Procreation, Power and Personal Autonomy: Feminist Perspectives

Chapter 3

Dissenting Voices

My focus in this chapter is both backward and forward looking. I look back to consider the distinctive manner in which issues about the new technologies were initially framed and forward to practical and conceptual strategies that might be deployed to enhance the agency of all women whose childbearing decisions may be influenced by these new techniques. First, I briefly summarize perspectives that shaped debate in the 1970s and early 1980s. For early perspectives cast light on the subsequent influence of the fertility industry and representation of infertility issues by the mass media. Particularly critical is their newfound power of the industry to displace traditional childbearing expectations, reconfigure public perceptions, and redefine public policies. My primary aim is to situate feminist perspectives within broader debates about the implications of reproductive innovations. Then I move to more detailed consideration of feminist efforts to reclaim women's agency, revalue mothering, uncover underlying patterns of social stratification, and reappraise power relations.

The1978 birth of Louise Brown, the first IVF baby, ushered in a new era, a path to fulfillment for some, a source of frustration for others. Lesley Brown had been unable to conceive for nine years. Diagnosed with blocked fallopian tubes, she futilely went from doctor to doctor before referral to Dr. Patrick Steptoe in 1976. For the past decade Steptoe and physiologist Robert Edwards had been experimenting on techniques to circumvent infertility. They had successfully found a way to fertilize an egg outside a woman's body and transfer it in her uterus, but when Brown arrived in Steptoe's office none of the eighty pregnancies they had initiated had lasted more than a few weeks. She consented to undergo in vitro fertilization (IVF). But she was not told that the procedure was experimental and had never resulted in a live birth. This time it worked! Louise Brown was born through a planned caesarean section weighing five pounds, twelve ounces. Four years later her younger sister, Natalie, was conceived through IVF as well. She became the world's fortieth IVF baby and was the first to give birth the old-fashioned way. Today Louise Brown has her own child, also conceived without the assistance of IVF.

The birth of Louise Brown was surrounded by contentious international controversy about in vitro fertilization which still reverberates today. Data on the odds of a live birth following the use of assisted reproductive technologies (ART) are now widely available--though still incomplete. But other issues persist. Some herald the proliferation of as a victory of humans over nature; others as a tragic violation of nature. As Maura Ryan notes:

> in debates over whether ART enhances or diminishes women's agency, the social meaning of infertility often works both sides of the table, with those who support the growth of ART and those who oppose it invoking the same set of societal and cultural norms" (2009).

Louise Brown's birth prompted the formation of numerous national and international policy panels. In 1978 the U.S. government convened an Ethics Advisory Board which commissioned a group of papers examining ethical issues raised by research into the early embryo. Responses varied considerably. Some prominent bioethicists questioned whether emerging reproductive technologies raised *any* new moral problems at all (Gorovitz 1982). Others saw in the same techniques a cluster of novel issues centering on the moral status of embryos and fetuses. Three orientations predominated. Conservatives questioned any interventions that tampered with nature's way of doing things or traditional social practices. Liberals tended to take a laissez faire attitude. Some stressed the reproductive freedom of individual patients and the autonomy of researchers and clinicians. Others emphasized the importance of expanding knowledge about reproductive processes and deferring moral assessment of new techniques until their impact was evident. More radical perspectives which were not represented on the Board tended to divide into two camps: those who favored reproductive innovations for the sake of the technological future they would facilitate and those opposed to all technological innovations. These groupings overlapped the public policy approaches that emerged in the 1980s but at early stages in development of innovative modes of reproduction, debate still had a relatively speculative cast. Practical concerns were not paramount. For no country had yet initiated a process to establish formal regulatory policy.

Conservative critics exerted a powerful influence over government policy and public sentiment, particularly in the U.S. They feared that technological developments would yield too much power and control to researchers and special interests. Their stance was shared in part by some feminists who were critical of the newfound powers of the medical establishment.[1] After U.S. President George W. Bush was elected in 2000 and established his Council on Bioethics, conservatives were able to implement much of their program and wield wider influence over mainstream bioethics.[2] Clinical applications of assisted reproduction remained in private hands, but federal funding for research involving embryos was halted.

A leading conservative spokesperson for opposition to assisted reproduction was Protestant theologian Paul Ramsey who served on the U.S. Ethics Advisory Board in 1979-1980.[3] Like the Vatican's subsequent *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation* (1987), Ramsey objected to all forms of reproductive innovation other than medical or surgical treatment of primary infertility (1972). Ramsey's arguments, however, merit attention on nonreligious grounds too, for they reveal assumptions common to the views of several groups (including radical feminists with incompatible agendas) and they provide a context for interpreting several different positions. I summarize them briefly, noting their relevance to subsequent feminist debate.

First, Ramsey argued that it is a violation of the norms of medical ethics to expose a possible human being to unnecessary risk. Only risks undertaken out of benefit to the patient or with a patient's explicit informed consent are warranted. Since a merely *possible* human cannot grant consent, it is not morally permissible to jeopardize its future well-being.

At that time it was not yet known whether embryos fertilized in the laboratory were likely to develop normally. Subsequent experience has allayed the most extreme fears about this issue but new practices revived this objection. However, no empirical evidence warrants the assumption underlying this conservative objection: that the preimplantation embryo merits moral status equivalent to a newborn child. Moreover, this objection speaks only to deliberate direct manipulation. It ignores possible side-effects of other foreseeable interventions including administration of hyperovulatory drugs and premature birth resulting from transfer of multiple embryos, an increasingly common practice.[4] The selectivity of such conservative criticisms of medical interventions raises doubts about the underlying priorities of their advocates. From whose perspective is "unwarranted risk" to be viewed? Why should distrust of medical powers focus so selectively on preimplantation embryos rather than medical risks to the patient undergoing treatment? It was left to feminist critics of the technologies to extend the case against unwarranted risk to women patients and unrestrained expansion of medical power.

Ramsey also claimed that disassembling and reassembling procreation and parenthood violated the "natural piety" appropriate to these activities. Increasing voice over nature, he warned, increases power over humans and risk of abuse. Critics pointed out that the bare claim that something is natural has no moral weight of itself. Such an appeal needs more substantial support. Feminists turned Ramsey's argument in further directions. Some cautioned against ideologies that seek mastery over nature. Others called attention to gender-specific norms that undergird prevailing conceptions of nature and social reality.

Leon Kass also contributed to the EAB and subsequently chaired the second President Bush's National Bioethics Advisory Commission offered a variant of Ramsey's second argument that is still a mainstay of conservative objections to ART today. Kass substituted for Ramsey's appeal to nature an appeal to traditional social practices. He would allow for innovative arrangements so long as they do not violate the traditional sense of human sexuality and the experience of relatedness to one's biological

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[1] In succeeding years, however, as conservative perspectives hardened into dogma most feminists drew away.

[2] They brought onboard not only traditional conservatives but a number of former liberals who adopted a position known as neoliberalism. For a critique of this group from the perspective of a mainstream bioethicist see Ruth Macklin 2006.

[3] For a more extended discussion of the EAB see the preceding chapter.

[4] LP: However, very recently there has been a successful movement in some countries and circumstances to use SET or strictly control the number of embryos transferred.

ancestors and descendants. Feminist critics expressed doubts that family relationships modeled on traditional patriarchal norms were preferable to other constructions of family.[5]

Ramsey's third argument contended that the proper role of medicine is limited to the correction of medical conditions. Additional measures would extend intervention beyond proper medical practice to the treatment of human desires. Dissenters objected to this extremely narrow conception of medicine's proper role. They pointed out that many other physical deficits cannot be reversed either, but when the lost function is highly valued, means are found to circumvent the incapacity. Few outside of certain religious communities object, for instance, to organ and tissue transplantation.[6] And nonmedical substitutes for physical impairments, such as prosthetic limbs or eyeglasses, are commonly accepted.[7] Ramsey's conception of the proper boundaries of medical intervention also catches in its net many other widely available interventions. Birth control and abortion can be justified on grounds other than bodily incapacity. Pregnancy and childbirth are routinely monitored by physicians but are not, strictly speaking, medical conditions either. Many other interventions are motivated by desires as well, including cosmetic plastic surgery, sex change operations, and penile enlargements. Medical mediation to satisfy these desires may be controversial but is generally tolerated in most industrialized countries though third party payers may be reluctant to cover the costs. So infertility treatment is hardly unique among medical interventions that do not aim to reverse physical impairments.

However, such criticism does point to the difficulty of distinguishing between needs and desires and favoring certain desires as worthy of medical attention. This issue crops up frequently in feminist debates about the technologies and is a principal focus in a later chapter. A related question that has figured prominently in discussion among feminists is this: who is to play the gatekeeping role and specify desires that warrant medical attention? The frequent practice of excluding from infertility treatment single women, lesbians, and those too poor to pay the fees raise questions about the social criteria employed by medical practitioners and regulatory groups. Donna Haraway's path breaking piece: "A Manifesto for Cyborgs" spawned widespread critique of the traditional dichotomy between the natural and the artificial (1985, 1991). Haraway was influential in shifting the locus of feminist reproductive politics from women's natural capacities to their avowed interests, a point to which I shall return shortly. But first, I view alternatives to the conservative position.

The influence of conservative critics was counterbalanced, in part, by bioethicists who, in large measure, supported assisted reproduction practices. Their views sprang from several theoretical orientations that gave priority to the freedom of individuals to pursue their own conceptions of the good life. They included both feminists and non-feminists who were to become an object of feminist criticism. Particularly prominent were utilitarians such as Jonathan Glover (1984, 1989) and Peter Singer (1984). Others, loosely classified as principlists, stressed the primacy of a moral principle such as autonomy or beneficence. Those who adopted these views ascribed privileged interpretations and moral weight to their principles.[8] Among many, including some feminists, primary emphasis fell on maximizing the personal

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[5] Kass revisits this position in his essay "The Wisdom of Repugnance" (1997, 2003). There he argues that cloning should be rejected because it violates our essential human nature. He appeals to a sense of repugnance or disgust which resembles Mary Warnock's objections to certain earlier reproductive innovations (see previous chapter). Lawrence Tribe critiques it in his 1998 article. I consider political dimensions of alternative forms of family organization at length in Chapter Seven. LP: AD clearly changed her mind about the contents of Chapter Seven, which, in the latest draft discusses the nature and origin of women's desire for children.

[6] This generalization may not extend to some nonwestern countries though several have in recent years revisited cultural norms that proscribe organ transplantation and some (such as Japan) have lifted former bans.

