "I was 22 when I saw that it wasn't happening on its own, so my husband and I started the **Calvary**, but without it, my son and daughter wouldn't have been born!" – Forum 2

Metaphors linked to religious beliefs can be explained by findings from Koenig et al. (2001), which show that religious commitment is positively correlated with better adaptation to illness and stress reduction. Religious beliefs and practices can alleviate feelings of loss of control and helplessness associated with physical illness, and they provide a cognitive framework that can lessen suffering and enhance an individual's sense of purpose and meaning when other sources of self-esteem are lost (Koenig et al. 2001). The religious motif also appears in the EMBRYO IS AN ANGEL metaphor (Example 9), which suggests that the embryo is perceived with great reverence, as a symbol of hope, purity, and potential. This metaphor may be used in the context of infertility to express the deep desire for a child and the emotional significance attached to conception, viewing the embryo as a precious and almost divine being. It reflects the intense emotional connection that individuals or couples have with the idea of starting a family, where the embryo is seen as a miraculous or blessed being. This can be part of the broader narrative of the miracle of conception, where even the smallest possibility of pregnancy is cherished and revered as a profound event.

(9) "But deep in my heart, I already felt that our little **angel sacrificed herself** for the survival of the chances! (...) It hurts endlessly that I lost it, but I understood that this is what **she wanted**!! And next time she has a better chance of going out into the world." – Forum 1

The CONCEPTION IS A MIRACLE metaphor (10-11) conveys that achieving pregnancy is seen as an extraordinary, almost supernatural event, something rare, precious, and beyond full human control. However, in Example (11), the JOURNEY metaphor emphasizes taking control, highlighting the shift from passivity to active management of one's situation.

(10) The **miracle** can happen to anyone; you just have to believe in it and not stress too much about things. – Forum 2
(11) We've also been trying for a year! The doctors suspected I have PCOS too, but none gave me a more precise diagnosis... I've been putting off changing my lifestyle for a long time, and I've tried all kinds of things, but reading what you wrote made me realize I need to **take a step** and not just wait for a **miracle**... I'm going to get started now..." – Forum 2

In the context of infertility discussions, the personification of FATE (Examples 12-14) is often used to attribute control or blame for infertility to an external force, such as destiny or chance. This metaphorical device allows individuals to externalize the complex emotions and frustrations associated with infertility, especially when they feel helpless or out of control. It helps convey a sense of surrender or acceptance, as if one is at the mercy of a higher power or fate.

(12) "I keep thinking more and more, why is this happening to me, maybe **Fate wants** me not to have a child..." – Forum 1
(13) "**Fate has a purpose** for this." – Forum 1
(14) "This is just how **fate brought** it about." – Forum 1

As we are increasingly capable of enhancing or inhibiting fertility, individuals are more likely to be seen as responsible for their situation. According to Sandelowski (1986), there has been a shift in responsibility from God or fate to people, and couples struggling with infertility may feel greater guilt than before. However, by personifying FATE, women are able to place this responsibility back on fate or on an external force, indicating a shift in control.

Conclusion

This paper analysed two peer-to-peer online forums on infertility, which differed in the metaphoricity of the conversation starter post. A clear pattern emerged based on a metaphor-based analysis of the subsequent metaphorical language appearing in the forum discussions. When the initial post included multiple metaphors related to infertility, users were more likely to share their own personal experiences. They tended to use more metaphors themselves when writing about their illness experiences, in the form of higher metaphor

density and distribution. This reiteration of metaphorical language usage might have contributed to fostering a stronger connection among users, enabling them to better relate to each other. Based on the results of the study, we believe that metaphors function not only as devices of meaning-making but can also act as a cohesive force, contributing to the shaping of a group narrative (in the form of more prominent metaphorical language use).

