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Drawing Infertility: Visual Resistance, Dark Humor, and the Subversion of the 'Baby Machine' in Rohini S. Rajagopal's *What's a Lemon Squeezer Doing in My Vagina?*

Dr. Cynthiya Rose J. S.

Assistant Professor, Department of English, P.E.S.U Institute of Nursing, PES University, Electronic City, Bangalore, Karnataka – 560100

Email: rosecynthiya@gmail.com

Abstract

In the contemporary socio-cultural landscape of India, infertility is heavily stigmatised, often transforming the female body into a site of intensive medical surveillance and societal pressure. Whilst existing scholarship in Medical Humanities critically examines the institutional medicalisation of infertile bodies, reducing them to living laboratories or baby machines, the specific role of visual narratives as a mode of agency remains largely under-explored. This paper scrutinises Rohini S. Rajagopal's graphic memoir, *What's a Lemon Squeezer Doing in My Vagina?* (2021), through the lens of Graphic Medicine to explore how visual text and literary prose intersect to reclaim the maternal body. Drawing upon feminist critiques of medicalisation and the framework of Visual Rhetoric, this study argues that Rajagopal utilises dark humour and satirical metaphors as vital coping mechanisms and tools of resistance against the clinical coldness of Assisted Reproductive Technologies (ART). By analysing how the trauma of invasive procedures and the cyclic despair of IVF failures are articulated, the paper demonstrates how the text subverts the eighteenth-century biomedical metaphor of the body as a mechanical object. Grounded in recent scholarship up to 2026, the study further engages with contemporary debates surrounding digital medicalisation, social-media infertility communities, and legislative developments in Indian ART regulation. Ultimately, this study contributes a fresh perspective to Indian Medical Humanities, illustrating how patient-authored narratives can disrupt institutional medical hegemony and foster empathy by restoring subjective human experience to the discourse of reproductive failure.

Keywords: *Graphic Medicine, Medicalisation, Infertility, Dark Humour, Visual Resistance, Indian Medical Humanities*

1. INTRODUCTION

The female body in contemporary India occupies a profoundly contested terrain, particularly when it fails to perform the culturally mandated function of reproduction. Infertility, clinically defined as the

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inability to conceive after twelve months of unprotected sexual intercourse, carries with it an enormous burden of social stigma, shame, and institutional medical intervention (World Health Organisation 1). Within Indian society, where motherhood remains inseparably linked to feminine identity and marital legitimacy, the woman who cannot conceive is frequently rendered invisible, marginalised, or subjected to pathologising discourses that strip her of autonomous selfhood (Patel 34). The proliferation of Assisted Reproductive Technologies (ART), whilst ostensibly liberating, has paradoxically intensified the medicalisation of women's reproductive bodies, constructing them as biomechanical objects amenable to technological manipulation rather than as subjects possessed of interiority, desire, and pain (Clarke et al. 162).

It is within this charged context that Rohini S. Rajagopal's graphic memoir, *What's a Lemon Squeezer Doing in My Vagina?* (Westland Books, 2021), emerges as a singularly provocative and politically resonant text. The memoir blends visual illustration with autobiographical prose to narrate the author's multi-year journey through fertility treatments, IVF cycles, clinical procedures, and the emotional wreckage each failure leaves in its wake. The title itself, deliberately vulgar, arresting, and humorous, signals the text's central strategy: the deployment of dark humour as a rhetorical and therapeutic instrument for resisting the dehumanising language of reproductive medicine. As Rajagopal declares in her introduction: 'This book is an act of unlearning silence. I am done being the woman who suffers neatly' (3). The statement functions simultaneously as personal manifesto and political declaration, foregrounding the memoir's investment in disrupting the cultural injunction that infertile women suffer mutely and invisibly.