[7] Of course, bioethicists and policy makers frequently raise consequentialist objections to indiscriminate organ and tissue transplantation, particularly, the tendency to divert health care resources to costly interventions at the expense of preventive measures that, in the long run, would be far cheaper and benefit many more potential patients. I pass over such issues here as well as discussion of religious groups that reject all (or most) medical intervention unselectively, e.g., Christian Scientists.

[8] The leading exponents of principlism are Tom Beauchamp and James Childress. Their seminal book on this theme is now in its seventh edition (*Principles of Biomedical Ethics,* Oxford University Press, 2012). Many more theoretical orientations have also influenced bioethics. For a brief introduction to those theories as they relate to

autonomy of the agent, particularly concerning matters of reproduction. The most vociferous advocates for a version of this position are still champions of the fertility industry. Some of them extend the scope of the autonomy principle from contexts in which it is most plausible (e.g. contraception and abortion) to third party reproduction (e.g. gamete donation and surrogacy) with little qualification.

Medical researchers have eagerly proclaimed themselves to be the defenders of infertile women. Some couch their arguments in appeals to nature, claiming (contrary to conservative scholars such as Ramsey) that failure to satisfy the biologically given desire for a child is to suffer the effects of an unfulfilled life. Practitioners who administer infertility treatment are, they maintain, merely offering nature "a helping hand." Legal theorists, in their turn, more often couple appeals to autonomy with a *right* to procreate, arguing that such a right is firmly embedded in Western liberal traditions.[9] They point to U.S. judicial decisions that affirm the right of individuals, at least within marriage, to control their own reproductive activity. This freedom is often taken to derive from a right to privacy, a domain within which individuals may pursue their own life plans with minimal societal interference. Of course, affirmation of reproductive rights may also be grounded in other principles that do not support the individualistic conception of autonomy that undergirds classical liberalism. In succeeding chapters I lay the groundwork for an alternative conception of reproductive rights.

Despite increasing appeals to reproductive rights, many conservatives and some feminists resist the use of rights language. Even theorists who employ this language differ considerably about the foundation of rights claims and their proper scope. Affirmations of reproductive rights that emphasize the freedom of individuals to procreate without state interference are comparatively uncontroversial. Most legal rulings supporting reproductive freedom in the U.S. lean principally on rights of *noninterference* (the law ought not to intervene in efforts of individuals to *avoid* procreation). However, some influential liberal supporters of innovative technologies advocate extending such individualistic norms to an increasingly broader range of third party medical interventions including legal recognition of contracts for goods and services that require the *active* recruitment of third parties. Critics point out that exclusive attention to the rights of individuals to pursue their procreative plans without restriction ignores other morally relevant considerations. They point, particularly, to other people's rights of noninterference and to the future well-being of fetuses. Furthermore, not everyone is comparably situated to commit to contract pregnancy or to ovum 'donation' or to decline an offer of substantial payment. Such extensions of individual rights, they point out, neglect the institutional constraints that frame such choices, social disparities between the privileged and the marginalized, and more inclusive societal concerns that are not reducible to individual interests.

Utilitarians often oppose limitations on individual liberties unless demonstrable harm will result. Critics, both traditionalist and feminist, fault this approach for disregarding the social context that shapes individual action and for utilizing an overly narrow conception of harm. However, not all utilitarian theorists are insensitive to social effects of the technologies. Some count only the number of individuals who will be *directly* harmed and consider only harms that would be acknowledged by an "objective rational observer." But others include the severity of the harm and count *indirect* harms too. A few recognize that what counts as harm depends on circumstances peculiar to time and place. The quarrel between Richard Hare and Mary Warnock alluded to in the previous chapter illustrates a common version of utilitarian thinking. However, Warnock's rejoinder to Hare does not fit comfortably with the moral

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feminist bioethics see Tong (Rosemarie Tong, *Feminist Approaches to Bioethics: Theoretical Reflections and Practical Applications,* Westview Press, 1997).

[9] This viewpoint has been developed most extensively by U.S. philosophers and legal theorists. As new reproductive techniques proliferated, the scope of this position has been extended to justify state protection for reproductive contracts requiring the recruitment of third parties, though some versions reflect a libertarian perspective more than a liberal one. Supporters are likely to emphasize continuities with established legal traditions. Legal scholar John Robertson has elaborated on this view in many law review articles and a 1994 book, *Children of Choice: Freedom and the New Reproductive Technologies*, Princeton University Press. He also participated in drafting reports and statements for the Ethics Committee of the American Society for Reproductive Medicine available at http://www.asrm.org. Feminist versions of this position were developed by Israeli legal scholar, Carmel Shalev (1989) and U.S. legal commentator, Lori Andrews (1988, 1989) who has since modified her earlier stance. In the following chapter I discuss in greater detail issues arising out of this interpretation of reproductive rights.

orientations I discuss here. Her position springs from "moral intuitionism" which takes its cues from people's allegedly intuitive revulsion, inhibitions, and scruples.[10] In a later chapter I consider other formulations of the liberal view that have featured prominently in recent debates about innovative modes of procreation.

Feminist Debates: The Early Years

Feminist deliberations about links between reproductive technologies, women's well-being, and their liberties were well underway long before the advent of IVF. However, over ensuing years IVF has become a 'platform' technology that facilitates not only the production of a genetically related child but also a child with specific qualities, such as freedom from genetically transmitted disorders, enhanced performance, or the preferred sex. For the displacement of fertilization from women's bodies to the laboratory facilitates multiple interventions including genetic manipulation, and reproductive cloning. However, all of these make use of women's reproductive capacities. So I focus discussion around women's perspectives, particularly feminist discourse about the significance of such interventions and the framing of public policy.

Already, before the turn of the century, feminists such as Charlotte Perkins Gilman boldly envisioned a procreative revolution based on technological innovations.[11] But not until the 1970s did this vision become scientifically plausible. Enthusiasts eagerly proclaimed the coming millennium when gestation would no longer take place within women's bodies. Some saw such transformation primarily as a means to advance the interests of individuals, but the feminists who shared this vision looked to technological transformation as an unproblematic way to ameliorate women's social condition. In their futuristic vision, expansion of reproductive technologies to include laboratory gestation would enhance human freedom, equalize the social position of women, and liberate them from bondage to their bodies. This enthusiasm for wholly extrauterine gestation soon subsided, but factors that motivated it are echoed in two distinctive contemporary responses to the technologies. One stresses the freeing potential of technology. The other emphasizes the oppressive influence of patriarchal social structures. I briefly consider each within its particular context.

The technological wizardry that has sustained (some) infants who are thrust into the outer world at increasingly shorter periods of gestation stirs the imagination of those who view technology as a route to the solution of moral problems.[12] Were pregnancy and gestation optional choices, they reason, tensions between maternal and fetal interests could be circumvented. Thus if a woman did not want to carry a

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[10] Warnock allies herself with Stuart Hampshire's argument against the utilitarian position. He writes:

> I must dwell on the epithets usually associated with morally impossible action, on a sense of disgrace, of outrage, of horror, or baseness, of brutality, and, most important, a sense that a barrier, assumed to be firm and almost insurmountable, has been knocked over and a feeling that, if this horrible or outrageous, or squalid, or brutal, action is possible, then anything is possible and nothing is forbidden, and all restraints are threatened. These ideas have often been associated with impiety, and a belief that God or the Gods, have been defied, and with a fear of divine anger. But they need not have these associations with the supernatural and they may have...a secular setting. In the face of the doing of something that must not be done, and that is categorically excluded and forbidden morally, the fear that one may feel is the fear of human nature. This fear of human nature, and sense of outrage, when a barrier is broken down, is an aspect of respect for morality itself rather than for any particular morality and for any particular set of prohibitions." (1978), 9.

Provisions in the original Warnock Report forbidding cross-species fertilization and creation of chimeras were evidently motivated by such a sense of outrage. Leon Kass has articulated a similar view (2003). But as Ian Miller points out, the kinds of things that disgust us are highly culture-specific. Seldom are they closely linked to morality and where they are, such feelings are less likely to dictate the correct moral response than to imply a moral failing--since disgust often gets in the way of empathy for the unlucky ones whose bodies are less perfect than our own (1997).

[11] Note discussion of Gilman's 1895 utopian feminist novel *Herland* in Tong, 1993, 41-44.

[12] Premature infants face a number of often serious developmental problems. Evidence now indicates that the outer limits of premature survival outside the womb may have been reached. See www.ichd.nih.gov.

pregnancy to term she could abort it without causing the death of the fetus. It could then be transferred to a laboratory incubator to be ended by technicians until viability.[13] Such scenarios carry forward the stance adopted by some feminists in the 1960s and early 1970s who endorsed schemes for social transformation that included full laboratory gestation. Shulamith Firestone's 1970 work, *The Dialectic of Sex: The Case for Feminist Revolution*, exemplifies the strategy that looks to technological innovation to facilitate women's liberation. Firestone's enthusiasm for technology-driven social change extends beyond reproductive technologies to production and labor as well. For, in her view, the relations of "re-production" are the base of society and the ground of women's oppression. Biological difference is a limitation that needs to be overcome if women are to be freed from oppressive social institutions.

Firestone's groundbreaking work carried forward one strand of Simone de Beauvoir's analysis of women's sexual subordination in *The Second Sex* (1953, 2010), the work that set the stage for the emergence of second wave feminism in the 1960s.[14] Firestone's proposals for the "abolition of all cultural categories" (1971, 182) and the transformation of procreation so that "genital distinctions between the sexes would no longer matter culturally" (1971, 11) reflects Simone de Beauvoir's appraisal of the roots of women's disempowerment. According to Beauvoir, reproduction is unlike other bodily functions in two respects: it is the sole function that is not essential to individual survival and the only one that is significantly different in men and women. Hence, she reasons, it is central to the meaning and significance of gender and figures essentially in the objectification of women as a "second sex" mirrored through male consciousness.[15] Firestone extends this analysis to laboratory gestation which, following this logic, would release women from captivity to their bodies. Her work provided a model for a new

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[13] Glover (1984) and Singer and Wells (1984) who offer versions of a utilitarian view, have proposed this "solution." So does Christine Overall in her 1987 book. Though I would hardly rank her among the technological enthusiasts, she does anticipate that technological developments may resolve certain competing moral claims. She argues that since no one *owns* the fetus, no one (neither the pregnant woman nor the person performing an abortion) has the *right* to destroy it. But neither does the fetus have a right to the use of the woman's body. She believes this tension will be resolved once "expulsion from the uterus will ordinarily not result in the death of the embryo/fetus" (70). Echoing Singer and Wells, she believes that this "solution could satisfy both the liberal, whose desire is to provide abortions for women who want them, and the conservative, whose aim is the preservation of fetal life." (79) In a more recent (1993) book Overall qualifies her earlier position, stressing more fully the conditions needed to fully protect the reproductive autonomy of the pregnant woman. Once these conditions are spelled out, it seems far less likely that this technological 'solution' would reconcile such opposing moral claims. I cited some objections to this solution in the previous note and chapter 1 above. LP: Stephen Coleman, in his recent book *The Ethics of Artificial Uteruses: Implications for Reproduction and Abortion,* mounts powerful feminist (and non-feminist) arguments against ectogenesis (Ashgate, 2004).

