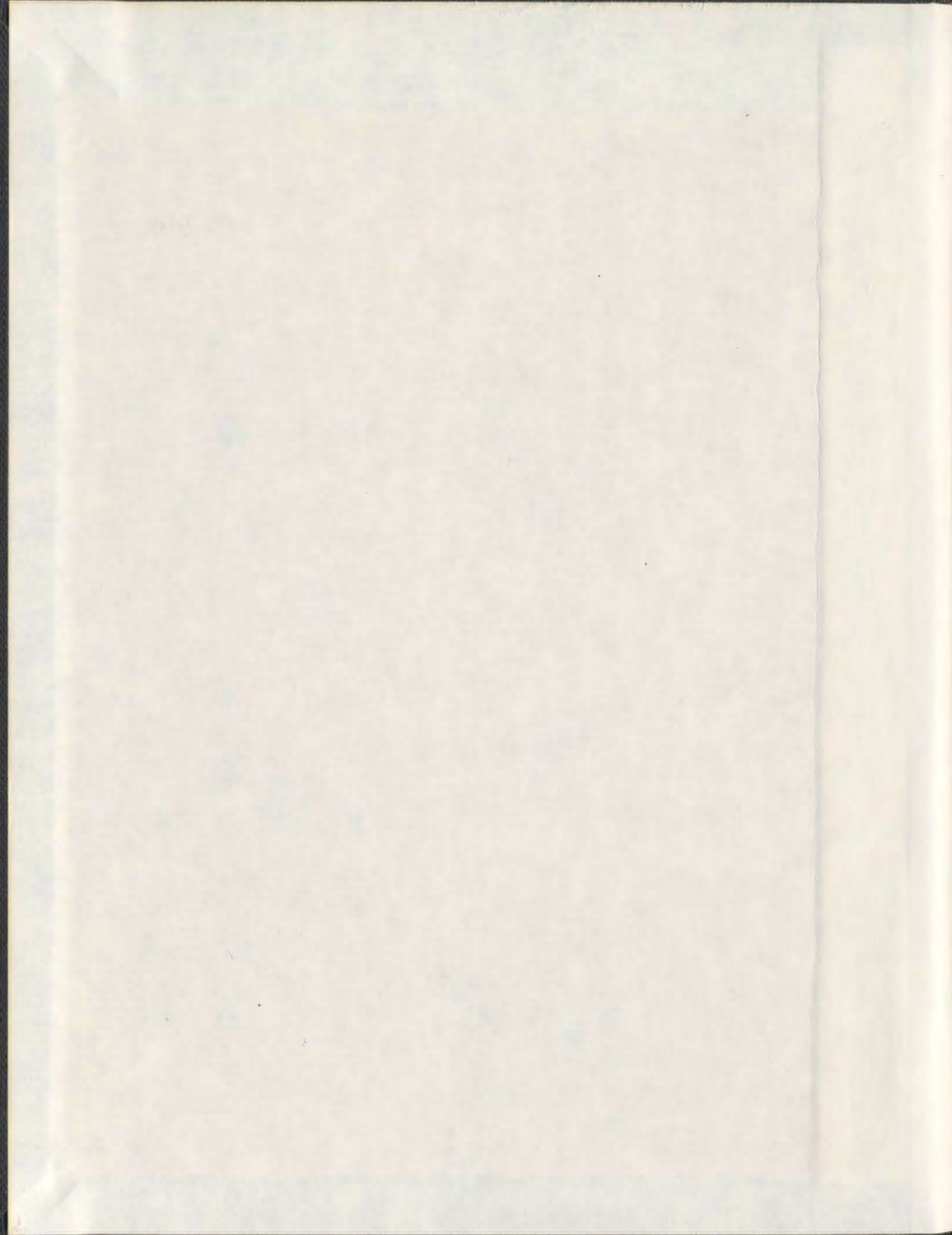


AFFIRMATIONS, CONTESTATIONS, AND CONTRADICTIONS:  
EXPERIENCES OF INFERTILITY IN IRELAND

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## Abstract

This project explores the experiences associated with infertility in Ireland in the early twenty-first century. An inability to conceive produces human dilemmas, challenges to notions of self and identity, and crises of faith in religion, science and nature. In Ireland, reproduction has been part of a complex of social, religious, and family politics that incorporates assumptions about womanhood as synonymous with motherhood and essential gender roles. This project locates the meaning of reproduction and fertility in relation to people's perceptions of a changing social climate in which the politics of reproduction is negotiated. It has been my contention throughout, that a study of the meaning of reproduction, from the point of view of people who have faced challenges in conceiving children, is a critical source of information about Irish social, cultural and political life.

This research was conducted at a point in time when the state was grappling with the need to regulate assisted reproduction technologies (ART). In the wake of a decline in the moral authority of the Catholic Church in Ireland, this project shows how people negotiate moral and ethical uncertainties by incorporating aspects of religion, medicine, nature and science in their decisions about *in vitro* fertilization, gamete donation and embryo freezing. Through the lens of infertility the research portrays the very real dilemmas that emerge from inconsistencies and contradictions in attempts to define, categorically, the place of nature in reproductive decision-making. I also explore the politics of choice in relation to adoption and potential childlessness.

This project employs infertility experiences to challenge the determinism of the reproductive body, deconstructing the meanings of gender and sex that are consolidated in rigid definitions of procreation as heterosexual. Through the use of narratives and interview- based research I show how such rigidities, essentialisms and gender identities are contested and affirmed in light of current social and political conditions. I combine a feminist poststructuralist approach with an emphasis on embodiment, focusing on the meanings associated with an identity of motherhood and the rigidity with which it is linked to biological conception and birth.

The project aims for an ethnographic empathy that conveys the complexity in people's lives where infertility experiences simultaneously contest, contradict and reaffirm the dominant meanings of procreation from biological, medical, social and religious viewpoints.

## **Acknowledgments**

Many people are part of this project in ways that cannot be discerned in simply reading the finished product. I thank the many women and men in Ireland who shared their stories about infertility, assisted reproduction, adoption and childlessness with me. I appreciate the generosity of people who took time out of busy lives to meet with me, collected me at train or bus stations and made me feel welcome in their homes and kitchens. Without their kindness, courage and willingness to share their experiences this project could not have happened. I also thank the doctors and clinical team members at a number of clinics who made time in busy schedules to talk with me and give their perspectives on the medical and social issues of infertility in Ireland.

Thank you to Helen Browne and Martina Linehan of the National Infertility Support and Information Group (NISIG) for their kindness and support while I undertook this project. Your understanding of the importance of this work and the many valuable insights you shared were crucial to the development of this research. I am also grateful to the International Adoption Association of Ireland and the Endometriosis Association of Ireland for their assistance in finding participants.

I would also like to thank Father David Smith, Father Vincent Twoomey and Father Kevin Doran who took the time to meet with me and discuss the Catholic Church's position on the complex issues related to assisted reproduction in Ireland. Father Kevin Doran kindly kept his appointment with me on the day that Pope John Paul was gravely ill and ultimately died.

I also thank my many friends in Ireland. The residents of Adelaide Place in Cork made me feel like part of the community and also gave me much valuable insight, often around a fire pit in the pleasant evenings of summer, telling me about growing up, playing for one's county and the importance of family, ritual and belonging in Irish communities. Thanks to Mary and Nora Maher for being a surrogate family to me and mine while we were in Ireland. Thanks also to Angela O'Connell, Claire O'Hagen, Jacqui O'Riordan, Orla McDonnell, Marie Annique de Planques and Linda Connelly.

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Most of all I am forever indebted to my family who sacrificed so much to help me make this project happen. I am grateful that my parents and siblings refused to give in to the temptation to shake their heads and ask me what I was doing. Thank you to Alex, Duncan, Charlotte and Brendan, my children, for letting me be away, for coming to visit

on your holidays, and putting up with curried scrambled eggs. You have been my inspiration. I hope I can inspire you to achieve your highest potential in the same way. David, we have always supported each other's dreams with latitude and trust. Your encouragement, patience and vision were instrumental. I cannot imagine life without it and this project would certainly not have been possible without you. This is your achievement as much as it is mine.

I thank the Social Science and Humanities Research Council (SSHRC) and the Wenner Gren Foundation for their financial support of this project. I also thank Memorial University of Newfoundland for academic and financial support that has provided an atmosphere conducive to scholarly achievement without which I could not have succeeded. Any errors or omissions in this document are entirely my responsibility.

## Research Participants

**Alexis** was not yet thirty when I met her. She and her husband had been trying to conceive for several years without success. They live in a small community south of Dublin and Alexis worked part time in clerical work. Her husband is a tradesman. They had tried IVF twice without success and were considering what their options were regarding further treatment.

**Alicia** is an altruistic egg donor who volunteered after watching a television documentary. She was 31 when I met her and had two children of her own. She and her husband were considering whether they might try to have another child themselves. She had suffered complications following her donation and developed ovarian hyper-stimulation syndrome, a potentially fatal condition that requires close medical monitoring. She was undaunted and says after they make their own decision about more children she would donate again.

**Anne** is a trained chef but has been doing clerical work since injuring her back a few years ago. Her husband works in an engineering business. She and her husband both had fertility issues and after several attempts with IVF, they went abroad for donor egg treatment. They succeeded in producing one child, conceived twins in a subsequent course of donor egg IVF but lost them before twenty weeks of pregnancy. They are now in the process of adopting a child.

**Breda and John** live in a mid sized city. Breda is a manager of a number of government run programs and John is a University Professor. They had just finished their fourth course of IVF when I met them and were applying for domestic adoption when I met them. Together since university, they were both in their late thirties when we met.

**Bridget and David** live in a small community in a northern county and share responsibility for a farm with his parents. They opted not to pursue medical treatment and went straight to adoption to become parents. Bridgett worked in childcare in the past and now works in an office and David works in a local retail business. They are not well off but comfortable enough to make a home for children. Since I met them they have become parents to a little girl adopted from abroad.

**Cara and Aoife** live in a small community outside a midsized urban center. Cara is a family therapist and Aoife is an academic. They were so-parenting two sons from Aoife's first marriage and providing foster care to another boy when I met them and have since adopted the little boy and given birth to their fourth son conceived through assisted reproduction in a clinic in the UK.

**Carol Anne and Vince** live outside a mid-sized urban center on land owned by Carol

Anne's family. Carol Anne works in administration at a local university and Vince works for a computer company. Carol Anne went into early menopause in her mid thirties and was given a 1% chance of ever conceiving without assistance. She was 39 when I met them. She and Vince made several attempts at IVF with donor eggs in a number of clinics abroad. They successfully conceived with an IVF donor cycle and she gave birth to a baby boy in 2006. Subsequent attempts to conceive with the same process have not been successful.

**Catherine** is an office administrator for a charitable organization. Her husband is a tradesman and they live a modest life in a small home in a medium sized urban center. She and her partner never sought treatment for their infertility issues and, now in their early 40s, they remain childless.

**Donna** works as a nurse and husband Harold has his own business. She has had blocked fallopian tubes and had numerous attempts at IVF, fresh and frozen cycles, all in a clinic in the UK. She has been active in her local support group. Donna was 44 when I met her.

**Elsa**, aged 41 when I met her, lives in a suburb of Dublin and has undertaken a career in art. Her husband is a teacher. They tried some fertility drug treatments but have not tried any assisted reproduction technologies. They have no children.

**Evelyn** works as a journalist and after three failed IVF treatments had given up on assisted reproduction. She was divorced from her husband and felt the stress of ART and infertility had led to the marital breakdown. She was 37 when we met and while she was in a new relationship she was quite resigned to remaining childless.

**Gail and Martin.** Martin has his own business. Gail is a stay at home mother but previously worked in healthcare. Gail was 29 and Martin in his early thirties when we met. They had two courses of IVF and conceived their son on the second round. When I met them they were preparing for another course of IVF. They conceived twins after two more treatments cycles but lost them about twenty weeks into the pregnancy. They tried again and now have a second child.

**Gretchen**, in her early thirties, lives in a small urban center and works in education. Her partner is a teacher. Gretchen has had a long history of reproductive health problems and endometriosis. They have decided not to try assisted reproduction technology and have remained childless.

**Jane** lives in a small urban center in a very new suburban neighborhood. She works as a marketing consultant. Her husband was married before and has college aged children who live with their mother. Jane was in the process of beginning treatment when I met her but was very reluctant to consider IVF. Jane was 38 when I met her.

**Jenny** was only thirty two when I met her. She lives in a small city in the northern part of the country. She works part time in insurance sales. She and her husband have one child who was eight years old but have struggled to conceive a second time. They were using the NaPro method when I met her.

**Joan Marie** is a single woman seeking motherhood without a partner. Joan Marie runs her own consulting business and lives in a posh suburb of Dublin. She has tried a number of fertility treatments while with a partner. When her relationship dissolved she was in her late thirties and desperate to become a mother without waiting for a new partner to come along. She has been using donor sperm and IUI in an attempt to conceive through a clinic in the UK.

**Kate** was a founder of the National Information and Support Group (NISIG). She lives and works in Cork. She remains childless even though she tried IVF seven times in total.

**Kathleen** works in a business with her husband. She was 34 when I met her, she and her husband successfully conceived a little girl with IUI after a number of attempts. They used a number of herbal products to which they also give credit for their reproductive. They live outside a midsize city an hour from Dublin.

**Kaye** lives near Dublin and became an egg donor to an acquaintance who became pregnant but sadly miscarried some weeks into the pregnancy. She has two children of her own and would like to donate again if the opportunity arose.

**Kristen and Rick** live in a mid- sized urban center where she works in an office doing clerical work and he works with horses. Kristen was in her early thirties when I met her and considering IVF after number of failed attempts at IUI. She had an underlying medical condition that did not contribute to infertility but complicated her treatment.

**Lara and Paul** live in a mid sized urban center where Lara is a high school teacher and Paul works for his family owned business. Lara was 41 and her husband a few years younger when I met them. They had undertaken four courses of IVF, one of which was in a clinic in New York, when I met them the first time. They went back for a subsequent treatment in the US shortly after our first interview. They received a letter sometime after this course of treatment, informing them they had two frozen embryos in storage in the clinic in New York. This came as a shock as they believed they had been told there were none other than the two transferred during the cycle. Unsure if the embryos actually belonged to them, they were in a quandary since the cost of returning for a third cycle of IVF in the US was prohibitive. They were considering litigation but had not resolved the issue the last time I spoke to them. They have acquired two dogs.

**Leah** works for national media outlet in Dublin. Leah was 34 when we met. She and her husband had tried multiple courses of IVF without conceiving and had recently been approved for adoption. They were in the process of adopting from China.

**Laura**, an altruistic egg donor who is the mother of two children of her own. She heard about the need for egg donors on a website and decided to contact a clinic. She and her husband live an hour outside of Dublin .