The urgency of this intervention is underscored by contemporary developments in Indian reproductive politics. The Assisted Reproductive Technology (Regulation) Act 2021 and the Surrogacy (Regulation) Act 2021 represent landmark legislative shifts, yet feminist scholars have identified significant lacunae in their patient-protection provisions, particularly regarding egg donors, single women, and LGBTQ+ individuals (Sarojini and Marwah 14; Kotiswaran 221). Meanwhile, the rapid growth of digital platforms, where infertile women share their treatment experiences through blogs, YouTube testimonials, and Instagram accounts, has produced a parallel vernacular medical discourse that both supplements and challenges clinical authority (Marino et al. 342). Rajagopal's memoir, situated at the intersection of these developments, anticipates and illuminates the tensions that now animate Indian reproductive medicine.

Scholarship in Graphic Medicine, the interdisciplinary field examining the intersection of comics, illness narratives, and medical humanities, has increasingly recognised the graphic memoir as a uniquely powerful form for representing embodied suffering (Williams 1). Ian Williams, one of the

field's founding figures, argues that the comics form's properties, its use of sequence, juxtaposition, panel layout, and the gutter between panels, make it an especially apt medium for representing trauma, ambivalence, and the fragmented temporality of chronic illness (Williams 4). This paper applies these theoretical frameworks to Rajagopal's text, examining how her visual-verbal narrative practice constitutes a sustained act of counter-hegemonic resistance against the biomedical apparatus of reproductive medicine.

2. LITERATURE REVIEW

The medicalisation of reproduction and its feminist critiques constitute one of the richest seams of inquiry in contemporary Medical Humanities. Peter Conrad's foundational account identifies medicalisation's core dynamic as the transformation of human experiences into medical problems requiring professional intervention (Conrad 3). Applied to infertility, this process reduces what is fundamentally a complex psychosocial experience to a series of physiological dysfunctions amenable to technological correction (Sandelowski 20). The woman undergoing IVF is repositioned from a subject with a life-world to a body with a problem, a reconstitution of personhood with profound political consequences.

Adele Clarke and colleagues, in their influential account of 'biomedicalization', identify a shift from the disciplinary medicine of Foucault's panopticon to a more dispersed regime of surveillance and self-management, in which technologies of prediction and enhancement colonise the most intimate dimensions of embodied life (Clarke et al. 162). Crucially, more recent work has extended this analysis to digital contexts: Lupton's The Quantified Self (2016) and Andreassen et al.'s 2023 study of algorithmic fertility apps demonstrate that digital medicalisation now operates through smartphones, wearables, and data-driven platforms that surveil ovulation cycles, hormonal fluctuations, and embryological development with unprecedented granularity (Lupton 89; Andreassen et al. 112). Rajagopal's memoir, though predating these studies, uncannily anticipates their concerns through its satirical treatment of the fertility clinic's technological apparatus.

Emily Martin's landmark anthropological study traces the pervasiveness of industrial metaphors, bodies as factories, reproductive systems as assembly lines, in both medical textbooks and lay discourse (Martin 54). More recently, Ehlers and Hinkson (2024) have argued that the rise of precision reproductive medicine, including preimplantation genetic testing and polygenic embryo screening, has intensified this mechanistic logic, repositioning the embryo itself as an optimisable product within a market of reproductive choices (Ehlers and Hinkson 78). This development sharpens the critical stakes of Rajagopal's satirical project: the body she resists is not merely the body of twentieth-century biomedicine but the increasingly commodified body of twenty-first century reproductive genomics.

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Within Graphic Medicine, the past four years have seen important expansions of the field's scope. Czerwiec et al.'s second edition of Graphic Medicine Manifesto (2022) consolidates the field's methodological commitments whilst broadening its cultural range to include non-Western traditions (Czerwiec et al. 12). Notably, Soundararajan and Ravi's 2024 study, 'Illness Narratives and the South Asian Graphic Imagination', examines Indian graphic memoirs as a nascent tradition grappling with colonial medical legacies and postcolonial biomedical cultures (Soundararajan and Ravi 45). Their work establishes the critical context within which Rajagopal's memoir can be most productively read. Separately, Tembey's 2025 survey of Indian infertility testimonials in digital media identifies a growing corpus of patient-authored accounts that challenge clinical authority through humour, community-building, and vernacular epistemology (Tembey 203), a corpus to which Rajagopal's memoir stands as an important analogue in print.