[14] Now that some are advocating a third and even fourth wave, many feminists are rethinking the 'wave' metaphor and some are abandoning it as too simplistic to capture the complexity of contemporary feminism. Linda Nicholson points out that feminism is not a linear success story. Reproductive freedom is now more restricted than in the previous generation. Women were in the workforce during the 'first wave' before Betty Friedan wrote *The Feminist Mystique,* but they were predominantly working class. Nicolson argues that the "third" and "fourth" waves have depoliticized feminism and cast academic feminists in a negative light (from a 2009 talk to NY SWIP, see her subsequent "Feminism in 'Waves': Useful Metaphor or Not? *New Politics*, Winter 2010, 12(4), 34.) For a classic view note Nancy Cott's *The Grounding of Modern Feminism* (1989). For more recent views see the several articles in *Hypatia* 12:3, 1997, Claudia Card's criticism of third wave claims in *Hypatia* 21:2, 2006, 223-229, Jennifer Purvis' synopsis of third wave views, her alternative formulation (2004), and Nancy Fraser's distinctive program for a new third wave (2007).

[15] Similarities in the assumptions made by Firestone and de Beauvoir are far more extensive than indicated in the brief allusions cited here. Both incorporate similar distinctions between the realms of nature and culture and both take literally the meaning of 'reproduction' as re-production, mere repetition involving no productive activity. Because of this connotation some feminists avoid this term altogether but, as I indicated in my introduction, Jaggar and McBride (1985) opt instead to assimilate it to the more positively valued term "production" since the activities associated with procreation and nurturing are as fully productive--as vital to species survival and enhancement--as the activities commonly called productive. Further, the new translation of *The Second Sex* (2010) casts doubt on the accuracy of this interpretation of de Beauvoir's view.

genre of feminist utopian fiction and provoked profound questions about the political significance of reproductive technologies that would engage feminists for many years.

According to this liberatory scenario, a determinate sequence of transforming events would usher in a reproductive revolution. Before gestation and birth were given over to technological control, the stage would have already been set by political transformations that wipe away traditional configurations of political control. In the imaginative society Marge Piercy depicts in her fictional portrayal of Firestone's social program, all power relations have been abolished.[16] Piercy's protagonist in her utopian feminist world affirmatively values women's birth-giving powers but believes that under new reproductive arrangements she should relinquish this power. In her reckoning the benefit is well worth the sacrifice since patriarchal power over women will have been abolished as well.

Firestone had a receptive following among early 1970's feminists who took feminism and motherhood to be incompatible (Eisenstein 1983). But soon both conceptual and substantive doubts surfaced. Was such a social framework plausible, or even intelligible? In addition to obvious difficulties in imagining social conditions under which the advantaged would agree to relinquish power to the disadvantaged, were difficulties in comprehending the radically new social roles women would have in such a future. Without the mediation of a set of cultural roles and expectations, how could we know how to value such experiences?

Substantive doubts centered on Firestone's principal claims: that mothering is more a barrier to women's self-fulfillment than a vehicle for it and that biological motherhood lies at the heart of women's oppression. By decade's end the allure of a pregnancy-free future had begun to tarnish. Feminists were growing increasingly receptive to the view that the capacity to nurture depends on biological as well as social factors (Rossi 1979). A rapidly growing feminist literature documented the historical significance of mothering in women's experience and the potential of technological intrusion to exploit women's capacities. Contributing to the waning of feminist enthusiasm for Firestone's views was a growing suspicion of advanced technology, particularly among grassroots feminists who recognized how technology had been used historically to reinforce male dominance (Jaggar 1983). To activist feminists, particularly, It seemed implausible that women could take control of technology and use it to advance their own ends. Some pressed this point even further, arguing that a technology-based reproductive system would not equalize the natural reproductive power structure but invert it. Men could appropriate the reproductive power of women and, thereby achieve liberation from dependency on women to propagate. (Al-Hibri 1984).

Though Firestone's endorsement of technological reproduction as "a victory over nature" was meant to serve feminist interests, a subsequent generation viewed its conceptual underpinnings as antithetical to feminist goals. Endorsement of technological reproduction as the solution to dependence on nature aroused anxieties similar to those motivating conservatives such as Paul Ramsey and Leon Kass who argued that unbridled technological intervention would concentrate power and control in the hands of researchers and special interests. Ramsey's attention to relationships between power over nature and power over humans foreshadowed mounting feminist apprehension about technological transformation of procreative practices. I now turn to more comprehensive discussion of feminist critiques of the technologies that featured in debates during the 1980s and shaped the context of successive feminist appraisals of technological innovations.

Second Generation Feminist Critiques

As the British parliamentary debates illustrate (Chapter Two), controversies about the social meanings of ART in the media and legislatures tends to ignore gender-specific concerns or distort feminist criticisms to advance other ideological agendas. Misperception of feminist viewpoints emanates from many sources. Prominent among them is a false equation of a few voices with the views of all feminists, as if they constituted a homogenous group. This compression of perspectives feeds on two erroneous presumptions: that "woman's experience" can be known without regard to differences in social

[16] Both Piercy's: *Woman on the Edge of Time* (1976) and Joanna Russ's: *The Female Male* (1975) borrow their central themes from Firestone's proposal though they treated this theme from different perspectives. See Little 2007 for a more comprehensive analysis of this genre including selections from noted science fiction writers and a recommended reading list of both utopian and dystopian fiction.

or economic position and that formal identity as a woman is sufficient to forge a unified force for action. Reaction to such erroneous presuppositions spurred an extensive feminist literature addressing the themes of difference and identity. In time, treatment of these themes came to be modified too. A tentative consensus emerged recognizing that women's identities are not likely to fit readily into discrete racial, ethic, class, or historical groupings but are influenced by many factors that intersect historically specific groups. This conceptual modification was accompanied by a growing realization that overemphasis on group difference fragments feminism and defeats efforts to build solidarity and forge coalitions around mutually advantageous programs.[17]

These developments in feminist theory influenced debate about new modes of reproduction. Before moving on to detailed discussion of feminist controversy about the significance of reproductive innovations, it is important to keep in mind commonalities shared by feminists that override differences in theoretical orientation and social position. First, preoccupation with the moral status of the early embryo that has figured so prominently in debates about fertility technologies among conservatives and legislative bodies has not been a focal point of feminist discourses. To the contrary, construction of the embryo as an independently existing entity has been widely challenged by feminists despite their differences. Personhood is understood not so much as a metaphysical category assigned to beings on the basis of biological criteria but a relational attribute imbedded in social life. Most feminists would applaud Rosalind Petchesky's plea to reconceptualize the fetus, placing it back in the uterus, the uterus back in the woman's body, and her body back in social space (1987). Feminists stress the embryo's dependence on the woman carrying it and its continually changing relation to her as her bodily subjectivity alters (Mackenzie 1992, Mullin 2005). Second, in response to popular representations of infertility that emphasize the valued service fertility clinics perform in enabling women to fulfill their *biological* destiny, feminist analyses show how the market for these techniques is *socially* constructed. Accounts emphasize the dangers to women from the more enticing forms of social control that draw women into fertility clinics. Many call attention to the tendency to frame infertility as a problem located within the individual woman. They point out how the stigma of this self-identification debases women by imposing on them a sense of personal deficiency. Third, many feminists decry "the commerce of conception," self-serving alliances between medical authorities and commercial interests that are manifested in routine use of hyperovulatory drugs, marketing strategies of drug companies and fertility clinics, gamete procurement, and the practice of contract pregnancy (Spar 2006).

Feminists disagree, however, about the extent to which the institutionalization of these technologies has a generalized capacity to affect women's social standing. They disagree, too, about the extent and justification for restricting the range of options available to individual women out of concern for women collectively. Feminists are deeply divided about the social significance of maternity and relations between women's birth-giving powers and institutions and practices that shape gender structures across multiple axes including race and class. Their differing approaches to relationships among nature, technology and medical power are linked to theoretical and practical disagreements. Conflicting social identities and analyses of power relations compound difficultly in framing a coordinated response either to the burgeoning fertility industry or to regulatory policy proposals. Differing philosophical, political, and disciplinary orientations have both enriched feminist discourse and contributed to its complexity.

Here I adopt an approach that considers feminist perspectives historically. I discuss the first group to organize a collective response to the medicalization of infertility. Their critique was initially the most influential in shaping public perceptions of feminist views. Though their attempts to set policy met with little success, many of their criticisms of the fertility industry are still widely shared (though not their theoretical assumptions or specific policy proposals). Then I turn to responses to this group by feminists

[17] Chandra Mohanty points out the need to reconceptualize differences so they can be historically specified and viewed within larger political processes and systems (2003). bell hooks (1990) and Donna Haraway (1996) emphasize a politics built around coalitions rather than externally imposed groupings. Naomi Zack offers a "third wave" historically grounded conception of likenesses among women that purportedly transcend their differences (2005), and Nancy Fraser articulates a program for a third wave that is sensitive to globalizing influences (2007). See later chapters for fuller development of feminist alternatives to gender-based politics.

who approach fertility issues from other theoretical and practical orientations. Finally, I focus on themes that have grown increasingly prominent in the years since the first group's influence diminished.[18]

The Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE) was created in the early1980s to mount resistance to "heterosexist global patriarchy."[19] Members scoured the medical literature and the popular press for evidence of the exploitation of women patients. They stimulated empirical critiques of fertility therapies and focused attention on the perspectives of dissatisfied former patients. They published one of the first feminist anthologies addressing the new technologies (Arditti, 1984),[20] initiated international conferences, testified before legislative committees, and maintained an awesome schedule of publication.[21] Their contribution to empirical research has been widely acknowledged. Their rhetorical goading and prodding has been instrumental in stimulating further criticism of clinical practices.