In the case of Forum 1, the metaphors helped facilitate emotional openness and a greater willingness to disclose personal stories within the forum context. This finding is further supported by Kaufman and Whitehead's (2018) concept of reciprocal displays of empathy, developed in their study on how individuals with depression draw on shared experiences as a resource for generating support. Their analysis demonstrates that forum participants consistently relied on commonly shared experiences and emotions to express empathy, enabling them to move fluidly between the roles of support-seeker and support-provider, often both offering and receiving empathy within the same interaction. This emphasis on mutual recognition and shared emotional ground is echoed in Kingod et al.'s (2017) study, which suggests that people living with chronic illness often regain a sense of normalcy by mirroring each other's illness narratives.

This kind of mirroring at the semantic level can be seen as closely related to repetition, not only in terms of surface-level language use, but in its deeper function of reinforcing shared meanings. As Tannen (1987) observes, "Repetition functions in production, comprehension, connection, and interaction. The congruence of these levels provides a fourth, overarching function in *coherence*, which builds on and creates interpersonal involvement. [...] Repetition is a resource by which speakers create a discourse, a relationship, and a world" (Tannen 1987: 574, emphasis as in original). In the present study, such mirroring manifested through the repeated use of metaphors introduced by other users in the forum, reinforcing a sense of shared understanding and emotional resonance.

This insight could have practical implications for healthcare communication. Since patients already rely on certain metaphors to make sense of their condition, their conscious use in healthcare settings might help to promote trust-building and greater openness, and might also encourage more information sharing, ultimately contributing to more empathic care. This approach is in line with patient-centred models of the doctor–patient relationship. One such model is the so-called "consumer model", in which the patient takes an active role as a decision-maker, and the course of therapy is shaped around their preferences and expectations (Kuna 2020). Encouraging

the use of metaphors that come from the patient's own way of thinking fits well with this approach, as it helps express how they themselves understand and experience their condition.

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Petra Bialkó-Marol
doctoral student
Corvinus University of Budapest
E-mail: petra.bialko@stud.uni-corvinus.hu
https://orcid.org/0009-0006-1291-2287

Réka Benczes
university professor
Corvinus University of Budapest
E-mail: reka.benczes@uni-corvinus.hu
https://orcid.org/0000-0002-3481-8279

Appendix

Forum 1	
HU	Arra vágyom, hogy akinek a világon a legjobban szeretek, szülhessek végre gyereket, aki olyan, mint Ő, mint én, aki kettőnkből lesz. Borzasztóan érzem magam lelkileg! Eddig magam hibáztattam! Mondván milyen ember vagyok, milyen NŐ vagyok, aki még gyereket sem bír szülni, nem tud megfoganni?! Egy darab tuskónak éreztem/érzem magam. „Testem sötét kripta Életnek nem hordozója, A fogamzás csodája Elkerüli méhem, Ezért oly bánatos, Szívem és lelkem!” Már fiatal korom óta tudom a betegségem, csak akkor még nem volt jelentősége. Akkor még nem tudtam, mit jelent az, hogy kicsit nehezebben lehet gyerekem! [...] éve jöttem össze a férjemmel, igaz, iskolába jártam még, de már akkor sem bántam volna, ha besikeredik a baba. Teltek az évek, nem jött, nem is menstruáltam, nem volt peteérésem. Két éve elkezdett foglalkoztatni a dolog, hogy akkor most miért nem sikerül. Ekkor kezdtem életem első munkahelyén (most is ugyanott dolgozom), akkor picit talonba tettem a dolgot. Eltelt fél év, egyre nagyobb vágyat éreztem a baba iránt. [...], ahol mindennapos a szülés, rengeteg kisbaba megfordult a kezemben. Kifigyeltem magamnak egy szimpatikus dokit, akinek később felvázoltam a betegségem, ő partner volt, még egyszer megvizsgált, UH, vérvétel. Újból igazolta a PCO-t. Kaptam [...], ami meghozta a vérzést, kaptam [...], amitől petesejt érik. Hát nekem nem érett. Ez ment 3-4 hónapig, mikor is meguntam a játékot és az asztalra csaptam, hogy engem műtsön meg! Ő is ezt látta okosabbnak, ezért tavaly augusztusban megcsinálták a petefészkeimet, grátiszba, ha már a műtőasztalon fekszek, megnézte, hogy átjárható vagyok-e és a méhem is megtükrözte, ezekkel minden rendben volt. Kaptam egy kis türelmi időt, de nem történt semmi, se menzesz, se peteérés, semmi. Ismét [...], ismét [...], UH figyelés, semmi.

