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# Masturbation, Semen Collection and Men's IVF Experiences: Anxieties in the Muslim World

MARCIA C. INHORN

## Male Embodiment in IVF

Since 1978, when in vitro fertilization (IVF) first became available as a solution for infertility, Western feminist scholars have approached the topic of assisted reproduction as 'fertile ground' for the critique of IVF as a form of women's biotechnological subjugation (Thompson, 2002). One of the most potent arguments made by feminist critics deals with women's embodiment. Namely, feminist scholars have asserted that assisted reproductive technologies (ARTs) to overcome infertility embody a fundamental gender inequality, in that these techniques are carried out on women's bodies even when the bodily pathology is located in the male (Lorber, 1988, 1989; van der Ploeg, 1995).

Lorber (1989), for one, has questioned why women so often consent to ARTs in cases of male infertility. Comparing IVF to kidney donation, she questions whether women's acquiescence to IVF constitutes an altruistic gift, especially 'a gift of love', or something much less voluntary. Drawing upon the work of Middle Eastern feminist theorist Deniz Kandiyoti (1988), Lorber argues that a

woman who consents to IVF in order to overcome her husband's reproductive pathology is, in fact, making a 'patriarchal bargain' – 'resolving a situation in which she has limited options in the best way she can' (1989: 30). Thus, according to Lorber, ART use among healthy wives of infertile husbands is 'not a true choice, given the cultural pressures for women to become mothers' (1989: 23–4).

Following Lorber, the Dutch feminist theorist Irma van der Ploeg (1995) argues in a provocative essay entitled 'Hermaphrodite Patients: In Vitro Fertilization and the Transformation of Male Infertility' that ARTs assume the very 'permeability' of bodily boundaries in ways that are highly gender specific. Whereas women's bodies are regarded as 'particularly permeable' – and are thus routinely poked, prodded and surgically penetrated in a typical IVF cycle – men's bodies, 'by contrast, seem to remain relatively stable and *untouched*, even when . . . male pathologies are at issue' (van der Ploeg, 1995: 461–2, emphasis added).

But are men's bodies truly 'untouched', as van der Ploeg suggests? As I will argue in this article, men's IVF experiences also involve rather profound forms of gendered embodiment, involving self-touching through time-sensitive, masturbatory ejaculation of semen into a plastic cup, as well as literal extraction of sperm from the testicles when masturbation fails. Why should masturbation in IVF ever fail? As noted by numerous IVF researchers from around the world (Boivin et al., 1999; Daniluk, 1988; Greil et al., 1990; Hurwitz, 1989; Inhorn, 2002, 2003a, 2003b; Rantala and Koskimies, 1988; Takefman et al., 1990; Van Zyl, 1987a, 1987b), performance difficulties, as well as decreased sexual satisfaction on the part of many men undergoing treatment for infertility, are part and parcel of the IVF experience. Indeed, the sexual demands imposed by infertility treatment have been deemed a major source of 'iatrogenically imposed impotence' by some infertility researchers (Rantala and Koskimies, 1988).

Yet, infertility scholars, including Western feminist scholars who have privileged women's bodily experiences, have downplayed men's embodiment in infertility treatment seeking, regarding men's role in the process as relatively minor, even perfunctory. As I have argued elsewhere (Inhorn, 2003a, 2004a, forthcoming), this underprivileging of men's bodily role in the infertility treatment process seems to me to be wrong – an idea that is ideologically driven to make an important feminist point, but which also ignores the lived subjectivities of many infertile men's lives. Especially since the 1992 introduction of intracytoplasmic sperm injection – a variant of IVF designed to overcome male infertility, whereby sperm may be removed from men's bodies through testicular biopsies and aspirations – the feminist adage that infertile men's bodies are somehow 'unscathed' by these technologies is both dated and untrue. As I will show in this article, infertile men seeking ARTs suffer, both somatically and psychically, in ways that have been barely reported in the reproductive health and feminist literatures.

Furthermore, embodiment in IVF, as in any biomedical process, is a locally specific, culturally variant phenomenon. Human beings experience their bodies in particular places, at particular historical moments, with particular culturally informed ideas about the ways that bodies should be handled and healed. As shown by Pierre Bourdieu (1977), bodily 'hexis' – the very living *in* one's body – takes specific, culturally regnant forms, as he discovered when working among peasants of the Kabyle Berber region in Algeria. The smallest bodily practices, involving subtle nuances of posture, gesture, gait and gaze, have powerful meanings, according to Bourdieu. Thus, in an *Outline of a Theory of Practice* (1977), he encouraged others to study hexis and habitus, the everyday habits and embodied practices of quotidian existence found in societies around the globe.