**Leslie** works in administration at a large university campus and lives in a mid-sized urban center with her husband who is an executive in a small company. They have been trying to conceive for about a year and were moving from fertility drugs to more invasive treatment when I met her. Leslie was 37 when I met her and was concerned that her age would become a factor very quickly.

**Lisa** works as a bank executive and was married for the second time to a man some years older than her. She was thirty eight when I met her. They had tried one round of IVF, conceived but had a miscarriage. They were considering another round of treatment when I met her.

**Lorna** lives in a mid-sized city and works as an administrator at a University. She was forty two when I met her and after four attempts at IVF, she and her husband decided to adopt. They had a three year old son adopted from Russia.

**Louise and James** live in a rural community on a piece of land adjacent to Louise's mother's farm. Louise is a paralegal and Troy works for a large technology marketing company. They had four courses of IVF before successfully conceiving and giving birth to a daughter shortly after I met them

**Lydia** is a teacher in a small community north of Dublin. She and her husband had four rounds of IVF treatment after suffering an ectopic (tubal) pregnancy . They had adopted a child from Russia shortly before I met Lydia. She was in her late thirties when we met.

**Maeve and Patrick** live in a small rural community where Maeve teaches and Patrick works for a local transportation service. Maeve was in her early thirties when I met her. They had tried IVF once without conceiving when I met Maeve. They have since tried IVF again and given birth to baby girl.

**Mairead and James.** Mairead is a stay at home mother and James works for an engineering firm. They live in a suburb of a mid-sized city and have one child after several attempts at intrauterine insemination (IUI- less invasive than IVF). They were considering trying IVF to conceive a second child but were also on the waiting list for adoption. Mairead was 34 when we met.

**Margaret** lives in a suburb of Dublin and works in banking. She and her husband have been together for more than a decade and both are very successful competitive athletes. They had recently had their third course of IVF without conceiving and were considering adoption. Margaret was in her late thirties when I met her.

**Marie Claire**, in her mid thirties, is a homemaker and mother of two when I met her first, she is married to an architect. She and her husband turned to assisted reproduction to conceive when they experienced secondary infertility. Since I met her Marie Claire and her husband have had a third child. They live in a small community an hour from Dublin.

**Maureen** is a teacher and lives on the outskirts of a mid-sized urban center. She and her husband used IVF twice, succeeding both times. She was about to undertake her second round of treatment when I met her. Maureen and her husband were in their early thirties.

**Niamh and Tommy** live in a small urban center and she teaches high school. Tommy is a very successful tradesman. After multiple attempts at IVF for "unexplained infertility" they have decided to pursue foreign adoption. The process has taken 4 years to date and they have not met their child yet. Niamh was 38 when I met her.

**Sarah** lives in a small urban center and was nearly fifty years old when I met her. Her marriage had collapsed partly because she had been resistant to having children. She works as a medical therapist and after considering IVF in her late forties, decided to adopt a child as a single parent.

**Siobhan and Sean** both work for large high tech firm in Dublin. Both were in their mid thirties when I met them. They had several pregnancies that ended in miscarriages and had tried IVF twice with frozen cycles after both. They did not succeed in carrying a pregnancy to term and ultimately adopted a little boy from Russia. He was two years old when I met them and they were in the process of getting their paperwork signed off to adopt again.

**Sonya** lives in a small farming community an hour from Dublin. She works in insurance sales and so does her husband. Sonya was 40 when I met her and her husband was more than 10 years younger than her. They were about to try IVF for the first time when I met them.

**Tara and Kelly** live in a large suburb of Dublin. They work in their own accounting firm. They were both 36 when I met them. After trying for several years to have children they successfully conceived a daughter and then a son with the help of IVF.

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## **Chapter One**

### **Conceiving the Presence of Absence**

Infertility, as a human condition with both biological and social components, is also an experience of contrast and contradiction.<sup>1</sup> An inability to conceive poses challenges to the way biology and nature have come to underscore the social meanings of reproduction. Moreover, infertility produces very real human dilemmas, challenges to notions of self and identity, and crises of faith in religion, in science and in nature. In this project I explore how these difficulties are interconnected with the social and political context in Ireland, bringing to light as fully as possible, the experiences of individuals who endure and overcome the challenges of infertility in their lives.

In Ireland, reproduction has been part of a complex of social, religious, and family politics that incorporates assumptions about womanhood as synonymous with motherhood and essential gender roles. Two additional issues support these assumptions. The first is an unproblematic link between the biology, or 'nature', of sex and the social relations of procreation, and the second is a conflation of biology and reproduction in determining the rules for building family, community and nation. I will argue that these assumptions can be examined critically through the lens of infertility. At a moment in time in Ireland, when everyone is talking about social and economic change, stories about infertility reveal, with particular acuity, how deeply naturalized these socially

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<sup>1</sup> The widely accepted definition of infertility used by medical and health policy institutions is the one given by World Health Organization which describes it as "the failure to conceive after one year of unprotected sexual intercourse" (Vayena et al 2002).

constituted connections have become.<sup>2</sup> But perhaps more importantly, I will show how infertility is experienced as part of the wave of social change, at once sustaining and exposing the refractory nature of social values embedded deeply in the politics of reproduction even as the social institutions that sustain the politics are in a state of flux.

As a way of introducing my contentions about the importance of infertility as a site for studying the meanings embedded in reproductive politics, I begin with the story of Elsa. She is an artist whose creative expression of her own experiences exposes the places where power is naturalized and “nature” is empowered in the politics of reproduction. Her work challenged me to push my exploration of the meaning of infertility into the places where contrast and contradiction were sometimes less obvious.

The journey to Elsa’s home was also a study in contrasts. A couple I had interviewed earlier in the day drove me from the brand new suburban world of Dublin in which they lived, to the older seaside edges of the city. Along the way we noted the change from the brilliant sunshine of an early summer day to cloud and misty rain that is often described as classic Irish weather. I was also cognizant of another contrast that was unfolding. I had just spent half the day - morning coffee extending into lunch and then another round of coffee - with a couple who had surmounted their fertility challenges and had produced two children. I was now approaching an interview with a woman who remained childless. All this seemed to set the stage for the wide diversity of issues and

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<sup>2</sup> I draw here on the concept of “naturalizing power” described by Sylvia Yanagisako and Carol Delaney in which they suggest that “differentials of power come already embedded in culture...[where] power appears natural, inevitable, even god-given” (1995:1).

changing realities that have emerged from people's experiences with an inability to conceive – old ideals juxtaposed with shiny new economic realities, sunny stories of success in contrast with raining tears of anguish.

I would not normally undertake two interviews in one day because I found them exhausting and did not want to blur the details of one story with the emotions carried over from another. However, the opportunity presented itself and Elsa was someone I really wanted to meet. I had been introduced to some of her art work already and I was intrigued by the innovation through which she has challenged powerful images that seem to perpetuate the social and religious fetishization of motherhood and conception. My meeting with Elsa proved to be one of the most enlightening in my research. She shared her own very thoughtful perspective and history and described how she translated her experiences with infertility through the medium of her art work. She also shared with me a simple, elegant, yet powerful trope for conveying the feelings associated with an inability to conceive. This theme became the title of a handmade book she called *The Presence of Absence*.<sup>3</sup> Just as Elsa's artwork would reveal much about the experience of infertility, so would the stories of infertility I gathered in my research reveal a great deal about the meanings of fertility, conception, motherhood, family and reproductive politics in Irish society. More importantly perhaps, these stories expose the way existing values

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<sup>3</sup> The concept of *The Presence of Absence* came to Elsa when she inverted the phrase "the absence of presence" taken from the work of artist and theorist Victor Burgin published in 1986 in a collected volume *The End of Art Theory: Criticism and Post-modernity*. Elsa thought Burgin's ideas provided valuable insight into the technique of merging painting and photography, a technique she later incorporated into her own work.

and social conventions are both challenged and endure in the face of what many perceive to be vast changes in gender relations and the social institutions of education, medicine, religion and politics in twenty-first century Ireland.

Elsa contacted me after hearing about my work through the National Infertility Support and Information Group (NISIG), a small but dedicated organization focused primarily on one-to-one support and information rather than political advocacy. She welcomed me into her kitchen in a modest older bungalow with a lovely private garden in the back. Like many people I had met through the course of the research, Elsa and her husband have dogs – two dogs. They barked excitedly and, somewhat exasperated, she finally pushed them out into the back garden where they watched us through the windows of the patio doors. Elsa's house was located in an old neighbourhood where renovations and character combined to make each home a unique product of various owners' imagination. Her kitchen was not the modern, large, shiny and well equipped variety with brand new cabinets and appliances that I encountered in so many of my participants' homes. Elsa's home felt relaxed and lived-in and the evidence of day-to-day life had not given way to absolute spotlessness. This contrasted with the rather spare and uncluttered sameness of the very tidy homes in new suburban neighbourhoods where I met so many of my participants. Elsa cleared some newspapers from the table and we drank our cappuccinos while the rain intermittently splashed on the glass sunroom windows over our heads. The dogs peered in at us until boredom and disappointment overtook them and they went to sleep under the awning on the patio.

Elsa had grown up in Germany but married an Irish man and, after a couple of years in Germany together, they had been living in Ireland for more than a decade. In her early 40s when I met her, she described a typical Catholic upbringing culminating in a sense of longing and feeling of responsibility to adhere to the social norms of marriage and having children. It was a great sadness and disappointment, to both her and her husband, that in their marriage of more than 12 years they had produced no children.<sup>4</sup>

Elsa had recently left a career in tourism to explore a latent creativity through courses at a local art college. Somewhat reluctantly at first, she decided to portray her experiences with infertility through the medium of her art. Her work received high praise from both teachers and the public in a recent show at the college and one of her major pieces, the handmade book entitled *The Presence of Absence*, had been purchased for the permanent collection at the school. Shy and self effacing as she shared some of her art pieces with me, there was a definite reticence to cross what was often described to me as a public and private divide when talking about infertility. Elsa's inspiration and passion revolved around her desire to "get it out in the open". At the same time, she sought to critique the social forces that keep infertility mired in secrecy, shame, guilt and misunderstanding that contribute to feelings of marginalization.

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<sup>4</sup> It could be argued that since Elsa grew up in Germany she does not fully represent the connection between infertility and Ireland that I am making in this project. However, Elsa's marriage, attempts to conceive and experiences with infertility are firmly located in the Irish context and her artwork represents what she experienced from within the familial, social and national influences of her present circumstances. She also experienced the impact of a Catholic upbringing and would consider herself to have a great deal in common with her peers who grew up in Ireland.

The irony of this marginalization is that it is at least partly a product of infertile people's own perception of themselves as being outside the norm. It is their sense of discomfort in a social world that revolves around children and reproduction that produces and perpetuates the feeling of exclusion or isolation. At the same time, their inability – or disability as Elsa described it – is invisible except that they are childless. Because their lives are otherwise unmarked, they can remain invisible and there is little to draw attention or public recognition to the problem of infertility. The ongoing silence on the part of many infertile people does little to challenge the paradigm of fertility as a given – a paradigm that underscores the hetero-normative basis for a definition of family life in Ireland that includes raising children. Elsa certainly struggled with such issues but felt it was worth the risk of exposing her own struggle to conceive in order to provide an avenue for public dialogue and generating awareness.

*Elsa: With all the art work I dealt with it (infertility) and did put it out there. It's a very strange feeling with the paintings. I just kind of put it out and you're standing there and exposing yourself to the world. It's often something, you know, that's hard to deal with.*

Elsa has often used different kinds of technology, such as photocopying and photoshop, as part of the mixed media in her artwork. The first piece she showed me was a meter long board that held a single row of dozens of test tubes lined up side by side. Inside each test tube, photocopied on paper of different colours, was a photograph of herself as an infant. The work plays on the popular description of *in vitro* fertilization or IVF as producing 'test-tube babies'. Using a readily accessible technology that enabled her to easily reproduce a photo image of herself, Elsa wanted to critique the idea that

such technologies as IVF are increasingly considered accessible as a means of biologically reproducing oneself.

The use of assisted reproduction technologies (ART) such as IVF has grown worldwide since the first 'test tube' baby, Louise Brown, was born in 1978. Her conception in a clinic in England was the result of highly experimental techniques by IVF pioneers Robert Edwards and Patrick Steptoe. The treatment is now used to overcome a variety of fertility problems including blocked fallopian tubes, hormonal imbalances and low sperm counts. It involves stimulating a woman's ovaries with hormones to produce a number of eggs at once, removing those eggs with an ultrasound-guided needle, and mixing them with sperm in a Petri dish. The highly technical process is designed to facilitate fertilization (penetration of the egg by the sperm) and produce as many embryos as possible in the laboratory. The embryos are then incubated for a few days and replaced in the woman's uterus in the hope that they will implant and begin an otherwise normal pregnancy. Because the treatment can result in many more embryos than can be safely (or sensibly) placed in a woman's body, technology has been developed to freeze or cryopreserve embryos for a later cycle of IVF. This process has been ethically and politically challenging for many people and a number of countries have implemented some form of regulation at the national, medico-legal, or local clinical level.<sup>5</sup> The Catholic Church has been opposed to embryo freezing on the grounds that embryos are lost in the freezing and

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<sup>5</sup> Italy and Germany, for example, both have laws that prohibit embryo freezing. In countries where freezing is allowed, such as Canada, the USA, the UK among others, the number of embryos replaced during a single treatment cycle is regulated by legislation or by medical ethics regulations. For a list of countries with legislation governing ART see Commission on Assisted Human Reproduction (CAHR) Report (2005).

thawing process or can be used for purposes other than procreation. In Ireland, where no national regulations or legislation currently exist, the practice of embryo freezing has been regulated only by a set of clinical practice guidelines and a professional consensus on this issue was difficult to reach (CAHR 2005).

The tension between medical and religious discourses on procreation was also part of a theme in Elsa's work. Beside the main board with the test tubes described above, Elsa placed surgical gloves and syringes and a stack of small cards the size of a book mark. The cards bore a copy of one of Raphael's famous paintings of the Madonna and Child. Underneath the image she added the caption "Thou shalt not conceive your own biological child" (sic). Elsa said she made these cards as a kind of challenge to the influence of the Catholic Church and the valorization of the Virgin Mary as an ideal for women. She wanted to critique the idea of an "immaculate conception", juxtaposing the scriptural explanations of Mary's supernatural conception with the idea of *in vitro* fertilization as an intervention that can also be accomplished in the absence of sex and "the stain of original sin".<sup>6</sup> Her work plays powerfully with the appropriation of the miracle associated with conception and birth in Christian symbolism. The juxtaposition also challenges the contradictory nature of the Catholic Church's opposition to IVF. While Mary had a miraculous intervention in order to conceive without the biological necessity of sex, without IVF many other women will be denied the opportunity to fulfill

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<sup>6</sup> The Immaculate Conception of Mary is associated with her perpetual virginity described Pope Pius IX, in 1854, as "preserved from the stain of original sin." *Catechism of the Catholic Church*  
[http://www.vatican.va/archive/ccc\\_css/archive/catechism/p122a3p2.htm#490](http://www.vatican.va/archive/ccc_css/archive/catechism/p122a3p2.htm#490)

the very iconic ideal of motherhood to which the Church has elevated Mary as the mother of Jesus.