	Egyszer pont úgy hozta a sors, hogy nem volt a dokim és egy másik nődoki csinálta meg az UH-t, hiába stimuláltak nem volt érett tüsző. Neki jutott eszébe, hogy mi lenne, ha átmennék az [...] egy kivizsgálásra. Tudtam az [...], szedtem rá a metet. Endos néni nem volt valami szimpi, nem akart újból kivizsgálni ez irányban, mondván bizonyított a PCO is és az inzulinrezisztencia is. De nem mindegy mennyi gyógyszert szedek 2-szer felet vagy 2-szer 1-et. Ő kért egy hormonális kivizsgálást, ami magas TSH-t igazolt, [...] kaptam rá. Ezzel most rendben van az eredmény. Újból nekiálltunk magam stimulálni, immár injekciókkal, erre reagáltam is, de nagyon hamar megnőtt tőle a tüsző, ciszta lett belőle. Gyorsan kaptam repesztő szurit, legyünk együtt, hátha... Hát nem. Közben apukát is elkezdték vizsgálgatni, kiderült, hogy vannak katonák is, jól mozognak, csak kevesen vannak. 25millió, de ennyivel még lehet gyereket csinálni, szedjen E vitamint. Szedte, plusz a nődokim írt fel egy havi [...] neki is és neki feszültünk egy újabb injekciós stimulálásnak, ami szintén sikertelenséggel végződött. Itt jött a vég. Elkeseredtem, padlóra kerültem. Mondtam a dokimnak, hogy ideje felsőbb körökbe menni a problémámmal. Ő is így gondolta! Így hívtam fel a [...], ahová hamar kaptunk időpontot. [...] mentünk először. Már a kész eredményeket vittük, mert utánaolvastam, hogy ott mit kérnek és előre megcsináltattam mindent. Az egy 21. napi vérvételem volt vissza, kérte a doki, hogy azt már ott csináltassam [...]. Megjött az eredmény és megszületett a döntés: inszemináció! Kaptam egy csomó receptet, első körben [...] Forintot hagytam a gyógyszertárban, nagy nehezen megbetegedtem és elkezdhettem a szurikat, meg a gyógyszereket.napon UH. Eredmény semmi. Nem volt megfelelő nagyságú tüsző. Ez volt keddi napon, kaptam még 5 ampulla szurit, amit elég drasztikusan kellett adni, aznap hármat, következő nap kettőt, este a repesztőt és pénteken inszemináció. Többet nem néztek ultrahangon. Kicsit ezen meglepődtem, hogy semmi UH, csak tolják belém a katonákat, „azt' annyi"? Mindegy – gondoltam, csak tudja a doki, hogy mit csinál. Reggel odaértünk, apuka kapta a poharat és ment. 10 perc és jött, majd elküldtek minket sétálni, másfél óra míg előkészítik. Apuka mondta, hogy bizony elég keveset produkált, lehet nem lesz elég. Eltelt az idő visszamentünk és pont meglátott minket a biológus és közölte, hogy abban egy szál spermium nincs. Hát ütő megállt bennem! De kaptunk még egy poharat és újból ment, illetve már mentem én is vele. Akkor kicsit többet sikeredett, de nagyon kevés volt, alig 8 millió, abból is csak 3-at tudtak kiszedni. Felfeküdtem az asztalra, felhelyezték