In this article, I focus on hexis and habitus surrounding men's reproductive bodies in the Muslim world. I argue that the IVF experience – inherently fraught for men because of the demands of sexual performance – takes on additional complex meanings of sin, guilt and even illicit pleasure for IVF-seeking men in the Muslim world. There, masturbation connotes illicit sexuality, and is deemed by some men to be the cause of their own male infertility. Furthermore, semen, though life-giving, is also deemed polluting, a source of impurity which requires ablution before prayer. Given these ambivalences and ambiguities, Muslim men in Middle Eastern IVF clinics may be especially conflicted about delivering semen samples in the clinic. Furthermore, clinic practices may either exacerbate men's anxieties, when sexual privacy cannot be guaranteed, or promote guilty pleasures, when illicit pornography is made available as a mechanism of sexual stimulation. The Middle Eastern IVF clinic as a site of bodily practice will be described in some detail, as will men's reported experiences of – and anxieties about – clinic semen collection regimens, based on my interviews with more than 250 men in Middle Eastern IVF clinics in Egypt and Lebanon.<sup>1</sup>

This article is divided into two major sections. In the first section, I examine Islamic discourses of the body, focusing specifically on men's bodies and their sexual and reproductive functions. Drawing upon the provocative work of Middle Eastern body theorists Khuri (2001) and Musallam (1983), I examine Islamic attitudes toward semen and pollution, including the defilement that occurs when semen is released outside of, and onto, the body through masturbation. Although some Islamic jurists have condoned the practice of masturbation for 'lonely persons' (Musallam, 1983: 33), masturbation is condemned by other scholars and continues to be viewed unfavorably in many, if not most, Middle Eastern societies as a legitimate but distasteful form of sexuality. Hence, in this section of the article, we hear from Middle Eastern men who feel guilty and disturbed about their own youthful masturbatory experiences and link those experiences to their subsequent infertility problems.

The second section of the article deals with semen collection in Middle Eastern IVF clinics, which can be viewed as a site of reproductive bodily practice. I examine in some detail the physical arrangement of IVF clinics in which I have worked in both Egypt and Lebanon, focusing on where men fit, physically and socially, into this clinic space. As I will show, special rooms may or may not be designated for men's semen collection, and may or may not be private and safe for the performance of sexually explicit acts of masturbation. I examine what happens for men who refuse such masturbation – either on religious grounds or by virtue of psychological trauma – as well as what happens to men who fail to produce the imperative semen sample. I will explore men's own discourses of semen collection in some detail, exposing their anxieties and critiques of clinics' practices. I argue that men themselves are the best interlocutors of their own bodily experiences in IVF and have much to say about how clinics could be reformed to promote male reproductive health and sexual well-being. In addition, I explore why some Muslim men may look forward to clinic semen collection in a region where public displays of sexuality are condemned and pornography remains an illicit form of male entertainment.

In the conclusion, I argue that social scientists must begin to listen to what men themselves have to say about their reproductive bodies, their sexuality and their biomedical encounters, instead of filtering men's experiences through those of women, as most scholars of reproduction are prone to do (see Van Balen and Inhorn, 2002, for a critique of this practice). Thus, the article concludes with thoughts on the social science of men and reproduction in the Muslim world as part of a broader discourse on gender and the body.

### Islamic Discourses on Male Bodies and Masturbation

Before turning to Muslim men's lived experiences of their reproductive bodies, it is useful to examine Islamic discourses on male bodies, including those found in the Islamic scriptures (Qur'an and *Hadith*) and the *shari'a* (body of religious law). Two scholars of Muslim bodies, namely, Basim F. Musallam in *Sex and Society in Islam* (1983) and Fuad I. Khuri in *The Body in Islamic Culture* (2001), have provided excellent accounts of Muslim male bodies as described in the scriptures and by medieval Muslim jurists who were prone to reflect on the human body and sexuality. Indeed, as noted by Khuri (2001: 22) in his recent volume, 'I was bewildered by the frankness and openness in which sex and sexual problems are discussed in Islam.' This would hold true for the practice of masturbation, which has been openly debated by Muslim jurists throughout Islamic history.