The FINRRAGE program rested on (what its adherents characterized as) a *radical* analysis of women's oppression (Rowland 1993). The dissemination of these technologies, they insist, reinforces that oppression, giving scientific and therapeutic support to the patriarchal presumption that reproduction is women's prime commodity. Their program called for suppressing the development and application of fertility technologies. FINRRAGEers emphasize the unwarranted risk women undergo and their unwittingly exploitation through the use of therapies that have never been adequately tested. They stress the extent to which organized medicine has already compromised women's reproductive health through increasing medicalization of childbirth, the deleterious side-effects of intra-uterine devices and hormonal contraceptives, the likely long term side-effects of ovarian stimulation drugs, and the intervention of reproductive endocrinologists who impose a mechanical regimen over the most minute aspects of women's personal lives.

According to a leading spokeswomen for FINRRAGE: surrogate mothers are akin to prostitutes, scientists and doctors are the new pimps, and the desires of women who seek out infertility treatment do not need be reckoned with for, within the reigning system of male supremacy, these women have allowed themselves to be defined and used as a "sex class." In so doing they have foregone their individuality. "This individual woman is a fiction, as is her will" (Corea 1985, 228).[22] Their sex-class analysis of power relations stems from Shulamith Firestone's contention that women, by virtue of their sex, constitute an economic class in the same sense as the workers in Marxist theory. According to FINRRAGE supporters, both surrogacy and prostitution exemplify the appropriation not only of women's bodies but of their wills, too. Collective resistance or individual renunciation are the only escape routes. So if women cannot reproduce "naturally," then they should refrain from reproducing at all.[23] Submission to technological

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[18] This group's understanding of radical feminism has been widely influential in other areas of feminism. Note, for instance, Kathleen Barry's *Female Sexual Slavery* 1979 which incorporates their claim that all women constitute a common social group into a case for a global feminist culture (on this point see Jaggar 2002).

[19] For a review of the FINRRAGE perspective by one of its founders see Renate Klein's "Globalized Bodies in the Twenty-first Century: The Final Patriarchal Takeover?" (2001).

[20] Their initial volume was preceded by another provocative critique of new reproductive technologies that provides a more balanced perspective (Holmes 1981).

[21] In addition to the volume cited above see, Corea 1985 and 1987), Spallone 1989, Rowland 1992, and Raymond 1993. They also inaugurated a journal: *Issues in Reproductive and Genetic Engineering* (IRAGE) which appeared regularly between 1988 and 1992 and then ceased publication. Their organization is still active in Australia.

[22] Corea is quoting (approvingly) from Andrea Dworkin's 1983 book, *Right Wing Women*. Catherine MacKinnon amplified the sex-class analysis in her 1987 and 1989 books. MacKinnon and Dworkin contended that a monolithic patriarchal order assigns women to a predetermined status, role and function within which their bodies are a prime commodity.

[23] See, for instance, Klein (1987, 65). This emphasis has led to categorization of their position as "radical," implicitly contrasting it with other feminist approaches including liberal and postmodern frameworks. This group adopts this topology themselves in Rowland (1993) and Bell and Klein (1996). Though it fits their sex-class analysis of the sources of women's oppression, it is confusing like so many other topologies that attempt to classify

remedies is a kind of defilement analogous to the sense of degradation prominent in popular and religious representations of prostitution. Over this image of the violated bodies of women at the hands of the medical "egg snatchers" they superimpose another portrait of women reduced to the status of "cows" by a technology suited only to animal husbandry.[24]

Robyn Rowland, a prominent member of the group, acknowledges that "the plight of infertile women clearly demands attention," but she urges infertile women to forego the use of these technologies for the sake of "women as a social group" (1987, 1992).[25] Infertile women who pursue medical remedies are not making a genuine choice, Rowland and her collaborators insist, for the technologies do not *really* advance their interests, but dehumanize women and transfer control into the hands of the medical establishment which needs infertile women to further their own professional and economic goals. Rather than concentrating resources on treating patients affected by the *symptoms* of infertility, they call for redirecting efforts toward investigating and controlling the environmental and iatrogenic causes of infertility. They point to the sizable number of children already awaiting adoption who are passed over by infertile couples unwilling to settle for a child who is not tied to them biologically. They fear that the availability of these techniques will generate an imperative for their use, making it increasingly difficult for women to refuse undesired bodily invasions. Coercion may extend beyond pregnant women to childless women who choose not to bear children or prefer to cope with infertility problems without medical intervention. They fear the conflation of childlessness with infertility and its depiction as an affliction.[26]

Responses to the Radical Perspective

Despite this group's empirical claims about infertility patients, many women actually exercise considerable determination to seek out fertility clinics and locate physicians with a reputation for the most aggressive interventions (Pfeffer 1985, Gerson 1989, Bartholet 1993, Fleming 1994, Harwood 2007). Some continue to pursue invasive treatment even after learning that the prospects of success are slim, even by medically accepted standards.[27] These women obviously do not perceive themselves as powerless victims. Their proponents challenge the position of those who would deny them access to assisted reproduction.[28] Gerson makes this point particularly forcefully: women who use fertility services

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feminist political orientations. For instance, in Firestone's sex-class analysis technological reproduction is part of the solution rather than the problem. I explore this issue more fully in chapter eight.

[24] The rhetorical style that compares women who use these technologies to barnyard animals was established by Gena Corea in her 1985 book *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs*, New York: Harper & Row, and subsequently adopted by other members of the group. It is ironic that feminists should utilize a form of imagery reminiscent of masculinist debasement of women. The effort of ecological feminists to dislodge hierarchical views of nature that elevate human animals at the expense of other forms of animal life further compounds the irony. An analogous strategy has been employed to bestialize war prisoners, particularly during the second Iraq war (see Butler 2004, 77-79).

[25] The view that all women constitute a single social group is a dominant theme in the writings of FINRRAGE supporters. See Klein 2001.

[26] Nancy Lublin's book, *Pandora's Box* (1998) includes a more detailed account of this group's perspective as well as cogent criticism from an activist viewpoint.

[27] An extensive literature emerged in the 1990s addressing the personal experiences of women who undergo fertility interventions. See, for instance, Fleming (1994), Hanson (1994), May (1995), and Menzies (1993). Note also Elizabeth Bartholet's account of her own ten-year "obsession" with fertility programs (1993, chapter 9). Also relevant is the phenomenon known as "reproductive tourism." For as countries regulate fertility services, women who are denied a particular service in their home country frequently go abroad. See Chapter Nine.

[28] Judith Lasker and Susan Borg (1987) interviewed infertile women members of RESOLVE, a support group for infertile women that is sponsored by EMD Serono, one of the leading manufacturers of hyperovulatory drugs. RESOLVE has not been alone in advocating for infertile women. Berg faults feminists for their "unfeeling attitudes" toward women's desires for biological children and she interprets this attitude as an endorsement of

are not the manipulated victims of medical power that some feminists make them out to be but are deliberately striving to enhance their own social power. They are not deluded, she insists, but their interests and needs happen to mesh with the interests of medical providers. Each needs the other in order to advance particular life projects.

Those who adopt this view deny the claim that women's collective interests require individual women to forego the use of reproductive innovations.. Some admit that resources would be better spent seeking out the causes of infertility and finding safer contraceptives, but they do not see why pursuit of these social aims should require them to sacrifice their own personal interests. To the suggestion that they should adopt instead, that there are many nonwhite and disabled children available who they could benefit, advocates for infertile women reply: it is unjust to demand of the infertile "because of their biological handicap...who have already suffered social stigma and personal loss...to bear these important burdens more than others" (Lasker and Borg 1987,190-191).[29] From this perspective feminists who call for a ban either do not understand the intensity of a desire that these infertile women find perfectly natural and spontaneous or they misunderstand the motives of those who seek medical assistance to conceive. Unqualified opposition to assisted reproduction, these proponents insist, sacrifices the present interests of infertile women for the sake of some dubious future benefit to women collectively. It polarizes debate foreclosing intermediate positions that would support effective regulation of services *and* insurance coverage for fertility treatment.

Though the case made on behalf of involuntarily infertile women evokes compassion for those who find themselves caught between social stigma and medical intervention, it addresses only one dimension of the radical critique leaving several others untouched. The radical assessment is also important for other reasons. It has made a significant contribution to feminist analysis by stressing the political character of the technologies and the ways social relations are woven into their fabric. In this respect it provides a needed antidote to the individualistic perspective often employed by advocates for infertile women. Others, however, have questioned the universalistic assumptions about the sources of women's oppression embedded in this version of the radical view. Admittedly, all feminists, and many nonfeminists would welcome the collapse of patriarchal forms of social organization. However, such structures are bound up with interlocking oppressions and other patterns of social stratification that affect many more profoundly than gender alone (e.g. race, ethnicity, and economic position).[30] Moreover, oppressions are not always as transparent as the radical view assumes. Generations of women have grown up thinking they were the equal of men only to discover retrospectively that they were still regarded as profoundly unequal.[31] And though men are free of modes of oppression tied to childbearing potential,

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patriarchal symbols of achievement (1995, 85). For a largely sympathetic description and evaluation of RESOLVE by an academic philosopher see Harwood 2007.

[29] This viewpoint is not endorsed by Lasker and Borg, but only reported as the view of some women they interviewed. Phyllis Chesler (1988, note 31, 210) points out that there are other reasons why whites seldom adopt black children. The National Association of Black Social Workers has vehemently opposed interracial adoption (http//:www.nabsw.org); no further statement is available. They argue that black youth have a right to their own cultural heritage. This view has become the policy of adoption agencies in some localities. However, Chesler notes that black children constitute 37% of those waiting for adoption which is over 2.5 times their proportion in the population; overall, children of color waiting for adoption are a disproportionate percentage of the total. See http://datacenter.kidscount.org/data/tables/6674-children-in-foster-care-waiting-for-adoption-by-race-and-hispanic-origin?loc=1&loct=1#detailed/1/any/false/868,867,133,38,35/2638,2601,2600,2598,2603,2597,2602,1353/13723,13724. The case for the adoption of black children by white adopters instead could be viewed as a contribution to the political struggle against racism and poverty. Dorothy Roberts supports this interpretation 1997, Ch. 6. This issue has become a focus of national controversy. Some legal theorists including Bartholet (1993) argue that such policies deny equal opportunity to black children. They press for an adoption policy that makes no distinction on the basis of race. For further discussion of moral dimensions of this issue note Smith 1996, Roberts 1997, Shanley 2001, Haslanger and Witt, ed. 2005, particularly Hogg-Davis, 247-264 on racial randomization in adoption.

[30] Sociologists use the term "stratified reproduction" in a somewhat more technical sense than I but my usage is congruent with theirs. See Part II of Ginsburg and Rapp for an elaboration of their usage (1995).