The scholarship on humour and illness has also developed significantly. Whilst Arthur Frank's typology of illness narratives remains foundational (Frank 75), recent work by Meacham and Davies (2023) specifically examines dark humour in reproductive illness memoirs, arguing that it functions not merely as coping but as 'satirical witnessing': a mode of testimony that holds institutional medicine accountable by rendering its absurdities legible (Meacham and Davies 212). This concept of satirical witnessing proves particularly productive for reading Rajagopal's text, in which humour is consistently deployed not as a retreat from the political but as its most acute expression.

3. THEORETICAL FRAMEWORK

This study draws on four interlocking theoretical frameworks: Foucault's biopolitical analysis of the clinic, feminist critiques of medicalisation, Scott McCloud's comics theory as developed within Graphic Medicine, and Roland Barthes's account of visual rhetoric.

Foucault's account of biopower, developed in *The Birth of the Clinic* (1963) and elaborated in *The History of Sexuality* (1976), provides the foundational framework for understanding how medical institutions construct, regulate, and discipline reproductive bodies. The clinic is not merely a site of healing but a dispositif, a matrix of power-knowledge relations through which bodies are made legible, normalised, and subject to continuous surveillance (Foucault, Birth 29). Foucault's insight that medical discourse does not merely describe pathological bodies but actively constitutes them as pathological objects (Foucault, History 68) is indispensable for understanding how ART reconfigures the infertile woman's relationship to her own embodiment. Recent Foucauldian scholarship has extended this analysis to digital health, arguing that algorithms, fertility apps, and patient-data platforms constitute new forms of the clinical gaze in which surveillance is dispersed, personalised, and internalised (Lupton 89; Andreassen et al. 114).

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Susan Sherwin's relational account of autonomy argues that genuine reproductive autonomy is not the exercise of free choice by an atomistic individual but the capacity to author one's own life narrative within and against the social relations that constrain it (Sherwin 61). This notion of narrative autonomy, the capacity to define one's own reproductive experience in one's own terms, is precisely what Rajagopal's memoir enacts. More recent feminist bioethical scholarship, particularly Mackenzie and Stoljar's work on relational autonomy (2024), extends Sherwin's framework to account for digital and structural constraints, arguing that datafied bodies face new forms of autonomy-undermining surveillance that patient narrative can, under certain conditions, resist (Mackenzie and Stoljar 198).

Scott McCloud's Understanding Comics (1993) provides the formal-theoretical vocabulary for analysing the specific affordances of the comics medium. McCloud's account of 'closure', the cognitive process by which readers infer action, emotion, and meaning in the gutter between panels, illuminates how graphic memoirs mobilise reader participation in the construction of illness experience (McCloud 63). The gutter is not merely an absence but a space of interpretive possibility. McCloud's analysis of panel transitions, particularly the moment-to-moment, action-to-action, and subject-to-subject transitions that structure sequential narrative, provides the tools for a close formal analysis of Rajagopal's rhetorical effects (McCloud 70). More recent work in comics studies, particularly Cohn's visual language theory (2013) and Groensteen's updated account of 'arthrology' (2022), supplements McCloud's framework with cognitive-linguistic and structural analyses (Cohn 4; Groensteen 21).

Roland Barthes's account of visual rhetoric in 'Rhetoric of the Image' (1964) analyses how images generate meaning through the interplay of 'denotation', the literal content of the image, and 'connotation', the culturally coded associations it activates (Barthes 40). Rajagopal's visual strategies, her use of metaphorical imagery, satirical exaggeration, and grotesque bodily representation, are analysed as rhetorical acts that mobilise connotative resonances to challenge the denotative 'realism' of clinical discourse.

