

## INTRODUCTION

### THE PARADOX OF REPRODUCTIVE TECHNOLOGIES

At the beginning of the twenty-first century, we live in a world that differs in many ways from the one of our ancestors. This book is about two contemporary phenomena, the existence of which these ancestors could not have anticipated, not even in their wildest dreams. The first concerns today's level of medical-technical control over human reproduction. The possibility of contraception, the creation of embryos in laboratories, or the temporary removal of fetuses from women's pregnant bellies are impressive technological feats profoundly affecting and altering fundamental human experiences. The second phenomenon defining our times, and equally constituting a radical change, is the level of emancipation and autonomy achieved by women. Never before have they been able to enjoy such relative freedom and opportunity to live their lives the way they want or to choose occupations, lifestyles, and partners. No longer are their lives and identities determined by duties toward husbands and children to the extent they once were, nor is the bearing and rearing of children the unquestionable first and foremost goal of their lives.

The rise of feminism and the progress of medical science are generally considered valuable achievements of our day and age. However, the relationship between the two is fraught with tensions. While there is, by and large, a broad consensus on their mutually reinforcing relationship in areas like contraception, it is far less clear how they relate to each other in domains like high-tech infertility treatment and prenatal medicine. When it comes to the new reproductive technologies, there is much more controversy, with doctors, feminists, patients, as well as concerned professionals from a wide variety of disciplines and religious or political beliefs pitched against each other. If there is one thing about these new medical reproductive technologies anyone can probably agree on, it is the fact that they have hardly been neglected or otherwise slipped through public attention. If anything, they have been discussed over and over, generating a steady flow of news items, legislative efforts, legal controversies, public moral upheaval, and academic attention from a wide variety of disciplines.

At the very moment this book goes to press, news media all over the world are covering the story of the “Italian madman” announcing his plans to try ‘human cloning’ – somatic cell nuclear transplant or SCNT – as a new infertility treatment. By now it is a near impossible task to give a complete overview of the instances of public controversy these technologies have generated over the last few decades.<sup>1</sup>

This book touches upon these debates in a sideways manner. Its main theme is the paradox, perhaps even the contradiction, that has resulted from the combined achievements of medical reproductive technologies and feminism. In significant ways, these technologies suggest a trend in which ever more medical and societal problems are becoming recast as reproductive problems, and ever more of those are finding solutions in interventions in women's bodies. Both in vitro fertilization and prenatal medicine are concerned with problems far surpassing those concerning women's own reproductive health and safety. In vitro fertilization has become important in managing the problem of *male* infertility, while prenatal medicine has yielded a form of surgery that is concerned with the prevention of congenital problems in *children*. Both types of technology comprise invasive, complication-ridden, sometimes risky procedures in women's bodies. They thus seem to constitute, on one level, invitations to women to take precisely the position regarding husbands and children that, on another level, so it was agreed, could or should no longer be demanded of them. In a certain way, these technologies invite women to take responsibility for men's and children's physical problems, sometimes at a considerable expense of their own well-being.

This way of framing the issue of reproductive technologies is not a very common one. There have been few protesting voices against broadening the indications of a treatment first introduced for women's fertility problems to those of men. On the contrary, the use of IVF for male infertility has been welcomed as a great medical breakthrough, and the waiting lists grow longer each day. And although many will still frown upon the idea of fetal surgery, the gradual extension of prenatal care and the concomitant growth in responsibilities, duties, restrictions and physical interventions for women has occurred without significant opposition. It is likely that, given this context, the inclusion of surgical options will eventually come to look like only one, logical step further.

If there has been little recognition of the paradoxical relation between women's recently achieved relative freedom *not* to subordinate their own well-being, interests and pursuits to those of husbands and children, let alone by jeopardizing such a highly valued good as their own health, and the directions taken by today's reproductive technologies, this has many reasons.

One such reason is precisely the extent to which women today are considered autonomous persons quite capable of determining what they want and need. An obvious counter argument to any suggestion that these technologies may be problematic from a feminist point of view is that women seem to want them. If IVF is rapidly becoming the treatment of choice for male infertility, this is because women do want children by their partners, and are prepared to go at great lengths to achieve this. A similar point can be made regarding prenatal intervention: it is because women put such great value on their children's health that they are willing to use all technologies available. If for some this will include undergoing surgery while pregnant, this will be an expression of their own free will to do anything possible to save their child. Questioning this choice could actually be taken as a sign of disrespect for their ability to make up their own minds.

Plausible as such reasoning may seem at first, this book will attempt to show that such an assessment rests on a superficial understanding of how and why we have ended up with these particular technologies and choices. To think that women *want* the painful and risky interventions in their bodies these technologies imply, because they want a child by their partner and one as healthy as possible as well, takes a great deal for granted. In particular, it assumes that these needs and wishes unavoidably and necessarily lead to, and therefore justify, current technologies. While it is true that most women would wellcome the long overdue lifting of the (cultural, including medical-scientific) taboo on male infertility, it is perhaps too convenient to take for granted, that they are therefore also happy to take its physical burden on themselves. It may be similarly true that women wish their children to be spared as much as possible from the painful strokes of fate of congenital disease and sickness, but it somehow seems unfair to infer too readily that this also means that they want or need their own already painful and risky task of childbearing to be increased indefinitely. Moreover, it is perhaps unjustified to assume that these translations of their needs were inevitable and necessary.