In Islam, sex – ‘albeit *legitimate* sex’ (Musallam, 1983: 33) – is considered a right and is not bound by procreative purposes, as in Catholicism or other conservative forms of Christianity. As a result, masturbation has been permitted by some Muslim jurists and schools of Islamic law, particularly as a means to prevent *zina*, or illegitimate sexual intercourse. Accordingly, these jurists have argued that masturbation is lawful ‘in the absence of a legitimate partner to satisfy sexual lust’ (Musallam, 1983: 33). For example, Ahmad Ibn Hanbal, the founder of the Hanbali school of Islamic law, argued that masturbation is permissible for prisoners, travelers and ‘indigent, lonely persons who did not have access to a lawful sex partner’ (Musallam, 1983: 33). Furthermore, medieval jurists who agreed with this line of thinking argued that masturbation could, indeed, prevent death by releasing a harmful accumulation of semen in the testicles. Thus, male masturbation was likened to allowing a sick Muslim believer to break his or her fast in the case of a serious illness.

Having said this, such a permissive view toward male masturbation has remained a minority opinion in the world of Islamic jurisprudence. Perhaps because of an unverified *hadith* which states that ‘the [masturbator] will not be seen on the day of resurrection’ (Khuri, 2001: 83), a great number of both medieval and contemporary jurists have viewed the practice ‘with distaste and repugnance’ (Musallam, 1983: 33). In one school of Islamic law, the Shafi’i, masturbation has been forbidden altogether, with most Shafi’i jurists regarding the practice as religiously unlawful (*haram*), unless performed by a man’s wife or concubine.<sup>2</sup>

Clearly, part of the ambivalence toward masturbation involves ejaculation of polluting semen onto the male body. Although the ‘spilling of seed’ has been acknowledged in Islamic thought as a natural, even necessary function of the male body for the purposes of procreation, semen itself is accorded no special sanctity and is officially regarded as a polluting substance (Khuri, 2001). According to Islamic *shari’a*, semen is a pollutant which, like menses and other bodily wastes, must be purified before prayer and the performance of other Islamic rituals. A person polluted by semen on the body is not allowed to ‘pray, fast, walk around al-Ka’ba, touch or read the Qur’an or the poetry recited in praise of God and his Prophet. He is also forbidden from entering or staying in the mosque’ (Khuri, 2001: 84–5). As noted by one jurist: ‘Purification by washing the body after orgasm is an absolute requirement; the person who intentionally leaves a single hair unwashed will be doomed to fire’ (Khuri, 2001: 85). Furthermore, this impurity occurs whether the semen is released through intercourse (inside a vagina), coitus interruptus (outside a vagina), masturbation or through sleep (wet dreams). Furthermore, it makes no difference whether semen is released with or without lust or in small or large quantities. In short, semen constitutes

impurity once released outside the body, and must be removed with water or, in the absence of water, the use of earth or sand.

Because of semen's polluting character, love-making is inherently impure, leading many Muslim believers to ask for God's forgiveness before sexual intercourse, 'as if he is committing an evil act' (Khuri, 2001: 85). As Khuri concludes:

... while the literature on sexual life encourages marriage, play and laughter before intercourse, the desire for women, and to regard love-making as equivalent to alms-giving that deserves a divine reward in the afterlife, it simultaneously condemns the results of orgasm, the flow of semen. (2001: 84)

He continues:

Like blood that flows for a noble cause, prayer and the appeal to God may help nullify the polluting effects of semen, thus rendering it an admissible instrument for the continuity of the human race. After all, children are the joy of this world's life. (2001: 86)

This ambivalence toward semen as simultaneously life-giving and polluting, and toward masturbation as a defiling and repugnant release of semen onto the body, is seen in contemporary thought and practice in contemporary Middle Eastern Muslim societies. As has been documented by a number of scholars working in the Middle Eastern region (Crapanzano, 1973; Delaney, 1991; Good, 1980; Greenwood, 1981; Inhorn, 1994, 2003a), monogenetic theories of procreation prevail; thus, men are seen as creating human life, which they carry as preformed fetuses in their sperm and ejaculate into women's waiting wombs. This notion that men create life – and hence, that only fathers (and by extension, fathers' relatives) are the true 'blood' relatives of their children in societies where blood lines and lineage are profoundly important cultural concepts – certainly serves to give men, and not women, biological 'ownership' of their children. It also provides strong ideological support for the nearly universal presence of patrilineal kinship systems in this region of the Muslim world.