[31] I owe this observation to Sandra Bartky's remark during a conversation about feminist consciousness. It's taken hard work, she notes, to uncover the inequalities that pervaded the early lives of second generation of feminists.

many are oppressed by other patterns of social stratification that privilege members of dominant social groups and disadvantage others. So most feminists who address these issues today press for programs that aim to uncover and root out interlocking oppressions that impede achievement of a nonhierarchical social order that meets basic human needs, grants equal recognition to all, and supports each in shaping an autonomous life.[32]

These concerns have prompted other feminists to reconceptualize fertility issues from more nuanced perspectives. They point to underlying subtexts operating within the radical critique such as objectification of involuntarily infertile women, naturalizing constructions of motherhood, hostility to technology, and an overly simplistic conception of power relations. Their critiques draw on a rich body of theoretical work pertaining to reclamation of women's agency, revaluation of mothering, interrogation of modes of social stratification, and reappraisal of power relations. This work is rooted in a number of different theoretical perspectives that have influenced feminists including Continental feminist theory, postmodern theories, liberal and socialist versions of feminism, and care theory. In the balance of this chapter I consider the themes that feature prominently in alternative feminist appraisals of the technologies, alluding occasionally to theoretical frameworks that guide differing approaches to these themes.

Reclaiming Women's Agency

Both those who call for a ban on fertility services and those who seek their expansion frame their views oppositionally. Supporters of technological remedies claim that failure to satisfy the biologically given desire for a child leads to an unfulfilled life. Opponents deny that technological treatment for infertility can ever count as an exercise of personal choice but is invariably evidence of cultural conditioning. Spokespersons for both groups assume that there is a direct unmediated relation between one's inborn nature or social position as a woman and a specific course of practical action. Underlying both viewpoints are presumptions that compel more nuanced appraisal.

The view that stresses the pervasive influence of cultural conditioning tie agency to an idealized norm of a competent decision-maker who has shaken off all cultural norms Actual decision-makers rarely conform to that ideal. Consider, for instance, women who become pregnant spontaneously--or, at least, without medical intervention. Pregnancy, for some, is occasion for rejoicing even though they may not have made a conscious decision. Others who consider abortion and reject that option are more likely to say they 'decided' to become pregnant. But as Berg (1995) points out, because infertile women face more obstacles to pregnancy, they are likely to have given more thought to becoming biological mothers than those who conceive spontaneously.[33] Of course, deliberate deciders will have planned their pregnancies around competing commitments. But even they are unlikely to be fully aware of cultural norms that influence their decision or its full implications. Assuming that a decision to become pregnant can, indeed, be fully voluntary and informed, one still cannot 'choose' the particular child conceived.[34] Genetic, intrauterine, and childbirth technologies may eventually reduce uncertainties surrounding birth,

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[32] Numerous qualifications, provisos, and explanations would be needed to spell out these generalizations. The social program advocated by Firestone and other 1970s feminists have been largely supplanted by more complex analyses of the political structures bound up with social organization. Note, for instance the essays in Part Two of Ginsburg and Rapp on social stratification (1995). These essays show how reproductive norms and the practices in which they're embodied are influenced, not only by gender, but by class, sexual orientation, race, and age as well. Feminists who formerly offered a patriarchal analysis of gender oppression have now been influenced (to varying degrees) by the other feminist perspectives I discuss here.

[33] Unlike some radical feminists, I am not assuming that a determination *not* to have children is any more or less voluntary than a decision to have them. Both are influenced by socially constructed social norms and attitudes. On strategies to overcome such cultural conditioning see Meyers "The Rush to Motherhood: Pronatalist Discourses and Women's Autonomy" in her 2002 book. For an insightful critique of the kind of voluntarism that seems to infect the radical position see Bartky 1990. Ch. 4. I return to this theme in Chapter Six.

[34] Parents who utilize IVF can now selectively choose the child's sex and a few other attributes via PGD or other technologies. I discuss prenatal trait selection in Chapter Six.

but child rearing is bound to present unanticipated surprises. The intervention of reproductive experts adds further complexity to these dynamics. They must be deliberately sought out. The alternatives they offer have already been structured by social and medical institutions that tilt the balance toward higher success rates and increased profitability.[35] Thus their authority is likely to add additional weight to the quest for a child. Hence even under the best of circumstances cultural norms and unforeseen experiences circumscribe individual preferences.

A more nuanced approach would take into account both the subjectivity of individual women (those who forego treatment as well as those undergoing it) and the structural framework that shapes their options. It would direct attention to the pervasive tendency to objectify the patient under treatment and erase her individuality. To counter the tendency of clinicians and researchers to refer to the woman under treatment as "the infertile couple," feminist critics press for approaches that acknowledge objectification without absolutizing its influence. McLeod makes the point that objectification is a linear concept; one can neither be wholly under its sway or totally free of it (2007). Meyers argues that women should be encouraged to acquire autonomy skills to minimize objectifying influences (2002).

Revaluing Maternity

Needed is a reevaluation of maternity that uncovers the tacit assumptions underlying the radical view and acknowledges the shifting power relations that undergird maternity. The radical appraisal of ART sees mothering as a kind of "natural" activity that can be isolated from political and historical structures. Radical feminists often appeal to Adrienne Rich's distinction between the experience of mothering and the patriarchal institutions within which mothering experiences have historically been embedded (1976). They take natural motherhood and natural procreation to exemplify the real values of feminism. In this respect the radical view shares an affinity with both the conservative ethicists I have discussed and cultural feminists who take women to have a natural talent for mothering that finds expression in a distinctive female sphere of nurturance.[36] Those who embrace this perspective look to the relationship between mother and child as a paradigm for relations among all women once prevailing power structures have been transformed. Some note a tendency on the part of those who share this idealized picture to see third party procreative arrangements, such as surrogacy and borrowed gametes, as a kind of negative mirror image, a reversal that mocks the values of "real" motherhood. The alacrity with which some radical feminists have invoked the metaphor of prostitution to deride women who seek infertility treatment lends further plausibility to this interpretation.

Claims that mothering is natural, however, need to be viewed against the background of historical and social practices with which maternal-child relations are intertwined. For experiences can never be plucked from a societal context. Women undergo experience not simply as women but as members of many other interlocking social groups that are configured within specific historical contexts. The mothering experiences of impoverished African-American women, for instance, are likely to differ considerably from, say, middle class white women (Williams 1991, Roberts 1997). To posit an essential relationship that binds together the interests of all women and defines mother-child relationships is bound to misconstrue and distort many women's experiences and aspirations. Moreover, it is unlikely to open new directions toward understanding and transforming oppressive social relations.

Of course, virtually all feminists give weight to the importance of pregnancy and birth in women's personal histories, the ways these experiences shape their lives, contribute to self understandings, create bonds, and build community. But many dispute the presumption that we can know what a natural relation to our fertility would be like or if we did, whether we would find it desirable.[37]

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[35] Susan Sherwin develops this point persuasively. See particularly her articles "Normalizing Reproductive Technologies and the Implications for Autonomy" 2001 and "The Importance of Ontology for Feminist Policy-Making in Reproductive Technology" 2002.

[36] Radical feminists disavow the label "cultural feminist." See Tania Lienert "On Who is Calling Radical Feminists 'Cultural Feminists' and Other Historical Sleights of Hand" in Bell and Klein 1996, 155-168.

[37] Childbed fever was less a natural accompaniment of childbirth than an artifact of medical meddling. It was not until the nineteenth century, though, that physicians became aware of their role in bringing infection into the birthing room. In 1840 Dr. Oliver Wendell Holmes in the U.S. and Dr. Ignaz Semmelweis in Austria contended that

Dion Farquhar speaks of this presumption as "a romantic reduction that ignores the diversity of constraints on the historical record" (1996, 99). Cultures inevitably put their mark on such central life experiences as gestation and childbirth, shaping their meanings and integrating them into distinctive networks of social practices and expectations. Evidence suggests that women in virtually every culture have tried to time and control their pregnancies.

Even more troubling than tendencies to essentialize natural mothering or demonize technology is the hold these binary constructions wield over the pursuit of further inquiry that could otherwise critically examine the social contexts that frame these technologies. The crucial issue, Judy Wajcman points out, "is not what childbirth was or would look like for women without the controls imposed by modern technology, but why the technologies we have take the form they do." (1991,69). Her remark points to a crucial weakness in the tendency to organize debate around the naturalness or artificiality of particular technologies; a tendency to unthinkingly replicate polarities that constructed women as the dominated sex originally, particularly the identification of technology with maleness and nature with the female. This tendency is evident in metaphors prevalent in discourses that portray technology as a disruptive force casting asunder an original natural order. They often liken women who use these techniques to barnyard animals and breeding machines. By demonizing technology these approaches fail to loosen the hold of dualistic constructions of the world and divert attention from efforts to understand and change material conditions and relations that dominate infertility research and treatment. Appeal to either nature or social construction as ultimate determinants of human desires forecloses inquiry, often before the most compelling questions have been broached.

Though all but the most rudimentary desires betray evidence of social fabrication, it is seldom evident how their construction can be so adroitly concealed that these desires *seem* natural and self-evident to those experiencing them. Popular narratives that present infertility treatment as a romantic adventure undoubtedly play a role in shaping the consciousness of those who seek these services. Counter-narratives can break that spell. But even narratives that acknowledge the risks and sacrifices inherent in infertility treatment are often presented in account that elevates sacrifice to a moral virtue. The voices of women who use infertility services need to be heard, of course, but measures also need to be taken to protect their interests and assist them when it is in their interest to resist the lure of the for-profit fertility industry.[38]

Patterns of Social Stratification

The reduction of all infertile women to membership in a common group also disregards the particular needs of individuals and conceals the social inequities that propel women selectively into these clinics. Missing from these accounts is recognition of either the social power these women seek or inequalities between their position and the medical providers the consult. The privileges of social class and gender status may be invisible to many of them individually, but may still play a major role in bringing them to fertility clinics. Susan Sherwin points to underlying connections between pressures that attract some women to fertility clinics and exclusionary practices that bar others and deny access to women who lack the economic means. She notes that: "IVF may be accurately described as a technique that is available to men who are judged worthy, even though it is carried out on their wives" (1992, 127).[39] Others point out the extent to which husbands of women subjected to these interventions often

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physicians carried infection from patient to patient and urged cleansing the hands to prevent transportation of the infection. For a detailed account of this episode in the history of childbearing see Leavitt 1986.