	felhelyezték a katonákat, fél óra fekvés és mehettem haza. Búcsúzóul a doki sok szexszel köszönt el, 2 hét múlva csináljak tesztet, bár kevés volt az „anyag", de ennyivel is csináltak már csodát! Életem leghosszabb két hete volt, otthon voltam táppénzen, feküdtem, de a lelkem mélyén éreztem, hogy nem sikerült. Eljött a teszt napja: negatív. Hívtam [...] időpontért spermavizsgálatra, hamar kaptunk is, újból rossz lett az eredmény. Pedig annyira bíztam benne, hogy az csak egy átmeneti állapot volt, biztos meleg van, de nem... Itt is csak 8 millió volt. Ezzel nem mehettünk újabb inszemre. A doki urológus véleményt kért. Elmentünk oda is. Szervileg minden rendben van, nem tudni, mi a probléma, menjünk adrológushoz. Elmentünk, tegnap volt a napja [...]. Ő is megvizsgálta, minden rendben van, de csináltassunk még egy spermavizsgálatot. Ez [...] lesz, [...] a papírokkal menjünk vissza. És kaptunk egy 3. beutalót genetikára. Újabb orvos, újabb vizsgálat. Belefáradtam!! Ma hívtam fel a kapott telefonszámot, [...] genetika. Felhívtam a meddőségi központot és megmondtam, hogy nekem elegem van az orvostól-orvosig menésből, én csak egy gyereket szeretnék! Időpontot akarok mihamarabb és [...] a 8 milliós állományunkkal lombikba akarok kezdeni. Kicsit akaratoskodott a néni, de [...] megkaptuk az időpontot. Engem nem érdekel... nem megyek több orvoshoz, még erre a genetikára elmegyünk és annyi! Szeretném kérni a lombikhoz a recepteket és elkezdeni. Sokan mondják, hogy mennyire fiatal vagyok, még ráérek. Oké fiatal vagyok, mert éppen most töltöttem a [...], ráérnék, de a betegségem nem lesz jobb! Ahogy idősödöm, úgy romlanak a dolgok, nem csak nálam, hanem a páromnál is. De folyamatosan azt hajtogatják, hogy ne görcsöljek, fiatalok vagyunk! De ezzel tele van a padlás, ha valaki gyereket szeretne, akkor nem ér rá! Nekem ez most kell, erre vágyom! Arra, hogy akit a világon a legjobban szeretek, annak szülhessek végre gyereket, aki olyan, mint Ő, mint én, aki kettőnkből lesz. Borzasztóan érzem magam lelkileg! Eddig magamat hibáztattam! Mondván milyen ember vagyok, milyen NŐ vagyok, aki még gyereket sem bír szülni, nem tud megfoganni?! Egy darab tuskónak éreztem/érzem magam. Csak cibálom a férjem ide-oda, őt kellemetlen helyzetbe hozom. Ezt az érzést! Őröl odabent. Onnan lett könnyebb mikor kiderült, hogy ő sincs rendben, már nem csak magam hibáztattam. Illetve őt sem, mert nem vagyunk hibásak, csak így hozta a sors! Nekünk ez jutott, de hiszem, hogy hozzánk is jön a gólya, mi is szülők leszünk! Remélem kibírja a kapcsolatuk. Addig is neveljük a [...] cicánkat ők segítenek át mindig a mélypontokon. Bocsánat, ha hosszú voltam, de ki kellett írnom magamból a fájdalmat! Még az ellenségemnek sem kívánom!