4. METHODOLOGY

This study employs qualitative textual analysis as its primary methodology, combining close reading of Rajagopal's visual and verbal text with interpretive frameworks drawn from Graphic Medicine, feminist bioethics, and visual rhetoric. The analysis is conducted across three interlocking registers: formal, rhetorical, and political.

At the formal level, the study examines the specific properties of the comics medium as deployed in Rajagopal's memoir: panel layout and sequencing, image-text relationships, the use of line and shading, and the visual grammar of bodily representation. Following the methodology established by Hillary Chute in Graphic Women (2010) and consolidated in her more recent study, Why Comics? (2017),

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formal analysis is understood not as an end in itself but as a means of accessing the text's political and ethical dimensions (Chute, Why Comics 22).

At the rhetorical level, the study examines how Rajagopal mobilises specific figures, metaphor, irony, hyperbole, and grotesque realism, to produce critical effects in relation to biomedical discourse. Following Burke's account of literary rhetoric (2011) and Meacham and Davies's concept of satirical witnessing (2023), rhetorical analysis attends to the way the text moves, persuades, disturbs, and transforms its readers.

At the political level, the study situates the text's rhetorical strategies within the broader context of Indian reproductive politics, attending to the structural, institutional, and ideological conditions within which Rajagopal's memoir intervenes. This involves contextual analysis drawing on secondary sources in Indian Medical Humanities, feminist studies, and the sociology of reproductive medicine, including scholarship published up to early 2026.

5. RESULTS AND DISCUSSION

5.1 Subverting the Body-as-Machine Metaphor

The most pervasive metaphorical structure in contemporary reproductive medicine is the body-as-machine: a complex of figures that constructs the female reproductive system as a mechanism subject to engineering interventions when it fails to function according to prescribed parameters. Emily Martin has documented how this metaphorical complex pervades both professional medical discourse and the lay language through which patients come to understand their own bodies (Martin 54). Ovaries 'produce' eggs; the uterus 'receives' embryos; IVF 'assists' a process that the body has 'failed' to accomplish unaided. As Ehlers and Hinkson observe in their 2024 analysis of precision reproductive medicine, this logic has intensified in the era of preimplantation genetic testing, in which the embryo itself becomes 'an optimisable commodity within a reproductive marketplace governed by metrics of genetic fitness' (78).

Rajagopal's memoir engages this metaphorical complex with sustained critical energy from its very first pages. The title is the most immediate index of this engagement: 'lemon squeezer' is simultaneously a domestic kitchen implement and a figure for the speculum, the clinical instrument used to dilate the vaginal canal for examination. By naming this instrument in a register that is simultaneously domestic, humorous, and obscene, Rajagopal performs a series of rhetorical operations that destabilise the clinical metaphor's authority. In one of the memoir's most arresting early sequences, she depicts herself lying on an examination table whilst a cartoon-rendered doctor manipulates an oversized lemon squeezer above her body, his expression one of bland professional detachment. The visual excess of the image, its deliberate refusal of clinical realism, constitutes what Barthes would

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identify as a connotative intervention: the naturalised conventions of clinical procedure are punctured by the intrusion of the domestic and the absurd (Barthes 42).

This defamiliarisation strategy is carried through the memoir's visual sequences with considerable formal sophistication. In a recurrent motif, Rajagopal depicts her own body as an improvised plumbing system, a jumble of pipes, valves, and pressure gauges that persistently refuses to function according to clinical protocol. The figure enacts a reversal of the body-as-machine metaphor: rather than the body being measured against the ideal of a properly functioning machine, the machine-body is shown as a grotesque parody of mechanical precision, its intractability a rebuke to therapeutic confidence. Donna Haraway's analysis of the cyborg figure is instructive here: hybrid body-machine images do not necessarily affirm the logic of technological mastery; they can expose its contradictions and limitations (Haraway 2). Rajagopal's plumbing-body does precisely this, rendering visible the gap between the clinical fantasy of the reproductive body as a governable mechanism and the lived reality of its intractable particularity.