[38] Several feminist sociologists including Judith Lorber (1992) have done exemplary work ferreting out the motivations of women who populate fertility clinics. The FINRRAGE group has collected interviews with women who have used these services. Critiques are often illustrated with anecdotes about women who have used these facilities, e.g. Spar 2006. Individual women have also published personal reflections of their experiences with third party procreation (see, for instance, Kane 1988, Menzies 1993, Fleming 1994, Hanson 1994, Berg 1995, May 1995, and Blood 2005). Fertility clinics also publish data on patient satisfaction. Such accounts need to be read within the context of the background assumptions guiding them and should be supplemented by controlled trials. Oakley, among others, has pressed for research designs that yield more generalizable information (1995).

[39] At the time of Sherwin's writing lesbian and single women were usually rejected too. This practice has changed in recent years, but economic circumstances still shut out many of these women.

play a dominant role in deciding among alternative solutions to fertility problems. In Lasker and Borg's survey of members of the advocacy organization RESOLVE, men resisted the idea of adoption far more often than women (1987, 1989). Their wives' willingness to endure medical treatment was motivated more by a desire to do this "for their husbands" than by their own preferences. Advances in techniques further complicate this picture. It is now possible to provide assisted reproduction in instances where the male partner is known to be HIV positive or has a very low sperm count. This technique, intra-cyclic sperm injection (ICSI), also requires his fertile female partner to undergo IVF which exposes her to the risks of ovarian stimulation and retrieval (Sauer 2003).[40]

In Judith Lorber's words women undergoing such invasive treatments for their partner's sake are making a "patriarchal bargain" (1992)**.** Viewed from this perspective, disparities in power relations among women, their husbands, and medical practitioners all call for further scrutiny. The social power of women presumed by supporters of fertility treatment may be at least partially illusory. Were their marriages to dissolve their power might collapse too. The semblance of equality between provider and patient may be illusory too. For typically, they don't meet as equals. Considering pronatalist social pressures, customary consent procedures afford little protection against the power wielded by institutionalized medicine and the pharmaceutical industry. As Susan Sherwin observes: "(t)he burden of proof in decision making about participating in such technologies often rests with those who contemplate *declining* them rather than with those *seeking* access (2001,09). Further, in the absence of comprehensive governmental oversight the patient lacks assurance that even her immediate interests will be well served. She is no match for the authority of providers to advance institutional interests. As Debora Spar observes, "the people who purchase fertility services don't see themselves as participating in a commercial relationship" (2006, 49). Hence even after years of frustrating treatment they rarely explore alternative options. Given the pronatalist atmosphere surrounding ART and the mystique and authority of those who administer it, patient consent to treatment may be more a reflection of social norms and the modes of stratification embedded in those norms than an autonomous personal choice (Ryan 2009). Feminist critics of the rhetoric of choice are inclined to see consent procedures as a subtle form of social control.[41]

To the hazards of high-tech infertility intervention must be added the risks of low-tech methods of bodily surveillance.[42] Gender-specific regulatory strategies that advance a pronatalist agenda need not require very sophisticated technological equipment. The regulation of sexual activity by medical experts and daily temperature readings may restrict women's agency and curtail their autonomy more stealthily than invasive techniques. Women who have been instructed by their physicians to monitor their bodily temperatures may not be aware of changes in their self-perception. Accustomed to following the advice of experts, they may view compliance with medically prescribed direction as voluntary. Low-tech methods may seem benign but they can be imposed very broadly on women trying to avoid pregnancy as well as those seeking to achieve it. Self-surveillance accustoms women to see themselves from a medical observer's vantage point as potential reproducers who police their own reproductive processes with detachment.

Their male partners who are directed to produce sperm for artificial insemination also experience some objectification, but practitioners (mostly male) are likely to accommodate their preferences more readily.[43] Clinics often allow a sperm sample to be brought from home and later delivered to the clinic. Constraints on sexual activity during fertility treatment also tend to affect the sensibilities of partners differently depending on social meanings that converge around male and female sexuality and their resonance behind the walls of medical consulting rooms. The project of achieving pregnancy is likely to affect a woman's self-identity more centrally than her partner's. For women commonly spend more time

[40] Sauer's article is followed by a group of commentaries that critically examine the morality of the technique from the standpoint of both the women involved and the future child. Since his writing, sperm injection techniques have expanded and are now often used even when the male sperm count is not extraordinarily low.

[41] Barbara Katz Rothman, in particular, has argued for this position in several of her books and reiterated it at a 2008 conference in New York City sponsored by Bioethics International and the Appignani Center for Bioethics.

[42] Note Linda Singer's remarks on maximizing women's social utility as breeders, 1992, particularly 114.

[43] See, for instance, Paul Lauritzen's discussion of his own experience, 1993.

under the scrutiny of medical practitioners and their reproductive capacities tend to be more integral to their sense of self.[44]

Feminists are now increasingly supporting a broader understanding of social relations that facilitates a more probing appraisal of the social institutions and practices that confer so much power on a select few. They ask: who benefits from prevailing modes of social stratification such as class-selective pronatalist policies, the consolidation of control in the hands of "experts," and professional women's withdrawal from the workforce? Such enquiries have the potential to challenge the identity pronatalist policies mark on women and expose popular representations of infertility that confer identities, such as "infertile women" or "unfit mothers," making women more susceptible to institutional control. Responses must be formulated so as not to stigmatize vulnerable women even further. Taking into account the broader political and social contexts within which reproduction is embedded, it is important to preserve a perspective that does not isolate the quest for a child from considerations of justice and fairness, and holds together both the generalized requirements of justice owed to all and concrete considerations of care and concern due each. In the concluding section of this chapter I consider in more detail power relationships that intervene between the agency of individual women and the social contexts that frame their choices.

Reappraising Power Relations

An enduring strength of the radical perspective is its recognition that technologies are not politically neutral instruments, that political choices are already woven into the fabric of the technologies that find their way to market. But this acknowledgment need not demonize technology or set it in opposition to nature. Nor does it compel the conclusion that technologies are autonomous, that they cannot be redirected to uses other than those envisaged by their developers. This recognition serves, instead, as a reminder that the workings of a particular technology cannot all be foreordained and circumscribed. Its implementation will change the experience of its users. The technology may have liberatory or repressive applications never envisaged by those who devised it. To expand options available to users and protect them from probable harm, technology assessment needs to be initiated *during* their developmental phase.[45] Ruth Schwartz Cowan (1992) points out several stages in the development and marketing of a technology where the intentions of those who devise it may be diverted to other ends. Their motives may be altered to fit other agendas, the purposes of those who sell the technology may deviate from objectives embedded within the technological system, and the technology itself may have unintended consequences. Examples abound. Chorionic villa sampling and amniocentesis have been diverted from diagnosis of genetic disorders to sex preselection. Birth control technologies were initially directed to women of the underclass who were perceived to be reproducing excessively. They were then appropriated by middle class women to reduce their fecundity. The contraceptive pill, introduced as a universal, context-independent contraceptive, turned out to be highly culture-specific. It required a user able to exercise discipline in taking medications routinely, with ready access to gynecological exams, and a partner from whom she did not have to hide her contraceptive use (Oudshoorn 1993).

Technologies to circumvent infertility also lend themselves to varied aims. Too exclusive a focus on the technological powers of medical researchers and the pharmaceutical industry may exaggerate their influence and neglect the ease with which a technology designed to serve the procreative interests of consumers and the economic interests of the fertility industry may be

[44] Of course the reproductive capacities of *all* women but pronatalist discourse and practices are likely to have this effect on many. See, for instance, Ann Oakley's discussion of the influence of visualizing techniques on the self-perception of pregnant women 1984,155-186, Squire 1994, and Stable's "Shooting the Mother" 1998. Also, on the influence of pronatalist discourse on women's autonomy and self-identity see Meyers 2002, 30-57.

[45] LP: But society is going in the other direction: consider the US Congress' defunding of the Office of Technology Assessment.

diverted either to liberatory aims or to a more insidious exercise of disciplinary power.[46] In the 1980s the radical feminist movement looked to the state as an ally to advance an agenda favoring the interests of some child-free women over those who depend on technological innovations to enhance their fertility. In some instances they advocated statutory remedies for reproductive practices they found objectionable (e.g. surrogacy). But their trust in government power did not fit harmoniously with their unremitting distrust of medical power. Their anti-natalist bias overrode their interest in supporting legislation to protect the well-being of women seeking infertility services.[47]

I do not mean to imply that the legislative route should always be spurned. To the contrary, as Debora Spar has shown, much more stringent regulation needs to be put in place in the U.S. to safeguard the health and well-being of women who use assisted reproduction services (2006). But strategies need to be tailored carefully to surrounding conditions. Under some circumstances the state may be a effective ally, reigning in the excesses of the fertility industry by insuring truth in advertising, full disclosure of medical information, safe and effective therapies, and standardized laboratory procedures. Wariness is needed, however, lest the state unduly constrict options. No hard and fast boundary marks the difference between the benign use of state power to protect consumer interests and malicious intrusion into women's reproductive choices. Efforts by the U.S. federal government to obtain the names of women who have had legal second trimester abortions illustrate a use of governmental power to intimidate women whose conduct does not fit favored norms.[48]

Government mandated pronatalist programs illustrate another use of government power that requires little technological sophistication. Neither the horrors women suffered in Ceausescu's Romania nor the fictional nightmare so vividly portrayed in Margaret Atwood's novel *The Handmaid's Tale* (1986) required much technological apparatus. Vital to the capacity of the Romanian regime to enforce its policy was its power to *withhold* a contraceptive technology readily available in most developed countries. In Atwood's fictional account a patriarchal pronatalist totalitarian regime is able to seize political control and establish a noncash economy. In one stroke, they close all women's bank accounts, thereby causing them to be totally dependent on men for subsistence. The regime is then able to carry out its reproductive policy by "natural" means alone. They don't even need low-tech methods of artificial insemination. The few remaining fertile women are conscripted to serve as "handmaids" to breed offspring for an all-powerful ruling class. Through a ritualized form of sexual intercourse bordering on rape (the women who serve as the receptacle are denied the power to refuse) they eliminate the need to employ any technological innovations. The society Atwood constructs imaginatively is far less technologically sophisticated than contemporary societies.