EN	I long for the one I love most in the world to finally give birth to a child like Him, like me, who will be the two of us. I feel terrible emotionally! I've been blaming myself so far! What kind of person am I, what kind of WOMAN am I, who can't even have a baby, can't conceive?! I felt/feel like a piece of stump. "My body is a dark crypt It is not the bearer of life, The miracle of conception Escapes my womb, That's why it's so sad, My heart and soul!" I've known about my illness since I was young, it just didn't matter then. I didn't know then what it meant that it was a little harder to have children! My husband and I got married [...] years ago, I was still at school, but I wouldn't have minded if I had a baby. Years went by, it didn't come, I didn't have my period, I didn't ovulate. Two years ago, I started to wonder why it wasn't happening now. Then I started my first job (I still work at the same place), and I was a little bit worried. Half a year went by and I felt a growing desire to have a baby. [...], where births are common, and I've had a lot of babies. I found myself a sympathetic doctor, to whom I later outlined my illness, he was a partner, examined me once more, did an UH, took my blood. He confirmed PCO again. I was given [...], which brought the bleeding, I was given [...], which makes eggs mature. Well, it's not ripe for me. This went on for 3-4 months, when I got tired of the game and slammed the table to have surgery on me! He also saw it as the smarter thing to do, so last August he did my ovaries, in grafts, once I was on the operating table, he checked to see if I was permeable and also did a scan of my uterus, these were all fine. I was given a little grace period but nothing happened, no periods, no ovulation, nothing. [...] again, [...] again, ultrasound monitoring, nothing. Once it happened that I didn't have my doctor and another gynecologist did the ultrasound, and even though I was stimulated, there was no mature follicle. She thought of what if I went to [...] for a check-up. I knew about my [...], I took the meth. The endos lady was not very sympathetic, she didn't want to re-examine me in this direction, saying that I had proven PCO and insulin resistance. But it doesn't matter how much medicine I take 2 times half or 2 times 1.

	He asked for a hormonal test, which confirmed high TSH, I was given Letrox. Now the results are fine. We started to stimulate myself again, now with injections, and I responded to that, but very quickly the follicle grew and became a cyst. I was quickly given a bursting injection, let's be together, see if... Well, no. In the meantime, they also started examining the father, and it turned out there are soldiers, they move well, but there aren't many of them. 25million, but you can still make a baby on that, take vitamin E. He did, plus my gyno prescribed a monthly Clostis for him too and we started another injection stimulation, which also ended in failure. This was the end. I was desperate, I was floored. I told my doctor that it was time to take my problem to the top. He thought so too! So I called the Pécs Infertility Centre, where we quickly got an appointment. We went for the first time at the end of April. We took the ready results because I had read up on what they asked for and had everything done in advance. I had a blood test back on day 21, the doctor asked me to have it done there in Pécs. The results came back and the decision was made: insemination! I got a lot of prescriptions, left 30.000 HUF in the pharmacy, got sick with great difficulty and could start the injections and the medication. Day one ultrasound. No results. No follicles of the right size. That was Tuesday, I was given 5 more ampoules of injections, which had to be given quite drastically, three that day, two the next day, the repellent in the evening and insemination on Friday. They didn't look at anything else on ultrasound. They didn't do another ultrasound. I was a bit surprised by this, that there's no ultrasound, just pushing the soldiers into me, 'and that's it'? Anyway, I thought, as long as the doctor knows what he's doing. We got there in the morning, dad got the glass and went. 10 minutes and he came, then they sent us for a walk, an hour and a half while they prepped. Daddy said he'd certainly produced very little, it might not be enough. Time passed, we went back and the biologist saw us and told us there was not a single sperm in it. Well, that stopped me in my tracks! But we got another glass and it went again, or rather I went with it. Then it was a bit more, but very little, just under 8 million, and they could only get 3 of those out. I laid on the table, they put the soldiers on, half an hour of lying down and I was home. As a farewell, the doctor said goodbye with lots of sex, I had to take a test in 2 weeks, even though there was not much 'stuff', but they have worked wonders with that much! It was the longest two weeks of my life, I was home on sick leave, lying down, but deep down I felt I had failed. The test day came: negative. I called [...] for an