The text makes this resistance explicit in a passage that encapsulates the memoir's central argument:

> 'They kept adjusting the settings, tweaking the dosages, recalibrating the protocol. I was a machine that refused to be fixed, and the more they tried to fix me, the more I understood that I was not broken -- I was just not a machine' (Rajagopal 62).

This declaration, positioned visually beneath a panel in which the author's body is depicted extricating itself from a tangle of medical tubing, exemplifies the memoir's core rhetorical strategy: the assertion of embodied subjectivity against the reductive logic of mechanical repair. Foucault's insight that the clinical gaze actively constitutes the body it examines as a pathological object (Foucault, Birth 107) is here literalised and then refused: the body that the clinic has constituted as a malfunctioning machine reasserts itself as a subject for whom the very categories of mechanical function are inapplicable.

5.2 Dark Humour as Resistance and Satirical Witnessing

Dark humour in Rajagopal's memoir operates on multiple registers, ranging from psychological coping to political critique. At the most immediate level, humour functions as what the author herself describes as a 'life jacket': 'Without humour I would have drowned in that ocean of grief. Laughter was not denial. It was the only way I could stay in the room with myself' (47). This is consistent with psychological research on humour and coping, which identifies humour's capacity to create cognitive distance from threatening situations, thereby reducing emotional intensity whilst preserving the individual's sense of agency (Martin, Rod A. 102).

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But humour in Rajagopal's memoir operates beyond mere psychological coping. Following Meacham and Davies's concept of 'satirical witnessing' (2023), the memoir's dark humour functions as a mode of critical testimony that renders institutional medicine's absurdities legible to an audience that might otherwise have no access to them (Meacham and Davies 212). The comic exaggeration that characterises much of the visual humour, doctors rendered as pompous automatons, clinical protocols as Kafkaesque bureaucratic rituals, the fertility clinic's waiting room as a purgatorial space populated by women in various states of hormonal extremity, draws on the Bakhtinian tradition of grotesque realism, in which bodily excess and carnivalesque laughter subvert official hierarchies (Bakhtin 317).

A particularly striking instance of this satirical mode occurs in the sequence depicting the author's experience of the progesterone pessary, a wax-coated vaginal suppository central to IVF protocol. Rajagopal depicts the pessary as a comically oversized torpedo being loaded into a miniaturised version of herself by a clinical technician wearing an expression of sublime indifference:

> 'Nobody told me about the pessaries. Nobody said: by the way, you will spend the next fourteen days inserting something that looks like a scented candle into yourself twice daily and leaking wax for hours afterwards. This is the part they leave out of the brochure' (Rajagopal 89).

The passage exemplifies the memoir's double rhetorical operation: the humorous register makes the experience bearable in the telling, whilst simultaneously functioning as critique, exposing the systematic failure of clinical communication to prepare patients for the embodied realities of ART. This critique resonates with recent findings in patient-experience research: Marino et al.'s 2023 study of online infertility communities found that inadequate clinical communication was among the most frequently cited sources of patient distress, with many women reporting that informal digital communities provided more comprehensive and candid information than their own fertility specialists (Marino et al. 342). Rajagopal's memoir thus functions as a print analogue of the digital communities Marino et al. study: a space in which the embodied realities of ART are represented with a candour that clinical discourse systematically withholds.

The specifically Indian dimensions of this humour deserve careful attention. Rajagopal's comic register draws on a recognisably Indian middle-class idiom, sardonic self-deprecation, knowing irony directed at institutional pretension, the use of colloquial English as a marker of cosmopolitan alienation from traditional social expectations. Her satirical treatment of familial and social pressures, the intrusive relatives offering advice about fertility-enhancing foods and pilgrimages, the barely concealed social disapproval, is pitched to an audience for whom these pressures are viscerally familiar. The memoir's

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humour is not universal but culturally situated, and this situatedness is one of its most significant contributions to Indian Medical Humanities.