Atwood's scenario also raises questions about the seeming naturalness of 'natural' procreation. It illustrates how specific social arrangements bend the meaning of procreative experiences, transforming what *seems* natural to what is obviously a social artifact. The political impulses underlying the radical

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[46] Michel Foucault has written extensively about the diffusion of power among authorities in modern society. His conception of *biopolitics* has ready application to the power of medical authorities to impose *disciplinary practices* that influence people's self-perception and increase their compliance with medical authority. The practices he describes are readily extendable to the process whereby a female body is turned into an appropriately feminine one (*Discipline and Punish* 1979, 222). For a general interpretation of the significance of Foucault's work for women's self-identity, see Bartky "Foucault, Feminism, and the Modernization of Patriarchal Power" in her 1990 collection *Feminism and Foucault: Reflections on Resistance* (Boston: Northeastern University Press) and other pieces in her 2002 work. Note also Jana Sawicki, *Disciplining Foucault* (Routledge, 1991).

[47] In the U.S. FINRRAGE supporters often appeared before state legislatures considering regulation of contract pregnancy. For the testimony of Gena Corea before the California Assembly Judiciary Committee see Gostin 1990, 325-337). See also the autobiography of Elizabeth Kane (1988), reputedly the first surrogate mother. She often accompanied members of FINRRAGE and presented testimony about her own personal disillusionment. Under the rubric of the organization they founded the Institute on Women and Technology, and they countered claims to the safety of the abortifacient, RU-486. See "Some Doctors Voice Worry Over Abortion Pills' Safety," *New York Times* 4/01/06, A11.

[48] This issue arose in conjunction with federal efforts to prohibit so called 'partial birth abortions,' known in the medical community as "intact D&E" (dilation and extraction).

feminist program and conservative approaches (including Atwood's theocracy) are diametrically opposed, but both wind up suppressing the development and application of fertility technologies. Conservatives would like to reinstitute traditional structures of family authority and radicals want to annihilate them. But both selectively isolate their procreative norm from political and social conditions that actually construct it.

Reclaiming Agency

The agency of individuals is shaped by multiple factors both within individual psyches and in surrounding social structures. Achievement of social equality will depend on women's power to define their own needs from their own *subjective* perspectives. Medical knowledge would need to be adapted to the circumstances of particular patients who alone have final epistemic authority. Strategies need to be devised to support women's efforts to trust their own judgment, articulate their own needs, and challenge authoritarian constructions of them by medical professionals. Efforts to create increasing space for patients to participate in treatment decisions is a vital beginning, but inadequate to fully support patient agency. Ann Oakley suggests several routes for supplementing with patient-generated knowledge the presumably objective information provided by quantitative medical tests (1995). Also useful toward this end are Sue Fisher's observations about physician-patient interaction (1986). In her research she found that only when patients interrupted physician explanations and steered them to their own concerns were they able to elicit alternative treatment options. Some women are inevitably better prepared to exercise such intervention than others. Social, educational, and economic class influence both provider attitudes and patient self-assertion in the face of authority. Carolyn McLeod points out how the capacity to have confidence in one's own responses in the face of medical authority depends on self-trust which must be fostered through collaborative relationships that allow patients to safely voice inchoate feelings and learn to individuate them (2002). New conceptual tools and practical strategies need to be devised to diminish the regulatory power imposed on patients by medical professionals and equip women to play a more active part in medical encounters.

Projects to strengthen women's subjectivity will miss their mark, however, unless they are attentive to the ways innovative fertility technologies are reconstructing social relations. Though technologies place a direct burden only on some women, all women who are potential mothers have a collective interest in reproductive policy, whatever their social position. Even child-free women are affected since, like many more commonly available technologies (even dishwashers, television, and email), their accessibility puts pressure on those who prefer to do without, to justify their preferences. Not even postmenopausal women are now beyond the reach of fertility techniques since science can now (albeit unsafely) reverse the effects of menopause. Commercial fertility services now market their wares even among women in their sixties.

A response to reproductive innovations that aspires to gender justice must include a more adequate understanding of the ways gender structures are tied to expectations that women bear children and the differential impact these structures have on specifically situated groups.[49] Population policies have a significant impact on the freedom of women to combine childbearing and rearing with their workplace lives. Presently, in Western Europe especially, the growing proportion of those beyond working age is putting pressure on the working population to increase their birth rate. At least forty-five countries in Europe and Asian have instituted government programs to maintain or raise their fertility rates. Approaches vary considerably. All countries in the European Union require employers to allow women more flexibility in their working lives. For it's been shown that women have more children and begin childbearing earlier in their lives when day care is readily available to them.[50] Sweden led the way in 1974 with the introduction of a very generous parental leave policy to lure more women into an understaffed workforce. But considering the trade-offs, the situation of Swedish women is still far from idyllic. Though either mother or father may claim the leave, women do so with far greater frequency than men, in part because pay inequities reinforce traditional gender roles. Husbands who stay home generally

[49] See, for example, Spelman 1988, particularly 158-159.

[50] See, for instance, "The Motherhood Experiment" by Sharon Lerner, *New York Times Magazine*, 03/04/07, 20.

lose more money than do their wives. Dropping in and out of the workforce affects eligibility for promotions too, perpetuating and intensifying traditional gender inequities. Nonetheless, in Sweden and the other Scandinavian countries child welfare services and other benefits make childbearing affordable enough almost to maintain the replacement level of the population (1.9). Paradoxically, it's traditionally Roman Catholic countries such as Portugal, Spain, Italy and Greece that now have the lowest fertility rates in Western Europe. Italy has massively cut back its child welfare benefits and the fertility rate has fallen precipitously from 2.4 children per woman in the early 1970s to 1.4 presently.[51] Hungary and other Eastern European countries are losing population at comparable rates.[52] At the current rate the population of Eastern Europe will be cut by a third by 2050. The U.S. is barely maintaining its replacement level, but this level would also drop were it not for the larger families of new immigrants. The typical female college graduate in the U.S. born in the mid-1960s married three years later than the comparable graduate born in the 1950s. Presently, only 43 percent of U.S. women in the 25-29 age range have children under six compared with about 71 percent in the 1960s.[53] Nonetheless, the U.S. government spends far less than other wealthy countries on childcare and provides no guaranteed paid parental leave.

The conclusion is inescapable. Fertility rates are declining most precipitously in countries that view family welfare primarily as an individual responsibility and still adhere to policies assuming the father is the primary breadwinner. Countries that offer public support for working mothers are now experiencing the highest birthrates (Crompton 2007).[54] So obviously, social policy has a far-reaching impact on women's childbearing decisions. To monitor policies and insure that they uphold women's freedom to make childbearing and rearing arrangements in a supportive social environment, feminist discourses need to link up with discourses that structure public debate.[55] Alliances need to be organized among many groups with diverse interests. I shall mention just three areas where gender-specific norms that contribute to the demand for medical remedies could be destabilized to expand the options of those who seek children.

First, people seeking treatment seldom know which if any of the available medical interventions are likely to help them or whether a particular practitioner has the requisite expertise to provide assistance appropriate to their condition. Many now turn to the internet but those resources are too often sponsored by special interests such as RESOLVE, a prominent support organization for infertile women, which is backed by a leading hyperovulatory drug manufacturer. National government agencies are increasingly posting IVF success rates on their websites but reporting is often voluntary and rates can be manipulated to draw more patients into clinics. In some countries government regulatory bodies impose uniform

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[51] Data on fertility rates and child welfare programs in Sweden and Italy are taken from http://data.worldbank.org/indicator/SP.DYN.TFRT.IN and "Italian Women Shun the 'Mamma' Role" in BBC News at http://newsvote.bbc.co.uk. For a comparative summary of "World Population Prospects" see the UN Dept. of Economic and Social Affairs website: http://www.un.org/esa/population/unpop.htm.

[52] See UN/ECE, "Fertility decline in the transition economies, 1982-1997: political, economic and social factors," *Economic Survey of Europe,* 1999 No. 1, pp. 181-194. For further and more recent details, see Anna Cristina D'Addio and Marco Mira d'Ercole, "Policies, Institutions and Fertility Rates: A Panel Analysis for OECD Countries," OECD *Economic Studies*, No. 41, 2005/2.

[53] Data from the U.S. Bureau of Labor Statistics and *New York Times* 3/2/06, A1. More recent information can be found on the Bureau's website.

[54] LP: ironically, this may not be a good thing overall for humanity, given the limits on the carrying capacity of the earth. How reconcile what's good for individuals with what's good for human flourishing?

[55] A number of factors contribute to the partiality of feminist representation in public debate. First, distortion and misunderstanding arise from displacing feminist theoretical vocabularies from their original contexts and transposing them within discourses that have already been shaped by dominant political ideologies. Second, the full range of feminist concerns cannot be squeezed into a public debate that has been narrowly constructed around the concerns of researchers and ideological conservatives. Third, the token feminist invited to join policy making bodies cannot be presumed to represent all women who have a stake in public policy. Finally, there are inevitable limitations in writing about a tumultuous situation while living in its midst. As I have already indicated, feminist perspectives toward the new technologies are not rigid unyielding positions so much as differing tendencies that shade into one another.

standards on clinics, but close alliances between medical organizations and government authorities dilute such efforts. Tensions between the interests of medicine and government might be exploited to build more extensive alliances that would promote effective regulation of fertility services and secure increased government support for alternatives to medical intervention. Gaps between the priorities and goals of commercial for-profit clinics and research institutions also offer opportunities to press for more adequate monitoring and oversight of fertility services.

Second, programs that encourage alternatives to the quest for a biologically related child need to be accelerated. Adoption is all too often even more cumbersome, frustrating and disappointing than medical intervention. Since the advent of the birth control pill in the 1960s and the legalization of abortion in the early 1970s, the number of children available for adoption has dropped precipitously. Women beyond their peak childbearing years are likely to be disqualified by adoption agencies. Many who would happily adopt a child of a different race may be screened out by social workers persuaded that only same race families are suitable. In many countries adoption agencies frame their policies and assessments against a conventional notion of motherhood. Applicants with unconventional sexual orientations are routinely excluded as adoptive parents though studies of lesbian and gay parent families show that their children are as healthy and happy as children raised in traditional households (Golombok 2000).

Adoption, however, is at best only a very partial answer for those seeking children. Sharon Rush has estimated that if each of the 365,000 orphans in the U.S. were adopted by the two million infertile 'traditional' couples, four-fifths of these couples would still be without a child.[56] Moreover, the adoption process replicates many of the drawbacks and risks that characterize medically assisted conception. Legally sanctioned adoption is subject to strict surveillance and regulation. Extra-legal or 'black market' adoption can lead to bitter disappointment if the birth mother changes her mind and decides to keep the child. '"Open" adoption can bind both birth parents and adopted ones in long-lasting, often demanding, relationships (Shanley 2003, Haslanger and Witt 2005). International adoption, an increasingly popular option for those who have exhausted medical remedies for childlessness, is fraught with bureaucratic tangles and lengthy delays.[57] Moreover, since an important motivation of those who seek out fertility services is the desire to keep a (genetic) part of themselves alive (Henig 2004), infertile couples seldom even explore adoption opportunities until they have exhausted medical options.