	appointment for a sperm test, we got one soon after, but the result was bad again. I was so confident that it was just a temporary condition, it must be hot, but no... Here it was only 8 million. With that, we couldn't go to another inspection. The doctor asked for a urologist's opinion. We went there. Organically everything is fine, don't know what the problem is, let's go to an adrologist. We went, his appointment was yesterday [...]. He also examined him, everything is fine, but we should do another sperm test. This is on the [...], we go back with the papers on the [...]. And we got a 3rd referral for genetics. Another doctor, another test. I am tired! Today I called the phone number I received, [...] genetics. I called the infertility center and told them I was sick of going from doctor to doctor, I just wanted a baby! I want an appointment as soon as possible and in [...] I want to start a fombie with our 8 million stock. It took a bit of wanting but we got the appointment for [...]. I don't care... I'm not going to any more doctors, we'll go to this genetics and that's it! I would like to get the prescriptions for the lombies and get started. Many people say how young I am, I still have time. Ok I am young because I just turned [...], I have time, but my disease is not getting better! As I get older things get worse, not just for me but for my partner too. But they keep telling me not to squirm, we are young! But it's all over the attic, if you want a child, you're too busy! I need this now, this is what I want! I want to have a child with the person I love the most in the world, someone like him, like me, someone who will be both of us. I feel terrible. I've been blaming myself! What kind of person am I, what kind of WOMAN am I, who can't even give birth to a child, who can't conceive?! I felt/feel like a piece of stump. I just keep pulling my husband here and there, making him uncomfortable. That feeling! About him in there. From there it got easier when I found out he was not okay either, I didn't blame myself anymore. Or him either, because we're not to blame, it's just fate! This is just how fate brought it, but I believe that we will be parents too! I hope your relationship will last. In the meantime we will raise our [...] kittens they will always help us through the low points. Sorry if I was long, but I had to write my pain out! I wouldn't even wish it on my enemy!

Forum 2	
HU	A címmel ellentétben nem egy szomorú cikk lesz. Kedvesemmel [...] év együtt járás után [...] összeházasodtunk. Úgy döntöttünk, hogy az sem lenne baj, ha az esküvőn már kerekedne a pocakom, ezért nem védekeztünk már [...]. Én ekkor még azt sem tudtam, hogy mikor van peteérésem, nem figyeltünk semmit, csak amikor kedvünk volt, akkor voltunk együtt. 1 év eltelte után [...] eldöntöttem, hogy orvoshoz fordulok, de nem gondoltam, hogy bármi komoly gond lenne. Kezdődtek a vizsgálatok, hormon vérvételek, ultrahangok félidőben. Az orvosom az összes papíromra ráírta, hogy PCO gyanú, de soha nem magyarázta el, hogy ez mit is jelent. Szedtem peteérés serkentő gyógyszereket, mert azt mondta nem megfelelő a peteérésem. [...] úgy döntöttem orvost váltok, mert nem történt semmi. Az új orvosom egyből [...] műtétet javasolt, de itt sem találtak semmit. Az új orvos kijelentette, hogy PCO-s biztos nem vagyok, de nincs megfelelő peteérésem spontán, ezért inszeminációt javasolt. [...] volt 2 inszeminációnk, de attól a stimulációtól sem nőttek elég nagyra tüszőim, ezért úgy döntöttünk inkább lombikkal próbálkozunk. Nyár elején meg is volt a stimuláció, 13 petesejtet szívtak le, 9 meg is termékenyült. Kettőt ültettek be, hetet lefagyasztottak. Sajnos nem volt sikeres a beültetés, a következő hónapban hármat kaptunk vissza, de ez sem sikerült. Nagyon elkeseredtünk, a férjemet is egyre jobban megviselte a sikertelenség. Úgy éreztük, időre van szükségünk, ezért pár hónapot kihagyunk, [...] megyünk a következő beültetésre. Én egyrészt szerettem volna 4-5 kilót leadni, másrészt kicsit egészségesebben élni, ezért úgy döntöttem életmódot váltok. Elkezdtem lúgosítani, kevés szénhidrátot ettem és sok-sok zöldséget, emellett sportolni is kezdtem, egy alakformáló tornát csináltam heti kétszer, illetve az Arwen tornát heti háromszor, esténként nem ettem, csak fehérjeturmixot ittam. Fogytam is pár kilót, már alig vártam, hogy októberben megjöjjön a menstruációm, hogy tudjunk menni a következő beültetésre, de nem jött meg. Kiderült babát várunk. Tökéletes terhességem volt, amit szinte végigdolgoztam, és egy tökéletes pici lányom született, [...]. Én voltam a legboldogabb a világon. [...] ismét szerettem volna pár kilót leadni. Sportolni (spinning) és diétázni kezdtem, ismét nagyrészt zöldségeket ettem és vacsira a turmixot ittam. Sikerült is 47 kilóra lefogyni (49-el lettem terhes, alacsony is vagyok), kezdtem elégedett lenni magammal. A kistesó