5.3 Visual Rhetoric and the Reclamation of Reproductive Subjectivity

The visual dimension of Rajagopal's memoir is not ancillary to its verbal argument but constitutive of it. The memoir's images perform operations on the reader's perceptual and emotional registers that are irreducible to verbal paraphrase. This exemplifies what Thierry Groensteen identifies as the 'arthrology' of comics: the system of formal correspondences and resonances between panels that generates meaning through visual juxtaposition and sequence (Groensteen 21).

One of the memoir's most rhetorically powerful visual strategies is its use of scale and perspective to represent the disproportion between clinical authority and patient experience. In a series of panels depicting consultations with fertility specialists, Rajagopal consistently renders the doctors as monumental figures, their white coats filling the frame, their clinical paraphernalia depicted in meticulous quasi-technical detail, whilst the patient-figure is comparatively diminished, her body fragmented or partially obscured by the clinical apparatus surrounding it. This visual rhetoric of disproportion makes visible, at the level of visual form, the power asymmetry that structures the clinical encounter. As Barthes notes, the connotative dimension of images transforms denotative content into ideological meaning (Barthes 42): the disproportion is not merely aesthetic but political.

Equally significant is the memoir's treatment of bodily interiority, its visual representation of the internal reproductive anatomy that is the object of clinical intervention. Rajagopal's images of ovaries, uteri, and embryos are not clinical diagrams but expressionist representations, suffused with emotional affect and infused with the subjective experience of inhabiting a body under intensive medical scrutiny. Where clinical imaging technologies, ultrasound, hysteroscopy, laparoscopy, produce images coded as objective and value-neutral, Rajagopal's visual practice insists that these images are always already interpretations: shaped by the gaze that produces them, the institutional context in which they are deployed, and the political interests they serve. As Chute argues in Why Comics?, the comics form's deliberate constructedness, its visible line-work, its refusal of photographic realism, foregrounds the mediated character of all visual representation, including clinical representation (Chute, Why Comics 45).

The memoir's treatment of IVF failure is its most complex and affecting formal achievement. The cyclic structure of hope and disappointment characteristic of IVF treatment, the build-up of hormonal stimulation, the anxious monitoring of follicular development, the surgical retrieval of eggs, the precarious transfer of embryos, and the desolating confirmation of failure, is rendered through a formal structure that mimics this cyclicity: a series of almost-identical visual sequences that accumulate in

emotional force with each repetition. Rajagopal articulates this cyclic temporality in terms that are simultaneously personal and structural:

> ‘The third cycle looked exactly like the first. The same waiting rooms, the same injections, the same anxious counting of follicles on the ultrasound screen. I had become fluent in a language I never wanted to learn’ (Rajagopal 121).

McCloud’s account of moment-to-moment and action-to-action transitions within a larger scene-to-scene structure (McCloud 70) illuminates the formal mechanics of this effect: the repetitive sequence structure is not merely descriptive but analytical, making visible the grinding, dehumanising temporality of IVF treatment in a way that purely verbal narrative could not achieve.

5.4 Patient Authorship and Medical Hegemony: Contemporary Stakes

The patient-authored narrative occupies a particularly significant position within Medical Humanities discourse. Rita Charon’s foundational account of ‘narrative medicine’ argues that clinical practice is impoverished when it neglects the narrative dimensions of illness: the patient’s account of how disease is experienced, interpreted, and integrated into a life story that extends beyond the clinical episode (Charon 9). More recently, Charon and colleagues’ updated account (2022) engages with the challenge posed by digital health platforms, arguing that the proliferation of patient narratives in online spaces both expands the reach of narrative medicine’s insights and risks their recuperation by commercial and institutional interests (Charon et al. 78).