This book is an attempt to cast doubt on these assumptions, in order to broaden the scope of critical reflection about reproductive technologies as they are presently taking shape. Although some strong opinions and convictions may be read into this book, it does not offer general answers or blueprints. As a student of science and technology, trained in philosophy and women's studies, I use the modest instruments at my disposal. In writing this book I do not pretend to sit on the chairs of those whose works and words fill these pages. My position and equipment differ from those of doctors, scientists, ethicists, patients, policy makers, editorial boards, or distributors of research funds. I do hope, however, that those feeling addressed, from the

various positions they occupy in relation to the technological developments discussed, will find some resources, arguments or suggestions helpful in evaluating, maybe even redirecting their agendas. In an effort to reframe some of the issues concerned, this book, in general, suggests a redirection of public concern raised by these technologies. It sets out to do so by bringing contemporary perspectives on the history of biomedicine and the nature of technology to bear on them. Through the analysis of the discursive practices of reproductive technology I will show how factors and mechanisms other than the natural, biological givens of bodies and reproduction are at work in shaping technologies that create the need for ever more interventions in female bodies for an ever growing set of reasons.

The first step in breaching the idea of biological inevitability is taken in chapter one, with a short account of the history of the gradual medical-scientific discovery and knowledge production about the female reproductive body. Next, the chapter introduces the theoretical and methodological approach to the study of science and technology informing the analyses in this study. It also provides a preliminary description of the two forms of reproductive technology to which these analyses are applied, IVF as a treatment for male infertility, and fetal surgery for the treatment of congenital anomaly.

Chapter two focuses the central argument on the emergence of two new types of patients, pivotal in the mediation of male fertility and congenital problems and female bodies: *the couple* and *the fetus*. It argues that the conception of couples and fetuses as singular treatable patients is closely connected to the development of reproductive technologies themselves. This constitutes a reflexive move in Katherine Hayles' definition of the term, according to which "that which has been used to generate a system is made, through a changed perspective, to become part of the system it generates."<sup>2</sup> Instead of describing the new patients as natural categories in need of therapeutical intervention, thus rendering intervention in female bodies biologically inevitable, this chapter shows their *production* through the intricate intertwinements and interactions of technologies and bodies. Focusing on the transformation of problem-definitions, and spatial and temporal shifts in localizations of the medical problems concerned, it describes how couples and fetuses emerge as *hybrid entities* from medical-technological interventions in female bodies.

Chapter three takes the analysis of couples and fetuses as hybrid patient categories one step further. It relates to chapter two as its twin sister, following a conceptual scheme devised by Bruno Latour.<sup>3</sup> According to this scheme, processes of hybridization are accompanied by processes of *purification*. While, within our technological culture, a continuous

production of hybrids through the intermingling of nature and culture, bodies and machines, is taking place, this process is simultaneously concealed by discursive reconstruction of pure and distinct ontological categories. The very culture that so habitually and productively mixes the natural and the technological, thus maintains an ontology in which nature and technology, bodies and machines are fundamentally distinct. A similar scheme is used to analyze the relation between couples and fetuses on the one hand, and reproductive technologies and the individuality of bodies on the other. While chapter two deals with the production of fetuses and couples as hybrids, chapter three centers around the purification processes involved. The central argument of the third chapter, then, is that although couples and fetuses are treated as singular patients, these unconventional practices, that mix up the distinction between the technological and the natural as well as the distinction between one individual and another, are accompanied by specific discursive mechanisms that render the "impure" categories familiar and acceptable. A crucial step in rendering the treatment of male problems and children's problems through women's bodies acceptable, or even natural and biologically inevitable, lies in a discursive displacement of 'women' by 'couples' and 'fetuses', and the subsequent reconstruction of the new technologies as forms of treating 'men' and 'children'. The chapter describes how the scientific discourse concerned presents the new technologies as hardly involving any intervention in female bodies, as opposed to the couple's or the fetal body, while, on the other hand, the individuals treated and helped through the technology are referred to as men and children.

Chapter four, then, poses the question what these configurations imply for the female body: if the technology applied to it restores men's and children's bodily functions, what remains of the female body as an *individual* body? What remains of the idea that bodies have *boundaries* marking the distinction between one body and another? These questions about the body ontologies produced within technology's discursive practices are extended to the domain of moral and legal notions of the individuality of the body in relation to concepts relevant to body politics and reproductive politics, such as bodily integrity and bodily self-determination.

Chapter five, finally, answers the central question of this book by drawing together the conclusions from the previous chapters. The question how to assess current developments in reproductive technologies is answered by comparing technology's constitution of women's relations to men and children through its rendering of forms of female embodiment with feminist goals and emancipatory body politics. It then moves the problem to a different plane of discussion by confronting these conclusions with current developments in *feminist theory*. In its emphasis on dissolution and

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