Despite such contributing factors, some partially attribute demand for medical intervention to the dearth of other opportunities to have close enduring relationships with children. Claudia Card describes both the disadvantages of the prevailing situation in which the child's primary caretaker has virtually absolute power over a child and the advantages of alternative social arrangements that would encourage long-lasting meaningful relationships between young children and other adults (Card 1996).

Finally, without neglecting efforts to uncover the causes of infertility, more attention needs to focus on factors that contribute to infertility. Some, such as undiagnosed and untreated pelvic infections and obstetrical fistula, are more common in the global South. Others such as early and late childbearing and substandard care during pregnancy and childbirth threaten women's well-being in both developing and

[56] Sharon Elizabeth Rush in *Kindred Matters* 1993, 121. More recent data indicate that approximately 100,000 children are still waiting to be placed for adoption in the U.S. See "Adoption, Adoption Seeking, and Relinquishment for Adoption in the United States" 1995 by A. Chankdra, et al at http://www.cdc.gov/nchs; also Haslanger and Witt 2005, 4 on difficulties in gathering long term data on adoption. See Kathleen Kingsbury, "Longer Times Higher Costs for U.S. Adoptions," Reuters, New York, 1/15/2013, at http://www.reuters.com/article/2013/01/15/us-adoption-domestic-waits-idUSBRE90E15Y20130115.

[57] Anne Tyler's novel *Digging to America* vividly dramatizes the tensions and rewards of international adoption. Two families meet by chance as each is meeting a newly adopted Korean infant at the airport. Their experiences are punctuated by surprisingly uncanny observations about cross-cultural adoption. "When your children resemble you, you tend to forget that they're not you. Much better to be reminded they're not every time you set eyes on them" 2006, 93. Note also "The Last Babylift" by John Seabrook on the dilemmas of international adoption in the May 10, 2010 issue of the *New Yorker* (available online at newyorker.com).

developed economies.[58] Readily accessible screening programs for the more common infectious agents that affect pregnant women might be established at far less cost than infertility treatment.

Workplace strategies might also be reconfigured to overcome economic conditions that press women to defer childbearing beyond their peak years of fertility. I have noted that some countries formally recognize the social contribution women make through childbearing (Meyers and Gornick 2003). But many others view childbearing as solely a personal choice and place the full burden of combined work and childbearing on individual families. The persistence of an outdated career model designed for white men with stay at home wives puts all working women at a considerable disadvantage. Silvia Hewlett's research has shown that most highly qualified women in the U.S. do not follow the same career path as similarly qualified men. Instead, they have "nonlinear careers, taking breaks from their careers to care for children or elders" (2007). Women in academic life, in particular, must juggle both the biological clock and the tenure clock simultaneously. With less ingenuity than is required to outmaneuver the biological clock, it should be possible to bring the time-frame for tenure into a more equitable balance.[59] A few large employers have introduced flexible work and career arrangements to retain talented women. But stigma persists so many who qualify decline to exercise flex-time options for fear of ending up on the mommy track and losing out to men whose careers are seldom interrupted by family responsibilities. Further, the job security and pregnancy leave that some women won during economically prosperous times tend to erode in a recessionary economy.[60] And as national economies are integrated into an increasingly competitive globalized economy, fewer employers are likely to voluntarily accommodate pregnant women and families with newborns. The work of establishing uniform standards for job-related family relief will, in all likelihood, fall to already overstretched international human rights agencies.

In suggesting practical strategies that could reduce the need for medical intervention to circumvent infertility, I do not mean to devalue the importance of ongoing theoretical work among feminists. Rather, I am calling for renewed recognition of the impulse that guided second wave feminism: mutual interplay between theory and practice. I commend the measures taken by feminists to move beyond preoccupation with identity politics and encompass broader historical developments. Prevailing conditions require a more inclusive vision of the transforming work that still needs to be done. Previous phases of the feminist movement need to be integrated into a trans-national synthesis that is responsive to a globalizing world (Fraser 2007). It is, in part, the job of theoretical analysis to shape this vision. If the vision is too narrow, as are some I have critiqued, there is danger of inadvertently neglecting the needs of many, favoring the privileged at the expense of the marginalized, and overlooking possible strategies that could influence the direction of social transformation. I turn now to related background conditions that need to be taken into account in developing a more inclusive orientation.

Reconnecting Theory and Practice

Feminists are increasingly recognizing that critique of reproductive practices needs to proceed in tandem with analysis of the conceptual underpinnings that guide practice. Women's experience in the sexual liberation movement of the 1960s shows the dangers of buying into an overly narrow model of power that defeats long-term goals. Linda Singer's work reminds us that the movement brought release

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[58] Obstetrical fistula is common in developing countries where cesarean section is not available to end prolonged labor. If blood supply to the bladder and/or rectum is cut off a hole may form through which urine and/or feces leak uncontrollably. Fistula victims are often abandoned by their husbands and rejected by their communities. UNFPA estimates that their world population exceeds two million. For a moving account of its effect on women see "Nightmare for African Women" by Sharon LaFraniere in The *New York Times*, 9/28/05.

[59] For literature addressing struggles to balance academic appointments and family roles see Robin Wilson: "How Babies Alter Careers for Academic" in *Chronicle of Higher Education* 12/5/03 available at http//chronicle.com; Evans and Grant's anthology *Mama PhD* 2004 and *The APA Newsletter on Feminism and Philosophy* 7:1, 2007. Seven women philosophers reflect on their experiences. Available at www.apa.org

[60] In the U.S. where anti-discrimination law is much more lax than in many other developed countries charges of pregnancy-based discrimination filed against the Equal Opportunity Commission have increased fifty percent in the last decade and is still rising (*New York Times*, 3/28/09, B6).

from a repressive economy of self-denial only to replace it with a reorganization of sexuality directed to personal gratification (1992). Very soon women realized that lifting repression did not bring the freedom they had longed for but only subjected them to a different set of sexual demands. They had misperceived the scope of power relations that controlled expression of their sexuality. By presuming that individuals could position themselves outside relations of power they merely exchanged one set of gender-specific requirements for another. On balance, that exchange failed to further their autonomy. As Amy Allen points out, we can never be sure whether resistance is ever genuinely emancipatory or only feeds back into modes of oppression (2007). Much bioethics discourse is still shaped by a comparably narrow conception of autonomy that bypasses the workings of social controls, thereby intensifying the hold of disciplinary practices on those who crave autonomy, obscuring human interdependencies, and ignoring disparities among differently situated groups. Through such oversimplification, strategies are overlooked that could lead to more effective modes of resistance to dominant norms.

With increasing recognition of underlying power relations comes an increased capacity to destabilize Ideologies that take motherhood to be the central event in women's lives and redefine women's bodies in ways that decenter mothering. Destabilization creates space to identify and legitimate new constellations of relations that can free women to effectively construct a child-free future or shape the experiences of pregnancy and childbirth to accord with their own aims and desires. Strategies are also underway to build participatory alliances between women in developed and developing countries that can more accurately identify and respond to the reproductive needs of specific groups of women.[61] These alliances seek a new politics with a social agenda that is responsive to the consolidation of multinational corporate powers, such as the pharmaceutical industry). They link feminism more closely to international human rights programs, broaden reproductive rights agendas to include economic rights, and emphasize obligations to the less well off.[62]

Conceptual reform is underway too. A number of feminist theorists are now urging comprehensive reconfiguration of basic moral conceptions in order to repair the individualistic bias that dominates leading liberal moral theories, pervades the rhetoric of reproductive medicine, and propagates the dogma that women cannot lead worthwhile lives without bearing children. They point out how individualistic bias has contributed to internalization of a misleading conception of autonomy that takes relational connection to be peripheral to self-identity, disregards human dependency needs, and devalues social and political connection. Bioethicists within this group point to the influence this misleading self-understanding has on the practice of clinical medicine where women patients are made to believe that their reproductive capacities are in need of control by medical experts. They point to connections between motivations that encourage use of these technologies and political agendas that benefit from withdrawal of middle class women from the labor market and the consolidation of privilege through class-selective access to these techniques. They emphasize the need for a conceptual matrix that is responsive to the dominant individualistic bias.

Scholars from several theoretical perspectives have begun to articulate alternatives to the generalized, individualistic conception of the self. Care theorist Ruth Groenhout, for instance, emphasizes the moral requirement to give priority to the good of others (2004). Carolyn McLeod focuses on the bearing of self-trust on reproductive autonomy (2002) and the tendency of some women to inappropriately blame themselves for their infertility (2008). Susan Sherwin stresses connections between institutional frameworks and autonomy (2001c). Along with participants in related projects, they underscore the importance of thinking about reproductive ethics through the lens of a relational morality that incorporates respect for personal agency and a developmental understanding of the self as an embodied being who is constituted in and through relationships.[63] Shifting the dominant individualistic conception of autonomy to

[61] On justification of such a strategy see Nikki Jones "Culture and Reproductive Health: Challenges for Feminist Philanthropy" 1999.

[62] A growing feminist literature follows this strategy. See Cook 1994, Tong, Donchin and Dodds 2004, and Jaggar 2002, 2003, 2004, 2005, 2009.

[63] I return to this theme in a later chapter.

the relational understanding developed by these feminists would expand the frame of reference within which women's choices are viewed to encompass scrutiny of social conditions, political context, and institutional structures that shape their options. This work is still in the process of development. To date, it has focused predominantly on the situation of women in advanced industrialized countries. Links with feminists who examine the exploitation of women's reproductive capacities in developing economies need to be developed more fully.[64] Hopefully, future work will draw out relationships between the turn to a more relational conception of autonomy and complementary feminist analyzes from the perspective of a globalized economy.

The diversity of theoretical orientations I am advocating will sustain a multiple vision of feminist thought and avoid the hazards I have noted in positions that aim for theoretical purity. As Donna Haraway points out so aptly, "single vision produces worse illusions than double vision." (1985, 72). Feminism's double visioned talent for survival amid partial identities and conflicting standpoints testifies to one of its most enduring strengths. Hopefully, the mutual interplay of theoretical reflection and practical action that animates current projects will rekindle the vitality that pervaded the early years of second wave feminism before theory and activism parted direction.

[64] Notable work has been done in recent years. Some has focused on reproductive rights which I examine in the following chapter.