Nonetheless, despite the ideological importance of semen, bodily practices surrounding semen suggest that this substance is inherently defiling and should be removed from men's bodies as quickly as possible and especially before prayer. Furthermore, semen is a pollutant for women's bodies as well (Inhorn, 1994). In Egypt, for example, women maintain rather rigorous standards regarding genital purity, including the routine removal of all pubic hair. Most poor urban women also practice frequent manual vaginal douching, sometimes once or twice daily, sometime before prayer, and usually immediately following sexual intercourse. As women explain, immediate internal washing of the vagina with warm water, using the first and second fingers, is imperative as a purifying method within the first half-hour after the sex act is completed (Inhorn, 1994). But because this practice also lessens the likelihood of pregnancy, infertility physicians

must constantly remind Egyptian women to remain on their backs for at least 30 minutes, and to refrain from douching for as long as possible, ideally 24 hours after intercourse. The thought of remaining 'unpurified' for up to one day with an inherently polluting sexual secretion from their husbands' bodies is a condition that many women find defiling and even repugnant. This revulsion toward semen also helps to explain most women's unwillingness to perform fellatio on their husbands (Inhorn, 1994).

For Middle Eastern Muslim men, such ambivalence toward semen as a polluting substance is reflected in three ways: in the purification practices and required pre-prayer ablutions described above; in anxieties over masturbation as a form of sexual self-gratification; and in anxieties over semen collection as a routine part of infertility diagnosis and treatment. Furthermore, anxieties over masturbation reflect the Islamic mores described above, in which the act of masturbation itself is viewed by many Islamic jurists as an illegitimate form of male sexuality.<sup>3</sup>

In interviews with infertile Muslim men in Lebanon, some men lamented their youthful practices of masturbation as the probable cause of their current state of infertility. Indeed, various forms of sexual guilt – including over masturbation, premarital sexuality, use of prostitutes, contraction of sexually transmitted infections, and excessive sexuality inside and outside marriage – haunted some men's psyches, with infertility deemed by them to be the 'punishment' for illicit forms of sexuality. With regard to masturbation in particular, some men felt that their own excessive premarital masturbation had, in effect, 'used up' all of their good semen, leaving their bodies depleted of the sperm necessary to impregnate their often healthy, fertile wives. They also doubted that such masturbation was moral within their societies and religion. Such attitudes could be found among highly educated professionals, as well as among blue-collar workers in my study, and was found among both Sunni and Shia Muslims. For example, a highly educated, Sunni Muslim Lebanese pediatrician, who had trained at Harvard and had only had sex with one woman, his wife, after marriage at age 27, described to me the various reasons why he believed he was infertile:

Well, I did some reading, and some sources suggest that exposure to hot water in tubs, which I did while a teenager, could cause infertility. And then medications, and then toxic exposures, which I didn't have. So hot water was the only thing. And the other thing I was thinking about was that when I was a resident, I kept going with patients to the CT scan and x-ray; maybe this hurt me before I got married. I used to take small babies and give them sedation to go into the CT scan. This is the only explanation I have in mind.

But then, he added,

And there's one other thing I had in mind. I very rarely masturbated when I was a very, very young child, even before puberty. But I felt numbness [when I did masturbate]. I can remember this. Even though this is normal, it has a bad connotation here. It's something which is a taboo.



So I used to feel guilty about this for a long time. I think it's natural – the child discovers this. But I thought maybe I abused my reproductive organ and it affected my fertility, especially because I used to masturbate a lot as I got older.

Another Lebanese man, a Shia Muslim construction worker who had been beaten and tortured in a southern Lebanese prison during the civil war, framed his current sexual and infertility problems within an earlier discourse about his childhood and adolescence, and his lack of sexual education and knowledge. Very self-reflexively and critically, he explained that his strict Muslim upbringing was clearly linked to his current sexual and infertility problems:

Arabs don't have a reasonable attitude toward sex. The problem is, the mothers are always telling their children, especially in the Muslim community, 'This is no good. *Haida haram!* [i.e. this is sinful].' Just to *think* about sexual matters is wrong. Ever since I was young, my mother used to 'shush' me if I even brought it up. The way I was raised and the things I was taught may have affected my fertility now. I had no education on sexuality. Everything was 'no good'. It was a big mistake that I wasn't taught. So, in cases where I would have an erection as a teenager, I wouldn't know what to do, because I wasn't taught. . . . All over the world, every teenager goes through this experience, and at this age, they start masturbating. I'm asking myself, maybe due to excess masturbation, maybe this affected my sexual life and my fertility later on. Muslims say masturbation is *haram*. If they have a pain in their 'eggs' [i.e. 'balls' or testicles], and they tell their parents, their parents will take them to the doctor and the doctor automatically does an operation on the testicles [i.e. a varicocelelectomy].<sup>4</sup> In Islam, because masturbation is *haram*, some people who feel pain in their prostate or testicles actually end up in surgery!