*Elsa: I have taken on a lot you know, the Catholic Church, the Immaculate Conception, and in a way I'm asking 'how did Mary get away with it?' (laughing) And there are other issues. I have a serious problem with the Catholic Church that they put so much emphasis on [the idea] that sex is dirty. The biggest issue I have with the Catholic Church is that on the one hand they are so pro-family and on the other hand they condemn IVF. This is something that I find hard. You know, I have a brain and I can see certain points about why they condemn IVF but ...*

*J: So it's almost like a challenge to that idea that Immaculate Conception can only happen if God intervenes?*

*E: That kind of ties to this (pointing to the cards) But it's something like "Thou shalt not conceive naturally". And she didn't. That's exactly what it is you are saying – in a way she didn't conceive naturally. It was not natural.*

At the art show, to her surprise, people began taking the cards away with them. She recalled thinking it odd that people would take them and wondered what they were thinking as they picked them up. A contradiction embedded in the cards was effected through the use of the familiar image of Mary as the birth mother of Jesus holding her child in her arms even as a parody of God's words commanded that she should not have her own "biological" child. As Elsa describes above, her intention was to highlight that Mary's conception was not biological and therefore, not natural either. Such contradictions about the meaning of biology to motherhood and the process of conceiving children become embedded in both the dilemmas and the resolutions for couples who must make choices among the technological options for aiding conception. These questions also relate to the way "nature" becomes a basis for "standards of the good, the beautiful, the just, and the valuable" - in other words how nature becomes the basis for

moral authority (Daston and Vidal 2004:1). But equally important is the challenge to the primacy of biology in the defining of one's "own" child. For couples who consider adoption as a strategy for producing a family, the need to re-configure the meaning of a child of "one's own" requires that we move beyond the discourse of biologically determined identity in constituting family.

Elsa said that until that moment she had not really thought of the wider potential impact of the Madonna image as the foundation for a more critical conceptual work on the contradictions experienced by infertile couples in Ireland. This connection proved to be the pivotal point for development of another project that involved hand-painting over reproductions of old masters' works to remove the baby Jesus, a technique where she was adding the paint to remove something. Her addition was a "presence of absence."

*Elsa: You know people who had ... even people who had children came up with stories they knew about it. [...] The first time I did get a reaction. So then I kept thinking 'well what else can I do? And what is the ultimate image of motherhood?' And that's where the Madonna image came in. And how can I work with that? And then I decided ... just out of, I don't know, like a habit, seeing the Madonna, you know I photocopied it.[...] And I just took a brush and painted over the baby sort of very quickly. Then I said, hang on now, if I do that so that you can't see the baby anymore but she still has the clothes and everything, if I keep painting over that.... And my tutors really loved the idea from an art conceptual point, that I'm using painting which normally creates something, but I'm actually using it in the reverse way and I'm taking it out. And it was very important that on one hand it was a photocopy and, on the other, it was an original painting. [...] Well it was just very powerful. I mean in the exhibition with the paintings on the wall a lot of people didn't even cop on that the child was missing, even though my painting is very obvious, you know?.. I mean I left it obvious so you could see. But it wasn't to them. Apparently even a priest didn't notice. It kind of seemed to work on a level that I could explain it on our terms [those who are infertile].*

As Elsa notes here, people often did not notice the missing infant at first and she felt people were so conditioned to seeing the scenes as iconic representations of the perfect family that they did not really look closely. The failure to notice what was “absent” seemed to Elsa a sign of how frequently people misunderstand or fail to take notice of the impact of infertility on those around them.

Elsa extended this idea when she took a number of classic Christmas cards featuring paintings by old masters of the Madonna and Child or manger scenes. She used photoshop techniques to remove the infant Jesus from each picture leaving Mary, still very much a representation of the Madonna, with empty arms or a crib with no child. Reproductions of these cards later became the basis of a fundraising project for the support network (NISIG).

*Elsa: ... and then coming up to Christmas I actually decided to make the Christmas cards and they were photoshopped. [...] But I wasn't too happy with it because I didn't actually paint. But on the other hand photoshop is kind of creative. I thought the idea was actually quite powerful. Because some art historian who saw it said when these artists created the images, everything in the image... all the symbols, every decision was geared toward the child. So it was like the whole meaning that was built up was around the child and that being the central point. By removing it I suddenly changed the meaning completely. But it was still meaningful because of all the other things around it.*

*Jill: Right. So suddenly you're drawn to Mary not because she's looking at the child but because she's recognizing... she's looking at nothing or looking at an absence.*

Creating these cards gave Elsa the opportunity to comment critically on two difficult aspects of the infertility experience - the centrality of children in Irish family life and the emphasis placed on children as the center of such celebrations as Christmas. Her work on this project was rooted in her understanding of the season of Christmas as one of

the most powerful reminders of childlessness because it celebrates the Madonna's conception as an achievement. Elsa's cards came to mind in a subsequent interview with another woman who told me she regularly reminded friends that they should never send her a Christmas card with the baby Jesus on it!

Another powerful and critical piece again incorporated the use of photographs. Elsa took a photo of her own torso in a pair of low cut jeans with her shirt raised to reveal a slim figure and flat belly. She made multiple copies of the photo and then mounted them to form a mural that ran a good part of the length of the corridor at the art college. I was only able to see a photo of the piece but its impact was still apparent. As you look at the mural you become aware that the photographs gradually and subtly fade so that end to end there is a significant difference in the intensity of the images.

*Elsa: I had done a series of photographs that represented every month since we got married... Of my belly. Same photograph over and over and it was very long. It was a whole corridor long. And the photos faded. And I included a little statement there that this represents how every month my belly doesn't change. It might be accepted that I didn't put on weight ... and I'm healthy (laughing). But it's not accepted that I never had children. And I kind of used the fading to say that... there's a desire but that my ability to have children is fading. So I used that as my statement and that said it very blatantly. It was out there. Everybody knew and people came up to me and it was just amazing the reactions I got.*

As Elsa suggests, she used this mural to highlight a number of social expectations that govern perspectives on the physiological or material bodies of women in most western and wealthy societies. She notes that on one hand her flat belly would garner praise for her maintenance of a slim figure and unchanging shape over time, signs of good health and success in sustaining the requisite thinness equated with being attractive.

Women's bodies are objects of aesthetic criticism even as they are expected to be essentially reproductive.<sup>7</sup> But at the same time her belly never changed in all those months she was trying to conceive. For Elsa the failure to change, in this context, signifies the failure to achieve a desired and expected conformity in becoming pregnant and growing a big round belly that becomes the public declaration of one's fertility.

This piece challenges the powerful idioms of choice and time in women's reproductive lives. The irony emphasized in this work is that a large belly that is evidence of the production of a child is aesthetically acceptable for women while a rotund belly that is not "productive" is often presumed evidence of a lack of self control. Moreover, a failure to conceive is often presumed to be evidence of the exercise of control over one's reproduction – that someone has chosen to remain childless and is in control of her fertility. The idiom of choice is a way of talking about one's ability to be in control economically, socially or individually.<sup>8</sup> When applied in the context of reproductive decision-making, choice implies that one's reproductive capacity it is always a matter of exercising individual control by availing of fairly recent (by Euro-American standards) access to contraceptives in Ireland.<sup>9</sup>

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<sup>7</sup> See Susan Bordo (1993) for an extensive discussion on aesthetics and women's bodies in relation to socially constituted ideals. Bordo highlights how concepts of beauty and sensations of social value are embodied as distorted body images in eating disorders among women in Euro-American contexts.

<sup>8</sup> My use of the term idiom follows Michael Herzfeld (2005) in that idioms are words or phrases or ways of talking about something that are embedded in the wider relations of power and politics where implicit meanings are gleaned from their use in a relationship to power without making explicit, the relationship itself. The notion of reproductive choice in Ireland might be seen as an idiom in which the history of access to contraception and the state's refusal to provide for abortion services is implicit in the term even as it suggests something more general in its use.

<sup>9</sup> In fact, contraceptives were only made legally available in Ireland in 1979, and then only on a very restricted basis The Family Planning (Health) Act, as it was passed in 1979, made provision for the sale of

The mobilization of notions of choice and self control in this context elides not only the very real biological difficulty that infertility itself poses to reproduction, but the social and political complexity of reproductive choice in any situation. While modern contraception gives the illusion of control, the ability to employ it and thus decide *not to conceive* is always socially nuanced and rarely the choice of an individual alone. Such decisions are never isolated from the relations of power and gender difference within relationships, families and communities, particularly for women (Conrad 2004; MacKinnon 1989).<sup>10</sup> And yet, the perception that an absence of conception must be a matter of choice reveals the extent to which fertility is presumed to be a universal and biologically normal.

The concept of reproductive choice is further contested in Ireland where issues of reproduction and family planning are caught between an ethos of responsibility for social and collective well being and notions of individual rights and freedoms. While Catholic Church social teaching has been influential in promoting the idea of values as social goods, a new emphasis on human rights consolidated in international doctrine and the governance of the European Union (EU) shifts the discursive focus to value individual

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contraceptives only with a doctor's prescription and to *bona fide* married couples. The Act was amended in 1985 to permit the sale of condoms to persons over the age of 18 but from specified outlets only (Kennedy 2004). It was amended again in 1993 to remove restrictions on age and location of sale for condoms (IFPA <http://www.ifpa.ie/eng/Info/Ireland's-Sexual-and-Reproductive-Health-History/Ireland-SRHR-1990s>).

<sup>10</sup> For example, in *Towards a Feminist Theory of the State*, Catharine MacKinnon argues that the concept of choice in reproductive politics presumes that privacy exists as a forum of autonomous decision-making in the context of family or marital relations. This assumption is based on a fictitious ideal of gender equality and freedom within the realm constructed as "private" (1989:191).

benefits as paramount in decision-making.<sup>11</sup> The idea of choice has been particularly poignant in Ireland as political leaders, bureaucrats, members of the Catholic Church hierarchy, physicians and individuals, work out the meaning of IVF, and its products, in relation to a constitutionally enshrined protection of “the right to life of the unborn”. Article 40.3.3 was written into the Irish Constitution in 1983 to ensure that abortions would be constitutionally prohibited rather than merely illegal. The constitutional clause, revised following divisive debates and referenda in 1992 and 2002, has served to widen the gap between the meaning of reproductive health and choice for women, by entrenching the meaning of procreation as part of national, social and religious identity in Ireland (see Appendices I and II).

Elsa’s artwork alludes to the complexity and contradiction that can arise between the values associated with moral choices in reproduction and the idea of reproductive choice as an individual right. These contradictions can be most evident as women and men make decisions about infertility treatment. An important aspect of this project is the fluid nature of morality and the relationship this fluidity has to the concept of ethics. Jarrett Zigon’s (2008) distinction is useful in that he suggests morality is an embodied sensibility that “does not consist of principles and rules, but instead is a bodily way of being in the world that is continually shaped and reshaped as one has new and differing

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<sup>11</sup> A number of feminist and legal scholars have taken up this question of competing interests in rights-based arguments about reproductive choice in Ireland (Bottini 2007; McDonnell 2001; Mullally 2005). For example Siobhan Mullally argues that in Ireland “reproductive rights particularly and women’s rights generally have often been portrayed as hostile to cultural and national sovereignty” (2005:78). Sarah Pentz Bottini (2007) describes the recent phenomenon in which Irish women are bypassing the Irish legal system to seek redress for their claims to reproductive autonomy in the European Court of Human Rights.

life, that is, social experiences" (2008:17).<sup>12</sup> Noting that morality and ethics have similar meanings in their Greek and Latin origins, Zigon employs Foucault's notion of "problematization" to define ethics as "a kind of reflective and reflexive stepping away from the embodied moral habitus or moral discourse" (2008:18). In other words, morals are intrinsic and embodied and operate largely as a sense of right and wrong, while ethics are put into practice the moment we become conscious of a moral dilemma or problem that jars us into awareness and forces us to think about what is moral.

This project will explore how this decision-making process can expose aspects of moral ambiguity where individuals incorporate both their own sense of what is right and wrong and shared moral experiences governed by the norms in their community. Like Zigon's insistence on a less rigid understanding of what constitutes morality, Arthur Kleinman (2006) explores the tension that attends the dual meaning of morality as both lived experience and as a "sense of right and wrong". Kleinman points out that the desire to live a "moral life" can be complicated by the influences of what he describes as "local moral worlds" in which values are coloured by historical and cultural practices (2006:219).<sup>13</sup> The significance of the constitutional prohibition on abortion, among other political issues in the regulation of reproduction in Ireland, has been formative of a "local moral world" in which people make decisions about reproduction. The shifting grounds

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<sup>12</sup> Zigon locates morality in the social by arguing that "it is with social groups and in being social with others that persons have the kinds of experiences that lead to the acquisition of these attitudes, emotions, and bodily dispositions that we can call morality (2008:17).

<sup>13</sup> Kleinman notes, for example, that people with an acute sense of right and wrong can nonetheless be drawn into discriminatory and hurtful behaviour in response to community norms that dictate particular attitudes and "moral" behaviours within a social context (2006:19).

for a moral authority based on concepts such as nature, as described above, exposes the role of institutional discourses in shaping the local moral world as a basis for ethics.

In a nation where access to information on sex was, until a generation ago, limited and filtered through the institutional influence of the Catholic Church (Inglis 1998, 1998 [1987], 2003) and where contraception has only recently been widely available, acknowledging the legacy of a somewhat repressive Catholicism as part of their national identity and their own sexual histories constitutes this kind of awkward familiarity. Michael Herzfeld (2005) refers to this kind of shared understanding as “cultural intimacy” to explain “aspects of a cultural identity that are considered a source of external embarrassment but that nevertheless provide insiders with their assurance of common sociality” (2005:3).

Another intersection of the idiom of choice and cultural intimacy emerges as people discuss their experiences and feelings about adoption in Ireland. The legacy of moralizing and discrimination toward single mothers in the past resonates with current regulations on adoption that have made domestic adoption almost impossible. And yet, a popular refrain heard by many infertile couples draws the assumption of choice into another dimension – why don’t you just adopt? Choosing to adopt is overwhelmingly complex and embedded in the politics of identity, both past and present, and both local and global. As a reproductive strategy it is not simply a matter of choice.