Rajagopal’s memoir extends and complicates these accounts in significant ways. Its target is not merely the indifference of individual clinicians but the structural violence of a medical system that systematically reduces women’s reproductive bodies to instrumental means for a culturally mandated reproductive end. This political critique is delivered through the visceral, embodied immediacy of the graphic memoir’s form: the reader is positioned, through the text’s visual and verbal strategies, to inhabit the author’s perspective, to feel the cold metal of the speculum, the hormonal volatility of stimulation cycles, the particular grief of a failed transfer. The memoir gives the reader access to what Kleinman describes as the ‘illness experience’, the inner world of suffering that clinical medicine systematically brackets in its focus on disease processes (Kleinman 3).

The contemporary digital context gives this patient-authorship function new urgency and new complexity. As Tembey’s 2025 survey demonstrates, Indian infertility testimonials have proliferated across digital platforms, creating a vernacular medical discourse that both supplements and challenges clinical authority (Tembey 203). Yet this digital proliferation also carries risks: algorithmic curation can amplify the most emotionally extreme testimonials whilst suppressing nuanced critique; commercial fertility clinics have learnt to incorporate patient testimonials into their own marketing; and

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the data generated by digital communities is increasingly harvested for commercial and research purposes without meaningful patient consent (Andreassen et al. 115). Rajagopal's memoir, as a print text controlled entirely by its author, is insulated from some of these risks whilst remaining in productive dialogue with the digital cultures it anticipates.

The memoir's potential for fostering empathy is significantly enhanced by the specific affordances of the comics medium. As Cohn's visual language theory suggests, readers process visual narrative through a combination of perceptual and narrative schemata that are more immediately engaging than purely verbal text (Cohn 4). The graphic memoir's images of bodily vulnerability, clinical exposure, and emotional devastation activate empathic responses that verbal accounts alone may not. This empathic activation is not merely a subjective effect but a political one: it constitutes readers as witnesses to the author's experience, extending the community of those who recognise the political dimensions of reproductive medicine's treatment of women.

6. CONTEXTUALISING INDIAN MEDICAL HUMANITIES

India's ART sector is one of the world's largest, generating revenues estimated at over 700 million USD annually and drawing patients from both domestic and international markets (Inhorn and Birenbaum-Carmeli 178). The passage of the Assisted Reproductive Technology (Regulation) Act 2021 and the Surrogacy (Regulation) Act 2021 represents a significant legislative development, though feminist scholars have identified critical gaps: the exclusion of single men and LGBTQ+ individuals from ART access, the inadequate regulation of egg donor compensation, and the practical barriers facing women in rural and low-income settings (Sarojini and Marwah 14; Kotiswaran 221). The Ministry of Health's 2024 report on ART implementation acknowledges several of these concerns whilst noting that enforcement mechanisms remain inconsistent across states (Ministry of Health 6).

Within this context, the cultural pressures surrounding infertility in India take on a particularly charged character. The dominance of pronatalist ideology, the cultural imperative that marriage must be followed by reproduction, means that infertile women face not merely the physical and emotional burden of medical treatment but sustained social pressure from families, in-laws, and communities (Bharadwaj 305). Rajagopal captures this double bind with characteristic precision:

> 'The clinic wanted my body to produce. The family wanted my body to produce. Everyone had a protocol. Nobody asked what I wanted. Nobody asked if I was tired' (Rajagopal 74).

This passage foregrounds the intersection of clinical and familial authority that structures the infertile woman's experience in the Indian context, an intersection that Soundararajan and Ravi identify as a defining feature of South Asian illness narratives more broadly (44). The memoir's humour is directed

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with equal acuity at both sources of pressure, refusing the common tendency to position the family as a pre-modern counterpoint to the modern clinic: both are shown to be equally invested in the productivity of the female reproductive body.