### Semen Collection in the Middle Eastern IVF Clinic

This man's comment – that moral discomfort with masturbation may actually lead to genital surgery in the Muslim world – is not so far-fetched. Indeed, there are two common ways of retrieving sperm from the male body, through masturbation and testicular surgery, and both are commonly employed in IVF clinics throughout the Middle Eastern region. Although masturbation is the most common method of semen collection, it sometimes fails, leading to the second more invasive option. Reasons for masturbation failure are varied, but clearly reflect the anxieties and ambivalences over the very practice of masturbation described by the Lebanese men above. When I discussed men's anxieties over masturbation with one Lebanese Muslim IVF physician, he responded that 'masturbation is not seen as a good thing in the Muslim world', and that performance anxieties in the IVF clinic, which are not infrequent, are clearly tied up with the moral ambivalence surrounding this practice.

Furthermore, as I would argue, the IVF clinic itself is a site of bodily practice, where infertile bodies are touched, poked, prodded, manipulated, sedated and cut

open. The very space of the clinic – and the conditions under which such bodily practices are performed – may either add to or mitigate patients' suffering, including in the act of semen collection through masturbation. In the IVF encounter, semen collection is a mandatory part of clinic routines. Semen is collected not only for the purposes of male infertility diagnosis, but also at the important point in the IVF cycle when harvested ova are to be fertilized. For many men, 'timed' sperm collection on the day of egg retrieval is an inherently stressful event, but it may be made even more stressful because of clinic practices and conditions. Consider this scenario, which was described to me by an Egyptian IVF patient, whose husband failed to produce a crucial semen sample:

Unfortunately, I told [the IVF doctor] that my husband has difficulty making a sample in the clinic, and I asked can we do it at home. He said, 'No, it's better at the center and come on Friday [i.e. the Egyptian weekend]; you'll find no one there, and he'll feel free and feel so good.' So, the doctor told us at the last minute, 'Come on Friday, and he will do it [masturbate] easily.' When he went there, he found many, many, many people. It was crowded even on a Friday. It was in September, so the weather was very hot. And it was a small, small bathroom right beside the nurse's office. And he started sweating and couldn't do it. After that, he was very upset and said, 'I hate marriage.'

She continued,

My ovaries had started to work, and I took all the expensive medicine, and then there was no use, because he couldn't provide a semen sample. [The doctor] said, 'Oh well, you can try next time.' I was really angry, and I told him, 'You are not a doctor. You are not honest. You're wasting the time and money of people. We are not people from a village to be told "Come here. Do this. Do that."' Really, these doctors are savage – against humanity.

Although this woman clearly blamed her IVF physician for her husband's difficulties – and the costly cancellation of her IVF cycle – the physical layout of the IVF clinic was at least partly to blame, especially because no special 'semen collection' room was set aside for this purpose.

Of the five IVF clinics in which I conducted research in Egypt and Lebanon, only two provided separate semen collection rooms in which men could masturbate fairly privately, and in only one of these was sexually arousing material, in the form of a pornographic videotape, made available to husbands. The latter clinic was the only one located in a private office complex. The rest were situated in either private or public hospitals. Indeed, because so many Middle Eastern IVF clinics are hospital based, policies of the hospital, including the prohibition on pornographic material (which is illegal in most Middle Eastern countries), may affect the nature of the site in which semen is to be collected. As noted in the Egyptian woman's testimony above, her husband was expected to masturbate over a toilet in a clinic bathroom – probably the most common site of IVF semen

collection in the Middle East. Even if special rooms are set aside for semen collection, privacy may not be guaranteed, leading to profound performance anxieties for some husbands (Inhorn, 2004b).

To illustrate the fraught nature of semen collection through masturbation in Middle Eastern IVF clinics, I will describe the IVF clinic in one large, teaching hospital affiliated with a prestigious private university in Lebanon. On the seventh floor of the hospital was a small cluster of rooms constituting the hospital's IVF clinic. This hospital-based IVF clinic could only be described as 'intimate'. A hallway off the main ob-gyn outpatient department led into the IVF unit, where patients sat in a tiny waiting area with two rows of black leather chairs facing each other. Beyond the waiting area was a screen door, which opened and closed as the doctors and patients entered the operating and recovery room areas. Thus, the IVF unit had an almost theatrical quality, as the screen to the secret 'backstage' world of the IVF clinic regularly opened and shut.