Elsa’s artwork conveys a number of critical perspectives in her exploration of infertility from a very personal point of view. Her creativity beckons us to look at what is

behind infertility as it relates to subjectivity, the ideology of motherhood, experiences of embodied dysfunction, loss and grief, social exclusion, moral contradiction and political ambiguity. An overarching principle in her work, and perhaps most important to explicate in mine, is that reproductive potential has furnished the naturalized basis for the construction of gender difference and gendered identities, biological bodies and the ideals of hetero-normative relationships that underwrite so many of Ireland's institutional discourses. And yet infertility stories challenge the presence of a universal reproductive potential on which these constructs of difference rest. The meanings of fertility, conception, birth, and motherhood and the constructs of gender difference are also inscribed on the bodies of women for whom reproduction is a challenge or perhaps, impossible to achieve.

Stories about reproduction are historically situated, politically significant and socially and morally nuanced. And like many other aspects of the politics of reproduction and the battle for choice, infertility often crosses over difficult social terrain marked by gender differences and moral dissonance or ambivalence. In the next section I will set the stage for my research and analysis by describing the legal, constitutional, political, nationalist and demographic context of Irish reproductive lives.

### **1.1 The Presence of Absence in the Wake of Social Change**

Like Elsa's artwork, my project lies at a critical intersection between the social meanings of fertility, reproduction and motherhood, and the institutional and political discourses that use, shape and depend upon those meanings. Neither the meanings nor the

institutions can be seen as static in Ireland, or elsewhere. At this particular time in Irish history, a number of significant changes have precipitated an opportunity to examine the meaning of reproduction and its place as a symbol of Irish political and social identity. This project attempts to locate the experiences of infertility in places where both continuity and change are evident in the politics of reproduction, institutional discourses, and the meanings people attribute to reproduction and family.

In *Naturalizing Power* Sylvia Yanagisako and Carol Delaney (1995) describe how social and political change can disrupt the meta-narratives and origin stories through which people make sense of the world and give order to things. In nineteenth century Euro-America, challenges to Christian accounts and social structures emerged in response to rapid social and economic change. In addition, colonial expansion in conjunction with a new emphasis on theories such as evolution forced people to reconsider the simplicity of conceptual premises based on religious doctrine. Yanagisako and Delaney point to the shift from a reliance on creationist accounts to a dependence on science and nature. Prior social and economic arrangements, concepts of social class, kinship, reproduction and gender difference were not simply replaced, but rather, absorbed into the new accounts that now posited that power was derived from Nature rather than from God (1995:5). As Yanagisako and Delaney charge, it is important to expose how the boundaries of nature and culture have been drawn and to “challenge the assignment of sex and reproduction to the category of ‘biology’” (1995:9). Infertility

provides a medium through which we can challenge not only the biological designation of sex and reproduction but the multiple layers of meaning that biology itself entails. I will argue throughout this work that the experiences of those who struggle to conceive and reproduce themselves provide the most important insights into the meaning of reproduction. It is important to establish first, the social trends that might contribute to the changing meaning of reproduction in Ireland. In the next section I will provide a very brief outline of some recent demographic patterns of birth in Ireland that might be associated with changing meanings.

### **1.2 Changing Patterns of Birth and the Constitution of Family**

Ireland continues to have the highest fertility rate among all EU nations. The Total Fertility Rate (TFR) represents the average total number of children born to a woman in her lifetime. In 2003 the (TFR) for Ireland was 1.98 children, compared with an EU average of 1.48 children,<sup>14</sup> and in 2004 it was 1.95, compared to the EU average of 1.50.<sup>15</sup> These numbers show a recent increase from a fertility low of 1.85 children in 1995. However, the Central Statistics Office (CSO) notes that during the 1960s and 1970s the TFR was always above 3 children, and was always above 2 children during the 1980's. While these numbers indicate that Irish women are having fewer children than they did even a decade ago the statistics also indicate an important demographic shift in the average age of women giving birth, either for the first time or subsequent times. Overall, fewer teenagers and women in their twenties gave birth to children, while a

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<sup>14</sup> The country with the next highest TFR in 2003 was France at 1.89 children.

<sup>15</sup> Central Statistics Office <http://www.cso.ie/newsevents/ReportonVitalStatistics2004.htm>

greater proportion of women who gave birth in 2004 were in their later thirties and early forties. This represents a shift from past years when the greater proportion of women giving birth were under 30 years of age. Since nearly a third of all children born in Ireland in the last decade are born to women who are not married to a partner there is evidence that motherhood is no longer tied to marriage. Single mothers are as likely to be in their thirties and forties as are married mothers. In fact the average age of “unwed mothers” in 1990 was 23.6 years whereas in 2006 it had risen to 27.1 years (O’Gráda 2008:10). However, Cormac O’Gráda speculates that this rise in age might be associated with “planned” extramarital births and therefore presumed to be within “stable and viable family units” (2008:10). O’Gráda does not define exactly what he means by a “stable” family unit but the phrase suggests that he means a relationship that involves a partnership and perhaps the hetero-normative ideal of a man, a woman and their children.

Family is presented in the Irish Constitution of 1937 as a symbol and source of social stability. As Chrystel Hug suggests, this institutionalization was supported by Church and state since “anything that threatened the family was seen to threaten the stability of society, and the nation as a whole” (1999:77). An extensive literature points to the significance of “familism” and pro-family politics as a long standing feature of Irish national identity (Conrad 2001, 2004; Hug 1999; Martin 2000; Meaney 1991; Nash 1997;

Smyth 2005; Yeates 1999).<sup>16</sup> The sections of Article 41, quoted in part below, set out the meaning of family in the Irish political context.<sup>17</sup> Given that the work of the courts must be consistent with the constitution, the interpretation and application of these clauses has been an important to regulation and legislation of social and reproductive life in Ireland for most of the last century.

#### **Article 41 The Family**

*1. 1° The State recognises the Family as the natural primary and fundamental unit group of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law.*

*1.2° The State, therefore, guarantees to protect the Family in its constitution and authority, as the necessary basis of social order and as indispensable to the welfare of the Nation and the State.*

[...]

*3.1° The State pledges itself to guard with special care the institution of Marriage, on which the Family is founded, and to protect it against attack.*

(The Constitution of Ireland, Bunreacht Na hEireann 1999[1937]).

While there are some indications that very conservative and traditional patterns of family building and reproduction endure, particularly in the rhetoric of the Irish state, the social reality is complex and contradictory. In a recent study, researchers at University

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<sup>16</sup> The choice of the word “familism” can be contentious in anthropology but it is often used by scholars of Irish history and family politics and I include it as part of the descriptive context for my work (Byrne 1999; Smyth 2005; Yeates 1999). For example, Nicole Yeates notes that her studies on Irish public policy and “the biopolitics of welfare” consistently “demonstrate how familism has been upheld by the Irish State to the detriment not only of married women but of all women, whatever their marital status, and how its attempts to pursue gender equality have in turn been limited by familist ideology” (1999:608). It does not relate to the work of Edward Banfield (1958) whose controversial analysis of rural Mediterranean societies described an unwillingness to act on behalf of the well being of community. His central tenet was that “amoral familism” operates when people “maximize the material, short-run advantage of the nuclear family; assume that all others will do likewise” (1958:85). Instead, the use of familism in the social science literature on Ireland refers to social, institutional and political structures that serve to perpetuate the definition of an idealized hetero-normative marital family.

<sup>17</sup> See Appendix I for more complete text of Article 41 of the *Bunreacht Na hEireann* or the Constitution of Ireland

College Dublin, suggest that “marriage no longer possesses the cultural status or primacy as a gateway to family formation that it once had, since sex, childbearing and cohabitation outside of marriage now widely occur” (Fahey and Field 2008:7). This, of course, does not mean marriage is not still important. Fahey and Field note that, in 2006, 40 percent more marriages took place in Ireland than in 1995, linking this trend to a large population of people in the marriageable age range, and the relatively new accessibility of second marriages following divorce (ibid).<sup>18</sup> Thus, in spite of changing trends in motherhood, census data from 2002 and 2006 indicate that marriage rates, in terms of the percentage of the population, have remained unchanged in Ireland (ibid).<sup>19</sup> What is widely acknowledged as a significant change in recent years is an increase in the number of couples who are “co-habiting”. Betty Hilliard (2007) notes that, rather than a contradiction, an increase in co-habitation and family formation outside marriage runs parallel to the steady state of marriage rates, signalling that a wider set of options now exists, rather than one form eclipsing another. In other words, people who now opt to co-habit might not have formed a family at all if marriage was their only choice.

Cohabiting couples represented 11.6 percent of all family units in 2006 compared with 8.4 percent in 2002 and, according to the CSO, represents the fastest growing type of family unit. The majority, almost two thirds, were couples without children but the fact that 33 percent do have children points again to the shift away from the predominance of

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<sup>18</sup> Divorce has only been legally available in Ireland since 1995, following a referendum (see Appendix I).

<sup>19</sup> In addition, according to a report commissioned by the Irish Human Rights Commission in 2006, in the past decade marriage rates have increased from 4.3 per 1,000 of the population in 1995 to 5.1 in 2004. This can be compared to the rate in 1951 which was only slightly higher at 5.4 (Walsh and Ryan 2006:2).

marriage as a precursor to parenthood (CSO 2007; Fahey and Field 2008). In a press release about the data, compiled from the 2006 census, the CSO described a decline in the “traditional family” which is still defined by marriage and children.<sup>20</sup> While O’Grada (2008) suggests that the meaning of the “stable” family unit is expanding to include single parents, same sex couples and other forms, the rhetorical meaning of “traditional” is still *married* parents and their children. More importantly, the meaning of reproduction and choice is changing and previously unquestioned links between marriage, procreation and parenting are being challenged.

The Irish government has, it seems, acknowledged the changing social fabric by undertaking a constitutional review to explore whether the terms of reference in the constitutional framework remain valid. This began with two committees struck in 1996 and 1997 aimed at, among other things, re-evaluating the definition of family and the impact of such definitions on public policy.<sup>21</sup> Since all amendments to the Irish Constitution must be ratified by referendum, any changes are carefully considered. The Constitutional Review Committee’s Tenth Report, which addresses the issue of the family specifically, suggests that any amendment to “extend the definition of family” would be divisive and unlikely to be supported by the population in referendum (2006:122). The report suggests instead, based on submissions from a wide spectrum of

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<sup>20</sup> Central Statistics Office press release May 31, 2007  
[http://www.cso.ie/census/census2006results/volume\\_3/press\\_release.pdf](http://www.cso.ie/census/census2006results/volume_3/press_release.pdf)

<sup>21</sup> The website documents of the All Party Oireachtas Committee on the Constitution describes its program as continuing the work of previous committees established in 1996 and 1997 “aimed at renewing the Constitution in all its parts, for implementation over a number of years. The task is unprecedented: no other state with the referendum as its sole mechanism for constitutional change has set itself so ambitious an objective” (<http://www.constitution.ie/work-programme/default.asp?UserLang=EN>)

the public, that the main concerns in the current definition could be addressed by legislative rather than Constitutional changes.<sup>22</sup> The Irish Human Rights Commission (IHRC) has criticized this decision since it leaves couples who are outside the hetero-normative definition on the margins. They argue that any legislation designed to protect the interests of “de facto families” such as co-habiting couples (same sex or heterosexual) can be overridden by constitutional laws that still rely on the traditional definition, creating a two tiered definition of family (Walsh and Ryan 2006:6). As a political idiom, “traditional” marriage still forms the backbone of hetero-normative definitions of family even if the pattern, in reality, differs from the idealized picture.<sup>23</sup>

In addition to its definition of the nuclear heterosexual family as norm, the Irish Constitution has been widely discussed by feminist scholars as both depending upon and constituting a politics of gender difference (see Appendix I). Criticism has been focused on the constitutional circumscription of women’s roles as essentially reproductive, relegating them to what is widely described in everyday life in Ireland as “domestic” space and restricting opportunities to caring for families and being mothers (Byrne 1999; Conrad 2004; Martin 2000; Riddick 1992). Debates in the feminist literature challenge

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<sup>22</sup> I made a submission to the Committee in January of 2005, supporting a wider, more inclusive definition of family that extended beyond a hetero-normative, marriage based institution. I was urged to undertake this by some friends in the lesbian community in Cork who felt they were not included in the definition of family as it stood. The final recommendation in the 2006 report reads in full:

In the case of the family, the committee takes the view that an amendment to extend the definition of the family would cause deep and long-lasting division in our society and would not necessarily be passed by a majority. Instead of inviting such anguish and uncertainty, the committee proposes to seek through a number of other constitutional changes and legislative proposals to deal in an optimal way with the problems presented to it in the submissions (All Party Oireachtas Committee on the Constitution: Tenth Progress Report: The Family 2006:122).

<sup>23</sup> See also Byrne 1999 and Conrad 2004 for discussion about the difficulties associated with gaining recognition for alternative forms of family and partnerships.

the analytical validity of a domestic and public dichotomy as a distinction that eclipses the overlapping dimensions of labour and social interaction between women and men within and among families and households (Lamphere 2001; Rosaldo 1980; Collier and Yanagisako 1987). However, in Ireland, the designation of women as home-makers was widely seen as a political attempt to isolate the institution of the family as a “private” domain sheltered from outside or “public” influence and thus a site for instilling uncorrupted moral and social values (Conrad 2004; Inglis 1998 [1987]).

What has emerged from this constitutional construction is a reproductive politics that has not only essentialized gender roles but has marshalled women’s reproductive capacity into a politics of national identity that has served as a rhetorical device to distinguish Ireland from the UK and its EU neighbours. The distinction is built upon and reinforces a number of facets of Ireland’s moral nationhood. These include Catholicism as the religion of the majority, pronatalism and familism as dual prongs of social policy, and the post-colonial imperative toward self-determination (Conrad 2004; Martin 2000; Smyth 2005). This is evident, as Lisa Smyth suggests, where “the stimulus for anti-abortion politics in Ireland has emerged from a concern to mark Ireland out, using the liberal apparatus of global human rights, as a morally distinct nation-state” (2005:2). Against this political backdrop, my research explores how the reproductive politics of the past might shape the use of new reproductive technologies in Ireland’s present.

From the standpoint of pronatalist politics and pro-family ethics that remain important in both social and political discourse in Ireland, a technology that enables

procreation would seem to be a positive and welcome option for people trying to build a family. Statistically, approximately one in six couples (15 percent) in Ireland will experience some form of infertility (NISIG 2003). This incidence is the same in other nations in the EU or North America and reflects current trends in statistical identification and definition of “infertility”.<sup>24</sup> The next section will provide a brief contextual outline of the use of assisted reproduction to address infertility in Ireland.