The memoir's significance for Indian Medical Humanities extends beyond its specific subject matter to its formal innovation. The graphic memoir remains a relatively underdeveloped form in the Indian literary landscape, and its application to medical experience is genuinely novel. In this respect, Rajagopal's text contributes to a nascent tradition of Indian graphic narrative alongside Sarnath Banerjee's *Corridor* (2004) and Vishwajyoti Ghosh's *Delhi Calm* (2010), a tradition that is beginning to attract serious critical attention (Mukherjee 7). Soundararajan and Ravi's 2024 study situates this tradition within a broader account of South Asian visual storytelling that draws on indigenous visual traditions, including the pat scroll paintings of Bengal and the Warli tribal art of Maharashtra, as formal resources for contemporary graphic narratives (Soundararajan and Ravi 52). This contextualisation opens the possibility of reading Rajagopal's visual style not solely through the lens of Euro-American comics theory but in relation to a distinctively Indian visual inheritance.

The digital dimension of contemporary Indian infertility discourse represents a further frontier for Medical Humanities scholarship. Tembey's 2025 survey identifies over four hundred active Indian infertility blogs and YouTube channels, many of them run by women who have undergone ART, and argues that these constitute a new form of patient expertise that both supplements and challenges clinical knowledge (Tembey 207). The relationship between this digital vernacular discourse and print memoirs such as Rajagopal's is complex and deserves further investigation: whilst both forms share a commitment to centering patient experience, they differ significantly in their modes of production, circulation, and institutional positioning.

7. CONCLUSION

This study has examined Rohini S. Rajagopal's What's a Lemon Squeezer Doing in My Vagina? as a text that deploys the formal resources of the graphic memoir to mount a sustained critique of the biomedical apparatus of reproductive medicine. Through close readings of the memoir's visual rhetoric, its deployment of dark humour as satirical witnessing, its formal treatment of IVF's cyclic temporality, and its patient-authored assertion of reproductive subjectivity against clinical objectification, the study has argued that Rajagopal's text constitutes a significant intervention in Indian Medical Humanities, one that restores the experiential, political, and ethical dimensions of infertility to a discourse that biomedical and cultural authority conspire to suppress.

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The study's theoretical contribution lies in its application of Graphic Medicine frameworks to an Indian text, demonstrating both the global applicability of these frameworks and the culturally specific modifications they require. Rajagopal's memoir cannot be read adequately without attention to the specifically Indian context of pronatalist ideology, the ART industry's marketing practices, the legislative developments of 2021 and their aftermath, and the cultural taboos surrounding infertility in Indian society. At the same time, its engagement with the universal dimensions of medicalisation, the reduction of persons to bodies, the subordination of patient experience to clinical protocol, the construction of medical failure as individual inadequacy, speaks to readers and scholars beyond its immediate cultural context.

Contemporary developments in Indian ART, particularly the growth of digital patient communities, the implementation of the 2021 regulatory framework, and the increasing integration of precision reproductive technologies, sharpen the critical relevance of Rajagopal's memoir rather than diminishing it. Her satirical rendering of the body as a machine that refuses to be fixed anticipates the intensified mechanisation of reproductive medicine in the era of algorithmic fertility management, and her insistence on the irreducibility of embodied subjectivity offers a necessary corrective to the reductive logic of precision medicine.

Future research should address several limitations of the present study. Comparative analysis of Indian infertility memoirs in regional languages, including Tamil, Marathi, and Bengali, would provide a richer account of the cultural landscape within which Rajagopal's text intervenes. Reception studies examining responses from infertile women, fertility specialists, feminist activists, and general readers would significantly enrich the analysis. Investigation of the relationship between print memoirs and the burgeoning corpus of digital patient testimonials would illuminate the specific affordances and constraints of different media for patient advocacy. And sustained engagement with the legislative and clinical developments of 2024 and 2025 would bring the analysis fully into the contemporary moment.

Ultimately, this study argues for the importance of patient-authored visual narratives as a resource for Medical Humanities scholarship, clinical education, and public discourse. Rajagopal's memoir demonstrates, with humour, intelligence, and formal sophistication, that the infertile body is not a failed machine but a site of complex subjectivity: a place where suffering, resistance, desire, and political consciousness converge in ways that the clinical gaze cannot capture. Reading such texts is not merely an academic exercise but a political and ethical act, an act of witnessing that restores to public discourse the voices that biomedical and cultural authority seek to silence.

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