While women who were undergoing IVF procedures were allowed to enter behind the screen door, the nervous husbands usually waited outside, trying not to make eye contact as they sat facing each other, often rubbing prayer beads, in the small waiting room. Occasionally, men in the waiting room did chat, asking each other how many times they had gone through this agonizing ritual. Men could be heard giving each other encouraging words of *insha Allah, khair* (i.e. God willing, goodness will prevail).

For some men, the relative intimacy of this hospital-based IVF clinic was extremely uncomfortable. Not only was it obvious why they were there (i.e. to overcome an infertility problem, most commonly male infertility), but they were asked to provide their semen in a small room located through a door located directly *within* the waiting room area. The semen collection room was small, with only a black leather settee on which men could recline while staring at a picture of a sexy blonde (white) woman, wearing a provocative corset and garters, placed on the opposite wall. No other stimulating materials, be they magazines or videos, were provided. Before entering this space, men were handed a plastic cup by a laboratory technician and were asked, usually in full view of other patients, to enter the room for the purposes of masturbation. All those present in the waiting area, including in some cases elderly mothers and mothers-in-law, were fully aware of what was required, and they watched (and perhaps informally timed) the men as they went in and out of the semen collection room.

For many men, the public nature of this most intimate, even shameful act was deeply threatening, and performance anxiety problems, where men were unable to provide a semen sample, occurred from time to time. Although men sometimes complained about this to their physicians, there was little that could be

done. Chronic shortages of available rooms meant that privacy could not be maintained in one of the most intimate acts – the collection of semen – that occurred within the hospital's walls.

Not surprisingly, men in my study who had either experienced or witnessed the travails of this hospital's semen collection room lamented the problem of semen collection as the worst part of the embodied IVF experience for men. Some were vociferous critics of clinic policies, insisting that clinics provide other avenues for successful semen collection. Although many men in my study remarked on this aspect of their experience, two passages from lengthy interviews are illustrative of men's anxieties and critiques. In both of these cases, the men were educated professionals, who had returned to their home country of Lebanon from other Middle Eastern countries where they worked, in order to attempt a trial of IVF with their wives. Although they privileged the quality of Lebanese IVF medicine over IVF medicine in their host countries, they were both deeply dismayed about their experiences of semen collection in Lebanon, which they considered highly fraught. One of these men, a Shia Muslim engineer who had already tried IVF six times with his wife in Tunisia, had this to say:

I think IVF is better in Lebanon than in Tunisia, because there is a relationship between Lebanon and Marseilles, Paris, London. We have something good in Lebanon [medically speaking] with respect to the Middle Eastern area. Syria, Tunisia, Egypt – I think Lebanon is better. So, I decided in the end to do it [IVF] in Lebanon. Six times in Tunisia, and we didn't succeed. I pushed my wife to do it this time [though] she didn't want to.

He continued:

But IVF affects sex. Psychologically, it's not good. In IVF centers, they say 'Give me the sperm now!' 'After 5 minutes, I need your sperm.' 'Now, now! Give me, give me!' This is not good. The male encounters problems when they do that. It's not good. I start thinking about when I will give the sperm, and I feel uncomfortable.

Pointing to the semen collection room in the IVF waiting area, he said,

This room here. The first time I go to do it [masturbate for semen collection], I find one chaise longue chair. How will I do it? At least in the other center [in Tunisia], they give one room for me and my wife. It has a [pornographic] video film and a toilet. It is separate with a bed – a room for us, like a hotel. They tell you, 'Stay, and try to give us some sperm.' They help us to stay calm, and we'll do it easily. With my wife, it's better! We'd even pay extra for this. Give me one room, and we'll pay! Take \$66 and give me one room. We pay for many things in IVF [at \$2000 per cycle], so why not this? Here [in the semen collection room], it's like a prison cell.

Similarly, a Sunni Muslim Lebanese-Palestinian man, who was a highly paid medical diagnostics salesman, began his interview with me by complaining:

Do you want to know the problem? [My IVF doctor] asked me in front of everyone to give sperm. People [in the waiting area] were laughing, smiling. Old women sitting and smiling. And he told me, 'Do it with yourself' [i.e. by masturbation]. I'm not 14 years old! You go into this room and there is one journal – with cars, not women! I can do it at home and bring [the semen sample] in, rather than to enter that room again.