### **1.3 The Introduction of IVF and Its Controversies**

Assisted reproduction technology (ART), in the form of IVF, has been available in Ireland since 1986 when it was introduced at the Clane Hospital by Dr. Peter Brinsden, a clinician who also works in the clinic at Bourne Hall where Louise Browne was conceived (CAHR 2005; Ryan-Sheridan 1994). Since this time there have been upwards of two thousand couples a year seeking treatment and more than one thousand children born through IVF in Ireland.<sup>25</sup> At the time of writing there are nine clinics across the country providing a variety of services ranging from simple donor inseminations to *in vitro* fertilization with donor eggs. However, unlike Britain, Germany, and more recently Canada, Ireland has no independent committee or regulatory body concerned with ethics, regulation and legislation around ART. This leaves the practice of reproductive medicine largely unregulated by any independent authority and, moreover, allows little or no

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<sup>24</sup> For a discussion on American infertility and ART practices see the CDC Morbidity and Mortality Weekly Report (Wright et al 2003:6). See also the report from the WHO meeting on “Medical, Ethical and Social Aspects of Assisted Reproduction” which states, “in general one in ten couples experiences primary or secondary infertility but infertility rates vary amongst countries from less than 5% to more than 30%” (Vayena et al 2002:xv).

<sup>25</sup> Depending on the report, numbers of IVF births worldwide are estimated to have reached between one and three million.

opportunity for public debate and awareness (Ryan-Sheridan 1994:4; McDonnell 1999:71).<sup>26</sup> In a nation where morality and religious values in reproductive health have been primary concerns in matters related to the constitution and national identity, such regulatory gaps leave practitioners and potential beneficiaries of ART oddly exposed to legal, moral or ethical criticism. This creates a level of uncertainty about the future with respect to introduction of new techniques in reproductive medicine, or the ongoing provision of some current ones.

In an effort to address this gap, the Irish government struck the Commission on Assisted Human Reproduction (CAHR) in 2000. The commission was mandated to explore “approaches to the regulation of assisted human reproduction and the social, ethical, and legal factors to be taken into account in determining public policy” (CAHR 2005:v). The most contentious issue facing the CAHR has been attempts at a legal and moral reconciliation of assisted reproduction practices with Article 40.3.3 of the Constitution, which guarantees protection of the “right to life of the unborn”. While this clause, which will be discussed in greater detail in Chapter 3, is aimed first and foremost at prohibiting any provision of abortion in the Irish state, it is also the source of much ambivalence and dissent in attempts to regulate the use of ART in Ireland. The Commission’s work was ongoing as I began my research in Ireland in early summer of

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<sup>26</sup> Britain has established the Human Fertilization and Embryology Authority as an independent regulatory body concerned with monitoring, information, and public debate as well as regulatory and legislative issues (Ryan Sheridan 1994; see also Warnock 1985 and 2002). With the passing of the Assisted Human Reproduction Act in 2004, Canada has established the Assisted Human Reproduction Agency Canada (AHRAC) as a regulatory and licensing body. It consists of a 13-member board appointed by federal government as part of the Ministry of Health (Center for Genetics and Society 2004 [http://www.geneticsandsociety.org/article.php?id\\_335](http://www.geneticsandsociety.org/article.php?id_335)).

2004. Its findings and the public discourse around these findings, particularly with respect to defining the meaning of “unborn” vis-à-vis embryos created *in vitro* and stored in clinical settings, provide some of the context for this research and will be discussed in Chapters 8-10.

#### **1.4 Theoretical Concepts**

This project explores a number of theoretical questions with respect to the logic of reproductive potential as a basis for rigidly defined gender roles, the politics of gender difference, and the definition of morality and social norms in family formation. In my interpretation of the material in this thesis I draw upon feminist post-structuralist and post-modernist theory that critiques assumptions about nature, gender and reproduction. This project also engages a number of debates about the power of scientific and religious institutions as they shape, legitimize and perpetuate structures and values that rely upon reproduction as a formative principle or defining symbol.

I will argue throughout this work that reproduction is part of a complex moral discourse in Ireland in which the Irish state has traded in a sense of shared values, and moral and ethical tenets drawn from a close association with the Catholic Church. Tom Inglis (1998 [1987]) has argued that the Catholic Church has lost its former “moral monopoly” in the past two decades. However, there is evidence to suggest that, in the politics of reproduction and family formation at least, the Church remains an important part of peoples’ decision-making and “local moral world” (Kleinman 2006). It also remains a part of the institutional and discursive backdrop to what Jarrett Zigon (2008)

describes as embodied moral sensibilities. Gender difference and sexual politics based on moral propriety and marriage continues to influence everyday life, evident in narratives of contestation and resistance. In many stories about infertility, the importance of the family and people's perception of its changing dimensions are grounds for debating moral meanings in social life in Ireland. I explore morality as complex, fluid and nuanced by individual and historical circumstances with respect to infertility and family formation, following a number of scholars who also focus on the importance of morality in the social context (Douglas 2002; Good 1994; Kleinman 2006; Zigon 2008). The centrality of religion as a basis for making reproductive decisions has not disappeared even as science and technology seek to make morality seem essentially rational. As Christina Traina et al. argue, rather than an insignificant factor, religion continues to be of concern all around the world and continues to exert a dominant influence over issues of reproductive decision-making, and no less so in the wake of advances in reproductive technologies (2008:19).

Ethical questions about the use of assisted reproduction highlight the intersection, and occasional collision, between science and technology and religious faith. In light of Ireland's history of legislating and regulating matters of reproduction based on religious moralizing and idealism, such collisions have implications for both individuals and institutions. A poststructuralist discourse analysis of both media stories and personal narratives will help to provide an account of the way social values are employed in the service of legitimating various institutional discourses in reproductive politics. As I

noted above, institutions such as medicine, the state and the Church have all employed the concept of “nature” as a basis for constituting and perpetuating moral authority with respect the new technologies that enable changing social values associated with procreative endeavours. This is not new or unique since “‘nature’ often continues to serve, as it did prior to the Enlightenment, as a moral touchstone” (Lock and Kaufert, 1998:19–20). This institutional dialogue has become part of a complex politics or a “moral economy of science”, as it applies to the realm of science and technology (Daston 1995; Lock 2001).<sup>27</sup> Daston argues social values are absorbed into scientific discourse as part of its claim to truth. At the same time however, these values are reshaped in ways that make them appear as if they are intrinsic properties of science rather than drawn from the wider social context of their origin (Daston 1995:7).<sup>28</sup> I take Daston’s exploration of the way social values are subsumed to enhance an inherent sense of rational goodness in science. From this standpoint I examine where state and medical

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<sup>27</sup> Andrew Sayer describes the concept of a moral economy as “a way of thinking about the normative issues posed by contemporary advanced economies (2000:79). In its classic application he suggests that “[t]he moral economy embodies norms and sentiments regarding the responsibilities and rights of individuals and institutions with respect to others. These norms and sentiments go beyond matters of justice and equality to conceptions of good” (ibid; see also Sayer 2005). Lorraine Daston, however, notes that her use of moral economy differs from that of many political economists such as E.P Thompson (1971). She defines a moral economy as “a web of affect-saturated values that stand in a well-defined relationship to one another [...], a balanced system of emotional forces, with equilibrium points and constraints” (1995:4). She notes that quantification, empiricism and objectivity are part of a brisk trade in ideals that at once infuse science with emotional appeal and defer to “facticity”.

<sup>28</sup> Margaret Lock (2001) uses an example from her own work on organ donation in Japan and North America to animate Daston’s point. Lock notes that physicians universally draw upon the same set of, purportedly, objective criteria in making a diagnosis of brain death. She argues, however, that in a “moral economy of objectivity”, the value of objectivity as a tool for ethical decisions, is culturally shaped by the meaning of brain death itself. Thus, objectivity, as an attribute or value of science, has different implications in different places (2001:486).

institutions might fill in the moral authority void around reproduction by positing the values of rationality, nature, objectivity and empiricism in reproductive medicine.

I will show that the presence of absence, portrayed in Elsa's artwork, is also deeply embedded in the collapsing of the subjectivities of woman and mother. The puzzle of the subject lies in what Paul Rabinow calls "subjectification" (1984:11) or the "way a human being turns him- or herself into a subject"(Foucault 1983:208). Subjectivity is the position from which we make sense not only of ourselves but of what we experience, even as the framework for doing so is itself a product of relations of power. Biehl, Good, and Kleinman note that while "modes of subjectivation" are produced through institutional relations and discourses that shape the subject, "subjectivity is not just the outcome of social control or the unconscious; it also provides the ground for subjects to think through their circumstances and feel through their contradictions... [as] the means of shaping sensibility" (2007: 14). Louis Althusser describes how we are "*always-already subjects*" both formed by and experiencing through the ideologies that shape us (1984:50 emphasis original). So powerful is the ideal of the motherhood identity in daily life in Ireland, people like Elsa feel the presence of unborn children in their personal relationships even before they begin actively trying to conceive. Elsa's work challenges the multiple institutional and discursive relations of power that shape both an ideology of motherhood and the experiences in which people are constituted as infertile.<sup>29</sup>

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<sup>29</sup> Heléna Ragoné and Frances Winddance Twine argue that ideologies of motherhood are part of a wider hegemony that "posits the unquestioned existence of racial matching, exclusively heterosexual family

The discursive construction of sex as an immutable category has had enormous consequences on the naturalization of sexual/gendered difference and reproduction has played an important role in sustaining such discourses. Earle and Letherby point out that “expectations, experiences and representations of reproduction are central to our understanding of gender and identity, or who we are and how we are perceived by others” (2003:3; see also Earle and Letherby 2007). In her argument against such irreducible attributes of a material body Judith Butler asks “how is it the materiality of sex is understood as that which only bears cultural constructions and, therefore, cannot be a construction?” (1993:28; see also Butler 1990). Butler argues beyond the division of biological sex and culturally constituted gender. She suggests that if feminism is about exposing and challenging the constitutive basis for gender inequality it must unmake all the binaries along which gender can be discursively organized, including the “biological” division of sex. While I agree with Butler’s call to deconstruct the biological basis for gender difference at the social and political level, I see the biological body, with its sexual characteristics and reproductive physiology, as significant to the embodiment of subjectivity.

As a source and site of experience the body is an important analytical component in understanding and making meaning, particularly around issues of health and illness (Csordas 1994, 2002; Good 1994; Turner 1984). Thomas Csordas sees embodiment as a “paradigm” capable of overcoming seemingly disparate methodological and theoretical

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formations, and unassisted or ‘natural’ reproduction, unequal economic privilege, and the idea of ‘perfect’ babies” (2000:1)

positions on “bodily being” as both culturally and biologically constituted; he argues for an anthropological perspective that “*gives access to experience as the meaningfulness of meaning*” (2002:2, emphasis in original). Even as biological difference is employed as a basis for constructing social difference, it is an important part of how people experience infertility. While I think Butler’s emphasis on the need to deconstruct the social implications of biological categories is important, I refuse her dismissal of biological sex as a mere discursive construction. I will however, emphasize the ways that infertility does constitute a challenge or a rupture in the structural and discursive foundations of binary categories such as gender or sexuality. I focus attention on how infertility stories include the reproductive body as a crucial site that participates in the shaping of experiences. While this is obviously socially mediated, the meanings attributed to bodily experiences also contribute to a sense of embodied difference. The reproductive body serves as a map on which the biological and physiological aspects of “normal” reproduction are drawn, and infertility is medicalized as un-natural and unhealthy.

From a feminist standpoint, is it possible to acknowledge distinctive biologies in reproductive bodies without reifying the sex/gender categories that so-called biological facts constitute as naturally given?<sup>30</sup> It is crucial to account for the importance of

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<sup>30</sup> Michelle Rosaldo (1980) argues that while reproduction is obviously a biologically distinctive fact of difference social science research has tended to construct categories and dichotomies of analysis such as public and private as a means of explaining differences in access to power and prestige along biological lines. She notes that “[m]inimally, it would appear that certain biological facts – women’s role in reproduction and, perhaps male strength – have operated in a non-necessary but universal way to shape and reproduce male dominance” (1980:396). She argues that instead of looking at what women do, we should focus on the meanings of those roles and the way biological difference has become “an excuse rather than a cause for any sexism we observe” (ibid :400).

biological difference in the *meaning* of any and all experiences of reproduction without resorting to the structures that link woman to nature and man to culture, or gendered divisions of labour in public and private spheres. As many feminist scholars note, these frameworks often seemed to explain and sometimes justify differential access to power in many cultural accounts of the past (Alonso 2000; Joyce 2006; Ortner 1996; Rapp 2001; Rosaldo 1980). But for many of the women I spoke to, the biological differences they identified as “natural” were embodied and significant to them as part of their experience of infertility and thus are important aspects of their narratives.

What is important about an embodied sense of biological difference, from the poststructuralist and feminist perspective, is the recognition of the embeddedness of power in the constitution of the subject (Butler and Scott 1992; Scott 1992). No experience, bodily or emotional, and no political perspective, remains outside or uninhabited by the play of power. Joan Scott argues that “we need to attend to the historical processes that, through discourse, position subjects and produce their experiences. It is not individuals who have experience, but subjects who are constituted through experience” (1992:25). But experiences emerge from within the body as well as the social milieu and are textured by bodily sensations as material fact. Bodily difference and reproductive experiences are sites where the discourses of power are particularly potent in fostering that process Foucault (1983) describes as the self-formation of the subject. In other words, men and women are subject to discourses of difference,

comparison and discrimination in the very process of recognizing and experiencing biological functions in the body (see also Foucault 1978).

Elsa's depiction of the Madonna without her child and the failure of people to notice what was missing is, to her, symbolic of a social context where people take fertility and family largely for granted without challenging the underlying politics of meaning. Fertility and conception have come to represent political and social coherence as well as physical and moral well being in ways that, paradoxically, can be traced most clearly by exploring the meanings of their absence. Rayna Rapp (2001) points out the proliferation of interest in the political nature and significance of reproduction in recent medical anthropology and feminist scholarship. Beyond the importance of critiquing medical and political discourses that produce and sustain gender difference, there has been attention to the medicalization of childbirth (Ginsburg and Rapp 1991; Davis-Floyd and Sargent 1997; Martin 1987); the importance of reproduction in broad political context (Ginsburg and Rapp 1995); the politics of abortion and issues of reproductive choice more specifically (Anagnost 1995; Gal and Kligman 2000; Ginsburg 1998; Kligman, 1995; Smyth 2005); and the impact of biomedical technology on the politics of reproductive decision making (Browner and Press 1995; Petchesky 1987, 1995; Rapp 1999).

This project is about the meanings of infertility as part of a wider politics of reproduction and family formation. The focus of much of the scholarship on infertility has been on the relationship between the social, physiological and medical experience

associated with assisted reproduction (Becker 2000; Franklin 1997; Konrad 2005; Pfeffer 1993; Ragoné 1994; Raymond 1994). Looking at the experience of “presence of absence” I draw on other scholars who have explored the psychosocial and experiential aspects of infertility from the perspective of loss and lack of fulfillment or stigma (Becker 1997; Greil 1991, 1997, 2002; Inhorn 1994; Letherby 1999, 2002a, 2002b). Still others have examined the challenges that new reproductive technologies pose to constructs of kinship, family, relatedness and continuity (Edwards 1999[1993]; Franklin and McKinnon 2001, Hirsch 1999[1993]; Strathern 1999[1993]). Sarah Franklin (1997, 1999, 2001), Monica Konrad (2005) and Marilyn Strathern (1999[1993]) have also described the importance of examining the legislative and regulatory processes involved in the use of medical technologies such as IVF and donor gametes in the UK. Finally, I draw on Inhorn’s (1994, 2002) ethnographic work on infertility in relation to social status and stigma for women in Egypt and Becker’s discussion of how people mediate disruption caused by infertility by seeking continuity in life stories in the US (1997, 2000).