	kérdéssel úgy voltunk, hogy talán télen elkezdünk próbálkozni. Félidőben védekeztünk óvszerrel, ezen kívül megszakításos módszerrel, amiről nyilván tudtuk, hogy nem 100%-os. És [...] nem jött meg a menstruációm, és pozitív lett a tesztem, nekem, akiről több orvos is kimondta, hogy meddő vagyok.. Most boldogabbak vagyunk, mint eddig bármikor, és izgatottan várjuk a kistesót, akinek a pici szíve itt dobog a pocakomban és [...] fog megszületni. Ha csak egy embernek is tudtam segíteni, reményt vagy erőt adni ezzel a cikkel, akkor örülök, hogy megírtam!
EN	Despite the title, this will not be a sad article. My sweetheart and I got married [...] after [...] years of living together. We decided it would be fine if I had a belly at the wedding, so we stopped using protection [...]. At that time I didn't even know when I was ovulating, we didn't monitor anything, we just had sex when we felt like it. After 1 year I decided to see a doctor in [...], but I didn't think there was anything seriously wrong. The tests started, hormone blood tests, ultrasounds at half term. My doctor wrote on all my papers that PCO was suspected, but never explained what that meant. I was taking ovulation stimulant medication because she said I was not ovulating properly. In [...] I decided to change doctors because nothing was happening. My new doctor suggested a [...] operation straight away, but nothing was found here either. The new doctor stated that I definitely did not have PCO, but I was not ovulating properly spontaneously, so he suggested insemination. We had 2 inseminations in [...], but even with that stimulation my follicles didn't grow big enough, so we decided to try inseminations instead. At the beginning of summer we had the stimulation, 13 eggs were retrieved, 9 fertilised. Two were implanted, seven were frozen. Unfortunately, the implantation was not successful, we got three back the following month, but that didn't work either. We were very desperate, and my husband was getting increasingly distressed by the failure. We felt we needed some time, so we are taking a couple of months off and will go for the next transplant in [...]. I wanted to lose 4-5 kilos on the one hand and live a bit healthier on the other, so I decided to change my lifestyle. I started to alkalise, eat low carbohydrates and lots of vegetables, I also started to exercise, I did a toning workout twice a week and the Arwen workout three times a week, I didn't eat in the evening, I just drank a protein shake.

	I also lost a few kilos, I was looking forward to my period in October so we could go for the next implantation, but it didn't come. Turns out we're having a baby. I had a perfect pregnancy, which I worked through most of, and had a perfect baby girl on [...]. I was the happiest person in the world. At the [...], I wanted to lose a few kilos again. I started exercising (spinning) and dieting, again eating mostly vegetables and drinking the smoothie for dinner. I managed to lose 47 kilos (I got pregnant at 49, I'm short), I started to feel happy with myself. With the little brother issue, we were going to maybe start trying in the winter. We used condoms half term, plus an interruption method, which we obviously knew wasn't 100%. And at the [...] I didn't get my period and tested positive, for me, who had been told by several doctors that I was infertile. Now we are happier than ever, and excitedly awaiting the baby brother, whose tiny heart is beating in my tummy and will be born in [...]. If I could help even one person, give them hope or strength with this article, I'm glad I wrote it