He added, jokingly, 'Tell [the IVF doctor] I'll have to sue him!'

This latter informant was unable to 'produce' on the day in which his wife's eggs were retrieved for in vitro fertilization, as happens to men who have anxieties about the semen collection process. Thus, after his wife awoke from anesthesia and after most of the waiting room had cleared (by 2 p.m.), she was asked by the IVF nurse to accompany her fretful husband into one of the more private ultrasound rooms in order to produce a semen sample with him. Without this semen, the IVF cycle could not be completed, with significant loss of both valuable eggs and money.

It was not at all unusual for men in the IVF clinic to seek accompaniment of their wives for semen collection. The clinics I studied never refused this, knowing full well that some men could not produce a semen sample without the help of conjugal partners. Furthermore, one clinic in which I worked catered to conservative Shia Muslim couples, including some members of Lebanon's Hizbullah political party. All such 'religious' couples were allowed to collect semen together, in a room specified for this purpose. Tape was put over the door, with a 'Do Not Disturb' sign. When I asked one of the Shia IVF physicians about what went on in such rooms, he said he had no idea, but he suspected that intercourse, followed by coitus interruptus into the plastic semen collection cup, might be taking place.<sup>5</sup> Presumably, some religious wives also masturbated their husbands to ejaculation, a practice permitted in some of the legal schools of Islam.

Despite catering to religious Muslim couples, this clinic was also the only one in my study to provide a separate semen collection room for men. The room was located on a separate floor for the purposes of privacy, and was fully equipped with a VCR and pornographic video designed to produce sexual arousal. According to the West African janitor (a convert to Islam), who routinely took male patients to this room and then retrieved their semen samples, male patients enjoyed coming to the clinic *precisely because* of its semen collection routine. He theorized that Arab men are sexually repressed, because Muslim society prohibits open display of or education about sexuality. Access to pornography is only available on the black market (and increasingly through satellite television).<sup>6</sup> Thus, for most Lebanese men, semen collection at the clinic provided their only opportunity to watch pornographic material, which, although guilt-producing, was also distinctly pleasurable. According to him, most men were able to produce

semen samples quickly and easily while watching the video. The only hitch: the pornographic movie was constantly being stolen, requiring frequent replacement!

But what happens to those poor souls, religious or secular, whose guilt and anxiety overwhelm them, militating against production of a timely semen sample? Because the retrieval of sperm is so crucial to IVF success, some clinics opt to perform invasive, surgical sperm retrievals on men who suffer from performance anxiety. Testicular sperm can be retrieved by different techniques, including testicular sperm extraction (TESE), which refers to an open excisional testicular biopsy; testicular sperm aspiration (TESA), which refers to methods by which sperm are aspirated with suction from the testicles; and fine-needle aspiration (FNA), in which thin-gauge needles are used to aspirate sperm from the testicles. These techniques are performed either under general or local anesthesia. As a form of testicular 'needlework', they are usually accompanied by significant pain and discomfort. However, they are required when men are unable to ejaculate sperm because of impotency or performance anxiety. Furthermore, a significant number of men are azoospermic, producing no sperm whatsoever in their ejaculate.

Based on my post-operative observation in Middle Eastern IVF clinics, the multiple testicular penetrations often required to extract sperm from the testicles are exquisitely painful for men who have suffered through these operations. In one of the clinics in which I worked in Lebanon, testicular aspirations were routinely being performed under general anesthesia. In the other clinic, testicular biopsies were being performed under local anesthesia by a urological surgeon, usually in one of the clinical consultation rooms in the IVF clinic. Men who were taken into these rooms for the purposes of testicular biopsy often emerged, walking slowly, with their legs spread apart. I once tried to interview one of these men – with his encouragement – following his testicular biopsy. But his pain and discomfort soon became overwhelming, and his urologist recommended that he return to the clinical consultation room in order to lie down and recover.

## Conclusion

In short, assisted reproduction has brought with it new forms of embodied agony for men in general, and for Muslim men in particular, whose ambivalence toward masturbation and semen are promoted by religious mores which regard masturbation as distasteful and semen as defiling. Furthermore, assisted reproduction today engenders male bodily penetration, with new forms of male genital cutting being practiced for the purposes of sperm extraction. Indeed, the need to obtain sperm 'at all costs' in the IVF clinic leads to profound psychic trauma for some men, who are unable to successfully ejaculate through masturbation, and physical

trauma for others, whose testicles are poked and prodded. Hence, the earlier feminist credo that only women's bodies are violated in IVF – while men's bodies go 'untouched' – is no longer legitimate in the new era of assisted conception at the turn of the century.