Following Sarah Franklin in her approach to the ethnography of assisted reproduction in the UK, I try to situate the stories I have collected within a particular political, social and economic moment in Ireland. Following Marcia Inhorn’s (1994) work in Egypt, Catherine Koehler Reissman’s (2000, 2002) study in India, Heather Paxson’s (2003, 2004, 2006) work in Greece and Johanne Sundby’s (2002) work in sub-Saharan Africa, among many others, I explore the meanings of motherhood and the constitution of subjectivities that shape the experiences of infertility. I also attempt to

connect not only individual experiences but dominant discourses on infertility, to historical, political and social circumstances I will describe as a post-Catholic social context. I argue that while the Church's moral authority is waning, Catholic social teaching is an ongoing factor in daily life as a benchmark against which people measure their own changing attitudes and values. The Church's political influence continues in the constitutional prohibition on abortion. Herzfeld's (2005) description of "cultural intimacy" provides another frame for these narratives in which the waning moral authority of the Church is discussed as an idiom of Irish national and cultural identity.

Elsa's row of test tubes with her "reproduction" is meant to remind us of a number of technological conundrums around producing families. Challenges to old assumptions about the "nature" of family relationships, kinship terms, and sexuality are another aspect of a dramatic process in which people are struggling to locate new ideas on an old moral and ethical compass in the wake of a declining moral authority of the Catholic Church. This thesis is also informed by other scholars who have made kinship systems objects of study and in light of new reproductive technologies, deconstructing a systematic reliance on nature and privilege of symbols such as blood and birth (Carsten 2001; Franklin and McKinnon 2001; Schneider 1980, 1984). What assumptions accompany the term "mother" or "father" and what implications follow when we qualify these terms ever more sharply with adjectives like "biological", "natural", "adoptive", and even "genetic"? Can we continue to acknowledge the depth and significance of the

social relationship and commitment of parenting while we increasingly privilege the importance of a “genetic heritage” in terms of personhood or even legal rights?

The increasingly complex meanings attributed to biological and blood relationships also expose the extent to which the meaning of nature is socially constituted (Strathern 1992a, 1992b). The artifice of neutrality and objectivity in science (Daston 1995; Haraway 1997) are offset by investing the realm of science with the values of faith and hope, values that make them more appealing as a means of overcoming natural obstacles (Franklin 1997). At the same time infertility treatment means that procreation itself is increasingly medicalized. Indeed the medicalization of reproduction in general in Ireland suggests there is a normalization of biomedical technologies within the social practices of the everyday (Kennedy 2004; Murphy-Lawless 1998). Increasing rates of caesarean section births among Irish women are one example of this trend.<sup>31</sup>

The politics of family formation in Ireland, and elsewhere, is faced with advances in the science of reproductive medicine that have created new meanings in kinship and new kinds of procreative relations (Bouquet 2001; Franklin 1997; McKinnon 2001; Ragoné 1994; Strathern 1992a, 1992b; Weston 1997; 2001), and in some cases “new biologies” (Franklin 2001). Rayna Rapp notes that the scholarship in this area has virtually thrust reproduction from “invisible centrality” to the visible center of social theory and public discourse (2001:469). But equally important is the need to explore how the meanings of fertility, conception, birth, motherhood and family have been similarly

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<sup>31</sup> See *Irish Independent* August 29, 2001 “Wary Doctors favor Caesarian deliveries” and June 13, “Concern over unnecessary caesarians”.

thrust from “invisible centrality” into the center of relations of power, politics and commerce in Ireland, particularly when the interests of various institutions collide (Conrad 2004; Hug 1999; Inglis 1998[1987], 1998).

Informed by much of this scholarship I began this project from the premise that reproduction is a powerful site where cultural and political meanings are both produced and experienced; where difference is both real and constructed; where ideals are both affirmed and challenged and cultural logic is established and disrupted. This project also situates these questions in the changing social, political and historical circumstances in Ireland in which pro-life and pronatalist values and politics are reanimated in new debates sparked by medical technology aimed at assisting conception.

The presence of absence sums up very succinctly the situation of couples in Ireland who find themselves overwhelmed by the tide of social expectation and the pressure to conform to those social ideals of family and parenthood. It is in the stories of infertility that we come to see most clearly the meaning of fertility and conception to ideals of stability and identity in both nation and individual. In such stories we also see the significance of fertility to individual projects of material success and social conformity against a backdrop of growing prosperity, increasing societal heterogeneity and wider global networks of politics and citizenship. And perhaps most importantly, we can discern the resistance and agency of women and their partners as they struggle to participate in a complex of social identities and processes grounded in an ideal they desire, embrace, even embody, without being able to actualize it.

### 1.5 Thesis Outline

The first three chapters of this dissertation provide an overview of the many influences - theory, methods and history - that inform my questions around the meaning of fertility and infertility in Ireland. Chapter 2 outlines the methodology and theory behind the project. In Chapter 3, I focus on the historical constitution of reproductive idioms in Irish politics, the social meanings of family and the emergence of an idealized “traditional” model of marriage and family. Behind the statistical story of fertility rates and birth rates in Ireland’s history there lies a complex story inscribed in lives of those who did not reproduce, or left Ireland before they became reproductive individuals – members of religious orders, the unmarried/permanently celibate, the large number of emigrants in the nineteenth and twentieth centuries. The stories behind these patterns in Ireland’s past are part of a wider history in which fertility has been socially defined and confined through a “biopolitics” aimed, more often, at sustaining social and political ideals than a growing population census.<sup>32</sup> The combined politics of pronatalism, population pressure, lack of access to contraception and efforts to make the family farm a sustainable livelihood in post-famine Ireland, resulted in a complex balance in which fertility was controlled through restricting access to sexual relationships in marriage (Conrad 2004; Hug 1999; Nash 1997).

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<sup>32</sup> I use Foucault’s (1978) concept of biopolitics here in which he describes the exercise of power through discursive and institutional discipline that regulates the reproduction of populations through the reproductive activities of individuals.

Chapters 4, 5, 6 and 7 explore the relationship between infertility and a persistent normative ideology of motherhood. I will focus on the meanings attached to the social relations in which motherhood is situated and explore examples of agency and resistance to constructs of failure among women who claim motherhood in spite of an inability to conceive. Chapter 4 looks at the way infertility provides a medium through which people explore the changing meanings of the powerful ideology of motherhood in relation to family, the role of mothers, and morality in narratives about their own family relationships. In a changing social circumstance in which marriage is now widely understood to have lost at least some of its moral purchase, I will show how the meaning of infertility is still conditioned by the dominance of hetero-normative family forms and the idioms of 'tradition' and 'choice'. I argue that while motherhood outside of marriage is now less stigmatized, the inability to conceive remains largely defined as a problem only within a marriage.

Chapter 5 presents three case studies as examples of the way women are embracing motherhood and empowering themselves through new ways to overcome fertility challenges associated with not having partners or having a partner of the same sex. This chapter also explores the ways that these (in)fertility experiences are enabling some women to contest the hetero-normative construction of marriage by conceiving outside of it. The case studies present the stories of two single women who embark on motherhood alone through assisted reproduction and adoption, and one lesbian couple who use assisted reproduction in conjunction with a number of other means to becoming

mothers together. The stories challenge the ideals of procreative relationships and the problem of overcoming biological constraints of age and a need for gametes (sperm).

Chapter 6 focuses on the importance of contextualizing and giving meaning to feelings of grief and loss from different perspectives in the infertility experience. I explore the contradictory sensibility of motherhood in the absence of children. I will describe the performances and narratives in which some women who have not conceived resist the social construction of themselves as failing to become mothers. In this sense they are resisting a social perception that a “failure” to conceive is failure to be a woman. Some women in my study use grief as a motif for legitimizing their claims to a motherhood experience.

Chapter 7 explores the ways that people validate their experiences and feelings in the face of a lack of social and institutional empathy toward the meaning of an absence of conception as loss. I explore the use of religious contexts, institutions of grieving such as memorials and cemeteries, and organized support networks and internet chat rooms as means of legitimating sensations of loss. I examine how networks of support contribute to contested identities and claims of loss for some couples, such as those with secondary infertility. Couples with one or more children sometimes find little support even among other infertile couples, when they struggle with a failure to conceive subsequent children.

The next three chapters examine the social, institutional and political challenges posed by infertility treatment in Ireland. In Chapter 8 I look at the use of *in vitro* fertilization and its related technologies in the Irish context, exploring the way treatment

constitutes gender difference and moral identities, and poses particular challenges to the social ideals of procreation and sexuality that have been a residue of the Catholic Church's moral authority. Chapter 9 focuses on gamete donation, the meaning of exchanges of gametes, and the contested role of biological 'substance' as a basis of kinship and family. I explore how models of motherhood and ethical frameworks are challenged when eggs are "given" or received and how women talk about relatedness, the awkward uncertainty about the meaning of genetics in determining motherhood connections, perspectives on what identities and relationships are embodied in a gamete, the need to re-articulate the meaning of body boundaries, and the issues of kinship or relationships associated with finding or being an egg donor. I also explore how the lack of regulation in Ireland complicates decisions for some couples. Chapter 10 looks at the contested position of embryos created in the treatment of infertility as they pose challenges not only to a powerful pro-life ethos but also to attempts by the state to define and regulate ethical and social meanings in their use. I examine how ambivalence creates a space for ethics in which people can accommodate a number of contingencies and choices. This provides an opportunity for people to move forward and both envision and act upon choices even when they find their medical options at odds with their religious upbringing or the views of their families.

Chapter 11 examines the complex issue of adoption as a strategy for forming families, exploring what is conveyed in the question "why don't you just adopt?" This chapter looks at the multiple answers to this question from the perspective of Irish

families who have adopted and those who decided this is not an option for them. The bureaucratic, logistical and financial challenges as well as the social and emotional obstacles are discussed in narratives about adoption. Incorporated in these narratives are stories of the significance of social change, economics and social class, and most importantly, the meaning of adoption as a choice with respect to family building. I conclude with an examination of the meaning of infertility to the widespread perception of social change in Ireland.

The stories of infertility in Ireland are stories about the contingent foundations and naturalized assumptions of conception, birth and motherhood as norms, and the heterosexual family as a symbol of political, social and moral stability. As people narrate their stories about infertility they provide important commentary on the changing meaning of fertility and reproduction in Ireland as part of “imagining the past and remembering the future” (Foster 2006:186).<sup>33</sup> These narratives highlight the unevenness and disproportionate experience of change among women who challenge the model of motherhood that is currently the norm. Through their narratives on infertility, people challenge as often as they reaffirm norms and values, sometimes revealing uneasiness or ambivalence about change and the search for a new moral or ethical compass in the wake of shifting institutional influences. The place of change in narrative signifies the importance of fertility and birth but also the imagined place that family holds in the lives of men and women both in the past and in Ireland today.

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<sup>33</sup> Roy Foster suggests this occurs because people can only think about the past through their own experiences and can only “map the future on analogies of the past” (2006:186).

## **Chapter 2 Methodology**

### **Asking Questions in a Field of Absence**

Shortly after returning from the field I met a respected emeritus scholar in anthropology at a cocktail party. After listening to me explain my project he posed the logical question for an anthropologist: "And how exactly did you establish your field site?" How indeed! Certainly it presented a fundamental challenge in my research as I proposed to engage in what George Marcus (1995) has described as the "multi-sited ethnography". In my work on infertility, however, the multiple sites of ethnographic research were often hidden and secret. A desire for anonymity coupled with the absence of anything remarkably different about the day to day lives of infertile people occluded from public view the spectrum of experience encompassed by infertility. This invisibility was true for both sufferers and the people who were in the business of treating or counselling, as clinics were often all but impossible to locate and had no signs. While I had, in theory, a multiplicity of field sites within families around the country and among medical, social and political institutions, I was essentially studying something invisible as I struggled to identify both field site and "field".

In this project, I combine the contextual information gained through participant observation undertaken while living in Ireland with material gathered in unstructured interviews with people who were dealing with infertility. These interviews provided recorded narratives which are the major data on which I base my analysis. In this chapter I will outline the importance of a reflexive perspective; the physical locations of my

fieldwork; the attributes and recruitment of my study participants; and how I use the interviews as sources of both participant observation and narrative data.

I began the research with an interest in how medicalization and the highly technical medical treatment for infertility might be embraced or contested in a post-Catholic Irish state.<sup>1</sup> I quickly realized that the contentious aspects of *in vitro* fertilization (IVF), and related technologies like embryo freezing and donor eggs, were only a tiny piece of the story. For couples struggling with infertility, their experiences are politically embedded and subjectively embodied in every social interaction and decision in their lives. Negotiating the meaning of fertility, conception, birth, and family in light of an inability to conceive constituted the real infertility story.

This realization shifted my focus beyond the medical issues to include the broader impact of an inability to conceive, for women in particular, and the persistence of an ideology of motherhood in everyday contexts in Ireland. Issues of gender identity and the strategies for engaging with fertility, conception and motherhood became the focus of this project more directly as I gathered momentum through conducting interviews with women and their partners.

### **2.1 Location, Location, Location: Reflexive, Scholarly, Geographic**

I locate myself and my research here in three ways. First, I locate my perspective, accounting reflexively for the impact of my own experiences as a married mother of four

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<sup>1</sup> I use the term post-Catholic to accommodate the fact that while dominant social influences in Ireland have changed, the relevance of Catholicism as a formative influence in many political institutions as well as the lives of many Irish people endures. The idea of a post-Catholic Ireland emerged in a number of conversations with friends in academia in Ireland. I thank Orla McDonnell in particular, for her insights on this idea.

children and the importance of my own multi-subjectivity in the way I approach this project. Secondly, I locate the research site and describe the community and the outreach involved in my work. Thirdly I locate my methodology within the field of anthropology and the critique of medical, social and political constructions of infertility.

As I approached my doctoral research I felt I straddled two worlds. The first one revolved around the meaning of parenting in a materialistic and competitive society such as ours, in which the accomplishments of children are often seen as a measure of parental success. The meaning of conceiving and giving birth, in terms of relationships and family, gives way to the pressure to provide necessary educational support, tutoring, extracurricular sport and artistic activities and opportunities for social participation. Indeed one of the challenges of being a parent to children in a social world driven by a market economy emerges from their conflicted position in a complex equation of “having”, “achieving”, and “being”.<sup>2</sup> As I prepared for this project I began to realize how important my own perspective would be in relation to my experiences as a mother.

The second world was that of a career in academia, creating a new identity I have not always worn with ease. While on one hand, I struggled to develop a sense of self-confidence and capacity to acknowledge my own capabilities (and failings) as an academic, on the other hand, I often found an easy intellectual retreat within my domestic and family domain. I had always found social conversation around children and parenting

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<sup>2</sup> For a deeper exploration of the relationship between motherhood and consumer society, capitalism and materialism see the collection of essays in *Consuming Motherhood* edited by Janelle Taylor, Linda Layne and Danielle Wozniak (2004).

an easy option when meeting new people, establishing new relationships on common ground if people also had children. Obviously this strategy would not be a possibility if I wanted to develop a rapport with participants who found conversations about other people's children painful and inappropriate. This was part of a steep learning curve along which I had to deconstruct the social dynamics that had produced my own assumptions about the norm of "being" a parent, recognizing how easily questions about having children rolled off my own tongue.

At the very heart of my research interest were unanswered questions that were uncomfortable in their insistence: why was I so easily drawn into motherhood and accepting of its seeming inevitability? How would such a sense of inevitability influence my perspective on what is sometimes a near-obsessive drive on the part of infertile couples to produce a child? And what would my life have been like if I had refused the path to motherhood and family responsibility that seemed so easy? Sometimes the nagging question was about my role as a somewhat reluctant academic and why I had chosen the rocky path of graduate school at a time in my life when I might have known better! More and more often I found these two worlds diverging and the thought of leaving my family for a year and half of research abroad began to feel like abandoning one world for another as it seemed impossible to reasonably straddle them both. I was thus approaching a project that explored the sometimes desperate and painful quest toward motherhood/parenthood with this kind of emotional conflict as a backdrop. Beyond the personal challenges this raised, I wondered how I would explain to someone

who endured physical and financial hardship in order to become a mother that I had simply left my four children in Canada while I came away to do this research. What kind of credibility would I have?

The second concern was more complex in that, as the mother of four children conceived with no difficulty, I did not share any infertility experiences with my participants. While I was always mindful of how significant this could be in my work, there was a particular moment of intensity in the midst of an interview with a woman who had unsuccessfully undergone IVF several times. Lara was very decisive in her explanation of the impact of infertility in her life. She told me bluntly early in the interview that “there were two kinds of people in the world, *fertiles* and *infertiles*”. She felt strongly that those in the “fertile” camp could never understand the isolation, pain and frustration of those who were infertile. I pondered the implications of her having carved out a particular social niche for herself from within the social imagination that assumes all men and women are capable of becoming parents. Clearly this woman sought to constitute those who had *not* shared her experiences as “the other”. The binary identity of fertile/infertile took on a heightened measure of discomfort when the woman’s husband joined us briefly and asked not only if I had children but how many. Lara looked rather distressed at my response and said to her husband “oh, she’s a fertile”. That feeling of being on the margins of a world I wanted to understand overtook me. A brief period of silence was followed by her concession that “well, at least she’s an ‘enlightened’ fertile”. I took a deep breath and the interview continued.

It became an important point of ethnographic interest in my interviews to note who asked me about my own family and children and, even more crucially, who asked me how many children I had. I never volunteered the information about my own situation but always answered when asked. If the question came at all it was often simply put by asking only if I had children myself. Nobody asked me if they were adopted or if I had used ART and if they made assumptions about this, it was not apparent. My answer was also equally simple as I never elaborated beyond the affirmative, unless pressed further for details.

Two other seemingly divergent perspectives underpin the critical perspective I brought to this research. I had been a medical professional with a twenty-five year nursing career in biotechnology-rich settings like emergency rooms and critical care units. However, interspersed within these highly technical environments were diametrically opposed experiences in underprivileged, impoverished, and technology-challenged (so called) "developing nations" around the world. I appreciate the value of state-of-the-art medical intervention and health promotion but I also value the kind of makeshift innovation necessary to provide medical care when technology is inadequate or absent. I had acquired the kind of professional flexibility necessary to be able to slip and slide between vastly different realms of medical practice and approaches to medical problem solving.

Such disparate experiences inform my critical medical anthropology as I follow many scholars in challenging the logic behind the progressive promise of medical

technology and the ideal of objectivity and truth in science (Franklin and Lock 2003; Haraway 1991, 1997; Lock 1995, 2002; Martin 1987, 1994; Rabinow 2000; Shildrick 1997; Strathern 1992a, 1992b). Since infertility is a problem with both medical and social interpretations and implications, I wanted to discover the planes of experience in which there might be integration, overlap, intersection and disjuncture between these two ways of understanding the challenges. My aim in this research has been to explore the ways that people might see themselves as moving between medical and social meanings with some measure of agency.

While I planned to observe this movement between discursive and social constructions of infertility among my participants I did not want my medical background to shape or influence the context or content of the interviews. I did not want people to make assumptions about what I did or did not know or to feel that I had some prior expertise. This issue is described by Emily Martin (1994) in her multi-sited ethnography on the representations of the immune system in various social contexts in the USA in the era of HIV/AIDS. Martin and her team interviewed a number of people suffering from the disease. They recognized that people often made assumptions about the researcher's own professional or "expert" knowledge. As a consequence, participants in Martin's project felt like they were being tested or that researchers might be patronizing or dismissive of lay perspectives. In contrast, my participants often assumed I had no expertise (true since infertility was not my practice area as a nurse) and often provided

me with their own interpretations of medical issues, assuming that it was my introduction to the details of infertility treatment.

Assumptions about a lack of knowledge on my part were not universal and some of my participants asked me about my background and interests, eliciting the fact that I had been a nurse. I was aware that my prior medical knowledge could become easy currency in discussions especially on rare occasions when I was asked questions for which I might actually have an answer based on my medical experiences. While I never misled anyone about my previous career, I also endeavoured to make my research intentions clear and my position as a social scientist the forefront of any discussion around my motives and position. However, an interdisciplinary perspective that resulted from this straddling of past and present enriched the multi-sited aspect of this project as I could easily visualize the medical and technological elements in my participants' stories and understood the medical discourse at conferences and when meeting staff in clinics.

I opted to live in Cork City, in County Cork, during my eighteen months in Ireland. While my research took me across the country I had to base myself somewhere and Cork seemed a more welcoming city than the larger, busier and very costly capital of Dublin. Cork is the Republic of Ireland's "second city" with a population of approximately 125,000 people and was founded as early as the sixth or seventh century. Its links to the monastic infrastructure of the Catholic Church were established early as the city was founded by St. Fin Barre, who built a monastery there. The city benefited economically from employment opportunities offered by a number of high technology

and pharmaceutical industries that have located in the area in the past decade. Built on the country's deepest natural harbour, Cork is also easily accessible by train, bus, road and plane. This was important for my work as I relied on public transport to get around the country.

I rented a flat in a block of terraced houses (adjoining houses or row houses) in a small laneway very near the train and bus stations. At the intersection near my flat, in a neighbourhood known as St. Luke's Cross, there were several small shops that sold groceries and bakery items, a couple of newsstands, a bookmaker, a chemist, a wonderful butcher, a liquor store and two pubs. From where I lived, I could easily walk to the commercial center of town and the famous English Market, an old indoor market with stalls featuring everything from fresh tripe to organic vegetables, cheeses, wines and artisan breads to t-shirts and books. I could also easily walk to the campus of University College Cork, a local swimming pool, the public library and a number of parks. My neighbours were quirky and helpful - eccentric artists, writers, musicians and "unemployed thespians" who shared their stories of growing up in an Ireland that many thought was changed and largely gone forever.

I had a second reason for choosing Cork City as a home base since the National Infertility Support Network had an office there and I was counting on this organization for support. My initial plan included some volunteer work with the group. This proved difficult however, as the organization was a much smaller entity and with a much more individual focus than I had originally thought when I met with members of the executive

in March of 2004, prior to beginning my fieldwork. They were supportive and did assist me with contacts in a number of ways which I will explain in more detail below. Cork was also serviced, at the time, by two maternity hospitals. One was public and the other, the Bon Secours, is one of the largest independent Catholic hospitals in Europe. Cork had one large, privately run fertility clinic which was attached to a regular maternity practice and another part time fertility consultant who visited the public maternity hospital once a week to provide treatment.

## **2.2 Interviews as Participatory Research**

With limited options for participant observation my research plan was built around interviews. These primarily focused on women who had experienced difficulty conceiving a child. In the majority of cases women were the only participants but in a quarter of my interviews couples participated together. Following Franklin's (1997) work in the UK, and Becker's (2000) work in US, I chose to allow couples to self-select whether they spoke to me as a couple or individually. In one case the couple agreed to participate but opted to speak to me separately. In the end I interviewed 40 women, 10 of whom participated with their partners.<sup>3</sup> Four women agreed to a second full interview and I kept in regular contact with ten others as they kept me abreast of their progress or provided additional thoughts to our discussion on an ongoing basis. In addition to these 40 interviews, several women wrote to me giving me accounts of their experiences but were unwilling to commit to an interview, often citing the heavy emotional and social toll

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<sup>3</sup> For a complete of biographical information and the pseudonyms of my participants see Acknowledgements (pages vi-vii).

they had already paid as a result of their experiences. Thus while they were eager to participate in one sense, they were unable to contemplate the idea of a meeting. The participants lived in a variety of communities and the research took me to more than half of the 26 counties in the Republic and afforded opportunities to travel to two of the six counties in Northern Ireland. The majority of my participants lived in the urban centres of Dublin, Cork, Limerick, Galway, Waterford, Drogheda and Derry. A small number of my participants lived in rural settings, including three who lived on farms and six in small towns. My travels to these sites also facilitated visits to additional communities so I felt I had covered most of the island by the time I left Ireland in December of 2005.

The people I spoke to about their experiences were a fairly homogenous group. The women ranged in age from late twenties, the youngest being 28, to nearly fifty. The majority were in their thirties or early forties. All but two of the women were in a stable relationship with a partner. Four women were divorced, one had an annulment of her first marriage from the Catholic Church and three were in second marriages when their fertility issues became apparent.<sup>4</sup> Two women were in a lesbian relationship. One of them had children with a male partner to whom she had been married and the other was traveling to the UK for assisted reproduction with donor sperm. They were also fostering

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<sup>4</sup> An annulment from the Vatican is an important process for some people who are seeking to have the dissolution of a marriage validated by the Catholic Church. This is necessary for them to be allowed to re-marry in the Church.

a child they wanted to adopt. They agreed to be interviewed together but represented very different perspectives on their struggle to conceive a child and become parents together.<sup>5</sup>

All the women I spoke with had careers and all of them had undertaken some kind of post-secondary education at a trade school, college or university. About half had university degrees and were working in professional careers as teachers, nurses, other medical therapists, accountants, councillors or journalists. One woman was a professional chef and others were working as clerical staff or in the retail sector. The women's partners, some of whom I met in interviews, represented an equally diverse employment spectrum. Again, about half of the male partners had university education although not all of the men had post-secondary education. A few worked in the retail sector, several owned businesses, and one owned a farm.

The people who participated in my study were thus all financially secure and owned their own homes. The majority had cars, planned holidays and, while none were affluent, all were decidedly middle class in that they were financially comfortable. While almost all of my participants discussed the issue of financial hardship associated with the cost of treatment and adoption, only two said that finding the money for treatment would have been a problem. However, both of them qualified this by saying that had they wanted to pursue treatment finding the resources would not have been impossible. None of the people in my study represented a minority population in Ireland such as the

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<sup>5</sup> The challenge to conceive among same sex couples will be discussed throughout but I did not take up the opportunity to pursue this as a sub-set of interviews since a friend and colleague has undertaken this study for her doctoral thesis project.

Traveller Community or the immigrant community.<sup>6</sup> In spite of my efforts to recruit people from these groups, I was unable to find people who were willing to participate.<sup>7</sup>

All but one couple had been raised in families that were practicing Catholics. Although there were different levels of participation and commitment in the past and the present, most described a significant influence of the Catholic Church in their families as they were growing up. Two couples described leaving the Catholic Church for another Christian denomination and another couple had been practicing members of a Protestant church all their lives.

Among the 40 women who participated in my study, 3 were not infertile themselves but had volunteered to be egg donors at Irish clinics. Of the remaining 37 women, 30 had undergone some kind of medical treatment for their infertility even if they had not all gone for *in vitro* fertilization. Two women did not have partners and were embarking on motherhood as lone parents. Ten couples and one single woman had adopted or were in the process of adopting when I spoke with them.

In addition I spoke with six physicians who practiced assisted reproduction and fertility medicine, one embryologist, a medical laboratory technician working in a

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<sup>6</sup> The Travellers are Ireland's indigenous population of gypsies. Also known as "tinkers" they are one of many itinerant groups throughout Europe who are similar to the Romany but according to Sharon Gmelch (1986) remain among the least assimilated. They are a stigmatized and often very poor social group in Ireland. They have suffered discrimination for their nomadic lifestyles and are under pressure to "settle" in permanent caravan parks or communities built for them.

<sup>7</sup> I met with women in the Traveller Community on several occasions. I had two meetings with women who were involved in providing social services and community outreach. I attended two community events organized for women in the Traveller community and talked to many women about my work. There was no response to my invitation for participation and no one acknowledged that infertility was a problem for anyone they knew. One woman quietly mentioned that her niece had recently had several miscarriages and she would pass my information along in case she wanted to talk to me. Similarly, my conversations at the local charity network run by the St. Vincent de Paul Society did not garner any support or interest.

hospital clinic, alternative medical practitioners, a scholar of medical law, a number of priests, support group volunteers, a manager at the Adoption Board, and people working in family planning clinics. I also attended conferences and public meetings, lectures and symposia on various aspects of fertility medicine, family issues and abortion politics.

Two fundamental points led me to consider the issue of infertility with an emphasis on women's perspectives. In this choice of a woman centered approach I follow Paxson (2004), Ginsburg (1998) and Martin (1992) as I tease out the discourses of difference and inequality that might underpin narratives of reproductive meaning. Based on the obvious fact that conception ideally occurs in women's bodies, infertility treatment, while seeking to bypass any number of the biological roadblocks to conception, involves tinkering with women's hormones and often invasive medical procedures on women's bodies. As a result I thought their experiences and decisions would be of prime significance from a feminist medical anthropology perspective.

Secondly, my own experiences as a woman and mother led me to an interest in the role of motherhood in Ireland. Women's embodied experiences as situated or plotted within the stories of their familial, social and religious backgrounds were therefore of great interest to me. Of course the best laid plans oft go astray and I was confounded early on in my research by the silence, hidden experiences and lack of accessibility that are hallmarks of infertility in Irish society. As this silence engulfed me and my research in the first months of the project I found myself immersed in the invisibility and secrecy

that defines so much of the infertility experience, unable to find people to tell me their stories and discouraged by a legion of unreturned phone calls to clinics and practitioners.