Furthermore, IVF, as a global technology, is inflected by local culture (Inhorn, 2003a). In the Muslim Middle East, religiously based injunctions against masturbation as a legitimate, healthy form of male (or female) sexuality mean that masturbation may be inherently guilt-producing for many, if not all, Muslim men. As seen in this article, some Muslim men attribute their own infertility to the 'damage' and 'punishment' they have brought on themselves for practices of masturbation in childhood, adolescence and young adulthood. Furthermore, when men are asked to masturbate 'on demand' as part of the IVF process, some Muslim men bring their anxieties about masturbation with them, and are therefore unable to produce critically important semen samples. In societies where masturbation is considered 'taboo', to use one informant's term, requests to perform masturbation, especially in crowded waiting areas, are considered inherently shameful, causing great moral and emotional discomfort for some men. In the Muslim world, then, performance anxiety is exacerbated because of the religious and social mores surrounding masturbation, which is widely viewed as an unwholesome, even illicit form of male sexuality.

Clearly, we need to learn much more about male embodiment, not only in the Muslim world and not only in the realm of reproduction. The social science of reproduction is now replete with more than 150 ethnographies and edited anthologies describing women's reproductive lives around the world (Inhorn, 2006). Unfortunately, the scholarly literature on men and reproduction is comparatively sparse, despite increasing empirical and theoretical interest in the subject (Dudgeon and Inhorn, 2003, 2004; Mundigo, 1998, 2000). Much of what has been published, however, examines men's reproductive lives through the eyes of women (Inhorn, 1994, 1996, 2003b; van Balen and Inhorn, 2002), rarely asking men themselves about their reproductive desires and subjectivities.

As we enter the new millennium, it seems imperative that we begin to ask men about their own 'body histories' (Inhorn, 2003a), and listen seriously to what they have to say. My own scholarly forays into the Middle Eastern Muslim world of IVF suggest that men, both fertile and infertile, are excellent interlocutors of their own reproductive lives, with many willing to talk about reproductive and sexual issues at great length. Thus, it is incumbent upon us as social scientists to engage men in gender and health research, thereby bringing men's embodied experiences of sex and reproduction out into the open. Such experiences are an important, but understudied, aspect of body and society, including in the Muslim world.

## Notes

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1. I have been conducting research on women's experiences of infertility in Egypt since 1988, when I undertook my doctoral dissertation research on the problem of infertility as experienced by women attending a large, public hospital-based infertility clinic in Alexandria. In 1996, I returned to Egypt to study IVF. In two Cairo-based clinics, I conducted my first interviews with infertile men, as well as fertile husbands of infertile women who were in the process of undertaking IVF. Intrigued by these men's narratives of infertility and its treatment, I decided to undertake a study of 'Middle Eastern Masculinities in the Age of New Reproductive Technologies'. Locating my study in Lebanon, I interviewed 220 Lebanese, Syrian and Lebanese-Palestinian men in two Beirut-based IVF clinics over the course of eight months in 2003. This article is based largely on the latter study, although my earlier Egyptian fieldwork has deeply informed my findings about men's lives, and thus is included here where relevant.

2. Many Islamic jurists have ruled that it is legally permissible for men to be masturbated by their wives, because a man has 'a right to enjoyment of her hand as he has to the rest of her body' (Musallam, 1983: 34). However, these same jurists mentioned nothing about the masturbation of women by their husbands (Khuri, 2001).

3. Similar prohibitions on masturbation can be found in orthodox Judaism and are reflected in the aversion to masturbation among orthodox Jewish men attending IVF clinics in Israel (Kahn, 2000).

4. Varicocelectomies, or genital surgeries to remove varicose veins on the testicles, are performed excessively in the Middle East, particularly as a purported cure for male infertility. Although varicocelectomies have not been proven to overcome male infertility or improve pregnancy outcomes, they are promoted by male urologists in the Middle East, who profit from this form of male genital cutting (Inhorn, forthcoming).

5. In Israel, orthodox Jewish men who are prohibited from masturbating are given special condoms with perforations. Following intercourse, the condoms are removed, and the semen is squeezed through the perforation into a collection cup (Kahn, 2000). I have never heard of such a practice in either Egypt or Lebanon, including for conservative Muslim men.

6. Kanaaneh (2002) reports that satellite television has now brought Turkish 'soft porn' shows into Palestinian homes in the Galilee region of Israel.

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