### 2.3 Finding the Field

Silence did not only pose a challenge to my research, it represented an odd contradiction, since there were multiple places in which people engaged in discussion in very public forums, such as websites and online bulletin boards. At the same time, this participation was always under the cloak of anonymity and clearly with the assumption that the boards were private space. This illusion of public and private was both sustained and troubled in a number of ways around the telling of infertility stories. For example, the support network NISIG, while providing a means for connecting with others, turned out to be less wide reaching and more 'private' in its approach than I initially realized. While the focus was on reaching out to people and creating support, their public meetings were, in fact constituted as private gatherings and their emphasis as a 'network' was on individual support, also sustained by the notion of privacy on telephone lines.

The following story illustrates the way silence operated and often became a part of stories in interesting ways.

*Lara and I agreed to meet at the bus station in her community and then go to her home for an interview. She found me on the IVF Connections website and contacted me to participate. We gave each other some clues to facilitate recognition when we spoke on the phone – the usual red jacket, reddish-blond hair kind of descriptors – and agreed on a time to meet based on the arrival time of the bus. We spotted one another easily in spite of the tangled knot of buses and traffic that is the bus station in her community and made our way to the taxi she had waiting. As we walked she pulled me close and asked that I not say anything in the cab about "our purpose" as the driver was a friend. I assured her I would not say anything prior to our arriving at her home.*

*In the cab an interesting thing happened. As we made our way toward our destination the driver, an older man probably late 50s or early 60s, [...] began to talk about his children whom Lara apparently knew in her capacity as a teacher. He spoke about his son's learning disability and told us they had been aware of the potential problem even when they adopted him from Romania. Lara expressed surprise saying she hadn't realized his children were adopted. He then went on to tell us that he and his wife had been unable to have children of their own and that 20 years ago adoption was really the only solution to building a family in that situation. I had already observed Lara to be a bit of a high tension wire but I sensed this surprising tidbit of information was causing a growing emotional angst and confusion for her as we approached her home. She paid the driver and thanked him, saying goodbye with the familiarity of friendship. After he had driven away she turned to me with a look of total shock on her face. I needn't have asked her if she was surprised to hear his story because she began immediately to talk about the circumstances. She said she was totally surprised and that she had known him for years as a community activist who participated in a number of committees in which she had an interest. She had taught his kids and yet had no idea they had to come to this couple through foreign adoption. She acknowledged the added sense of irony that his revelations of an inability to conceive came out in light of her own caution to me about the need for silence around her infertility story. (Story taken from field notes in the spring of 2005).*

Layers of irony permeate this and other such stories in Ireland as couples seek to conceal their inability to conceive and the physical and emotional suffering that accompanies infertility experiences. Lara's initial caution and solicitation of my silence on the subject of my *purpose* is particularly poignant given the conversation that was to come. This story is also compelling as it illustrates not only Lara's surprise at the revelation of her friend's infertility story but also her continued silence and secrecy about her own story in light of his revelation. Silence is often deliberate and present; it too is a presence of absence.

This issue of silence was important, in part, because the project was destined to be somewhat unconventional in its ethnographic development given the lack of specific field

site, which would most likely have been a fertility clinic had I chosen to follow the approach of Franklin, Inhorn and others. Instead I directed my research attention towards the experiences of people in community, family and the every day (Becker 2000). This meant the narratives and life history interviews I collected often included but were not necessarily shaped by or tied to a medical experience since some people had not pursued treatment. This also gave me the freedom to explore infertility as both a social and a medical problem and offered a window into the significance of fertility, conception, birth and parenting in Irish society more broadly. As a result, my project had to be built around ever widening strategies for finding people who would share these experiences with me.

Participant observation experiences were nonetheless a part of the project. However, they were often unconventional and emerged from the broadest of circumstances to the most particular. Living in Cork and engaging in a number of volunteer opportunities in the community provided the experiences I needed to contextualize the everyday importance of fertility, conception, birth and parenthood.<sup>8</sup> Conversations about abortion and single mothers overheard on buses and trains, the frequent references in the media to gender difference as though it was an unproblematic and naturalized reality set the stage for understanding family and reproductive politics in the community. The constant presence of the symbols and influence of the Church in day to day life provided a backdrop for the release of yet

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<sup>8</sup> I thank the wonderful people at NASC, an agency that provides social and legal assistance to asylum seekers in Cork for providing me with a place to belong as a volunteer in the community. I also volunteered at the Cork International Film Festival, and took Irish language classes at University College Cork (UCC) two nights a week.

another report on scandalous behaviour of clergy in the Catholic Church.<sup>9</sup> I attended mass in a local parish church regularly and paid close attention to the demographics in the church. All this provided the context in which I could listen to the stories of people who were often portrayed or felt as if they failed to meet the social ideal of having children.

My search for the field began, as I noted above, with the National Infertility Support and Information Group (NISIG) which is a somewhat loosely organized Irish support network with only a couple of chapters around the country. I was interested in the ways people might form community or support one another, how networks of support might play a role in individual decision-making or choice, and how networks of support might move from local to national and perhaps global contexts through concentric circles of political and social activism. I met with the executive prior to beginning my work and was encouraged by their enthusiasm and interest. They publish a newsletter quarterly and were willing to put my flyer in the upcoming issues. In return, I contributed, anonymously, a couple of brief articles on social issues for the newsletter. They also put me in direct contact with a few couples who were willing to talk to me. As it turned out, NISIG was not the largest source of participants for me but the people who found me through the newsletter proved to be some of the most interesting. In addition, my participant observation opportunities with them proved to be interesting even if very limited in number and scope.

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<sup>9</sup> The Ferns Report was released in 2005 and detailed over 100 documented complaints of child abuse by 21 Roman Catholic clergy over a forty year period in the Diocese of Ferns. Although the report is based on the formal allegations of 100 people, it suggests the abuse was widespread and was denied and concealed by the hierarchy of the Catholic Church for years. (Murphy, Buckley and Joycel 2005; see also "Taoiseach says Government will act on Ferns report" in *Irish Times* 25 October, 2005).

As I grew more concerned about my inability to find people, I expanded my search to include clinics around the country by writing them directly. I asked that they put flyers in their waiting rooms and make them available to people who might be willing to contact me. Several refused outright and several agreed but did not follow through. Again this method netted only a couple of respondents, perhaps because people in clinic waiting rooms are often uncomfortable and not likely to look for more things to think about.

The sheer volume of information presented to people at clinic visits, and the weight of its implications, would understandably make it unlikely that people would even consider becoming a research participant at that point. Of the few people who contacted me after seeing my flyer in a clinic, all had waited until some time had passed and when they called they all asked if it was "too late" to participate in light of this fact. People faced with devastating news, overwhelming decisions and life altering choices around values, finances and medical interventions could not reasonably be expected to think about my project as well. I had also decided that I wanted to maintain an arms length relationship from medical clinics, so I opted not to spend time observing in their space or operating from within their facilities. This was partly because of the ethical challenges and logistical complexities of gaining permission to work in a clinic. But mainly I wanted to see infertility as a lived experience rather than a strictly medical one. Since much has already been written about the medical side of infertility and the world of clinics or medicalization I wanted to set my project in the domain of family and community rather than medical institutions.

Of course I did meet people who were willing to speak to me and the following story taken from my field notes details a typical example of how interviews unfolded and the kinds of circumstances in which they occurred. Since interviews were the backbone of the research, how and where they took place and how I found people became contextually significant. In addition I felt it was important to pay attention to my comfort level and my perceptions of the comfort of participants in the interview process. The interviews were, in fact, one aspect of participant observation since I participated in the construction of a story in a context wherein I also observed it unfolding.

*My interview with James and Louise began as many did, with them kindly collecting me at the train station and taking me home for a meal and visit in their home. In fact their generosity and offers of hospitality caught me off guard at first as James originally suggested I could come out and spend the night at their home!! When we agreed on the time to meet, James asked how he might recognize me. I described myself as a rather small woman with reddish blonde hair. 'Oh you'll stand out', he said with a hint of sarcasm and a dry sense of humour. And so it began. In the car we chat about living in the country and working in the city. Louise says they are happy living in the rural area about 10-15 minutes outside of the city where they both work. James, who was born in Ireland but lived for some years in London, adjusted to the peace and quiet of country life. Like many of the people I met for interviews they live in very close proximity to family. They have a house that is adjacent to the farm where Louise grew up. The house is not large from the front but looks solid and well built, has a huge garden (which Louise apologizes for because she says it is a mess) and a huge driveway and pavement leading to a garage in the back.*

*As we go inside the house Louise says the classic "You're very welcome here". This reassuring and common welcome surprised me at first but I soon came to recognize its sincerity. I am instantly overwhelmed by the smell of cat pee. The room is somewhat untidy and the enormous hairy "Harry", the elderly Springer, wanders over for a pat. Louise acknowledges the smell and fusses with incense to try to cover it up. She curses the cat and says she rescued it as a stray but has regretted it because it is a filthy thing and has been a real problem. Louise clears a space on the couch and invites me to sit down. She asks if I'd like wine, beer, tea, coffee.... I opt for coffee still feeling somewhat nauseated from my journey.*

*She calls to James and goes to the kitchen. They discuss the cat pee and James comes in to meet me. He is dressed in dirty clothes and says he has been working on a broken washing line all morning. They both come into the living room and we sort out the consent issues. They both discuss the issue of anonymity and say they don't care if I use their names since they had shared their story in a public forum already. Funny how people assume that they will be portrayed in a particular way that is already "out there" in the public domain and don't want or need to be cloaked. (Field notes Feb.12, 2005)*

In addition to interview contexts like the one above, another important source of information, contacts and participation for me was the Internet. I discovered several websites on which people from Ireland regularly posted, sharing information, experiences, suggestions and even rants about the unfairness or the loneliness of infertility. I was directed to a site called *Rollercoaster.ie* on which there was a thread dedicated to the Cork Fertility Clinic called "Waterbabies"<sup>10</sup>. After lurking for a week or two on the site I found a second popular site called *IVFConnections* which is international in scope, very large and had individual boards dedicated to various countries, Ireland included. On *IVFConnections* there were also topic boards that cross-cut the nation-based ones – the "IVF Vets" board for example. On such boards the rules are more clearly spelled out and participation is encouraged only by those who fit a particular profile. I contacted the administrators of both sites asking for their permission to post on the sites offering people an opportunity to contact me and tell me their story. *Rollercoaster* administrators responded that I was welcome to post my information as long as I was respectful of the purpose of the board. I did not hear from the *IVFConnections* administrators but following the positive feedback on *Rollercoaster.ie* I

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<sup>10</sup> This name was a direct reference to the founding physician, Dr. John Waterstone.

decided to take the public nature of the board as implicit permission to post. I received positive feedback and several inquiries. More important to me, I was not “flamed” or chastised on the boards for my solicitation of stories.

My reticence to post on the boards came from the recognition that these were in fact social spaces disconnected from the material world but real nonetheless. Because they are anonymous and people use pseudonyms or nicknames, they are examples of the blurring of distinctions between private and public space. As Adam Joinson suggests such Internet spaces can be “ideally suited to preserving privacy while simultaneously allowing openness” (2003:26). People could thus maintain their invisibility while sharing with a group of people the experiences and frustrations that they felt set them apart from the rest of the world where it seemed fertility was the norm. However, my work highlights the artifice of the idea of a public:private dichotomy in anonymous communication. I had posted something about myself in a way that made my identity public in a forum that is widely regarded as private space by users who post anonymously. In response to my posting on *IVFConnections*, people contacted me to set up interviews and often revealed their user names in the process. I provided them an email and phone contact which allowed them to avoid identifying themselves by their Internet name but people often identified themselves anyway. This meant that they were no longer anonymous to me as a fellow user, something I had to remind them about in the context of informed consent.

There were instances of angst and ethical difficulty when dealing with people who had found me through the Internet because of this issue. On one occasion I agreed to meet a woman in her community which was several hours by bus from Cork. Before I left I checked the *IVFConnections* board and saw an interesting thread about donor eggs. I sent off a quick post saying the issues were of interest to me and I would love to speak to anyone willing to talk about this. When I began the interview later that morning I began to suspect that I was in fact speaking to the very person who had posted the message on egg donors and to whom I had responded with my expression of interest. Caught in a dilemma as I realized I would now be able to identify all her subsequent posts, I decided to test the waters and begin by telling her I had posted on the thread. She laughed and said "well you can probably identify me now." When I got back home I found that not only had she acknowledged our meeting on the website but she exposed herself in the forum by addressing a public post to me telling me online that she was the person I had spoken with and endorsing my work by encouraging others to contact me. Several people did.

The importance of computer mediated communication (CMC) is widely recognized within social science research as a source of information and virtual "space" in which to conduct research itself (Hine 2005). Since I did not propose to engage in actual research online, but rather to engage its community as a site for recruiting participants for a face to face interview, I was not concerned about losing any of the quality of interaction (Hine 2005:4). Nor was I concerned with the issue of fraudulent

representation that sometimes happens with online research. Always careful not to misrepresent myself as someone who shared infertility as a lived experience, my posts were strictly to inform people about my work and interests as a means of finding participants. People contacted me freely and decided, after speaking to me or emailing me, whether they would consent to a personal interview at a place of their choosing. I also engaged the public space of the Internet as a place to observe as a participant even if I did not post often. The topics people posted, responses to issues in the media and the support people offered one another all within the seemingly anonymous realm of cyberspace, formed a very public place in which I could undertake a kind of participant observation.

#### **2.4 Narratives and Narrative Analysis**

The most significant data in my project was collected in the taped interviews. It was apparent that I provided, for many people, a forum in which to unfold their stories about family relationships, the desire to become parents, and their experiences of suffering and sometimes joy in the process of trying to conceive. In transcribing the interviews, I realized that my participation in the interview process improved over time as my technique grew towards my ideal of eliciting stories rather than asking leading questions. I also realized that so much of the interview process depended on how easily dialogue was initiated and conversation flowed. This, of course required some input from me and I am not absent from the ethnography of the narratives I present here. A narrative emerges in the space between speaker and listener as the story is made and brought to

life. It is reshaped between writer and reader as they both colour it in with back stories and emotions of their own. The story, it seemed, was developed in a process in which I was both participant and observer. My use of narrative as a tool for qualitative research follows many studies of reproductive health and gender issues where the complexity and multi-sitedness of the issues can only be understood as part of a wider context of lived experiences (Franklin 1997; Ginsberg 1998; Inhorn 1994; Martin 1987, 1994; Rapp 1995, 2000; Reissman 1990, 2000, 2002, 2003). Others, including Arthur Kleinman (1980, 1988, 1995), Byron Good (1994), and Good, DelVecchio Good and Moradi (1985) have used narrative to illuminate the complex issues of subjectivity and illness experiences.

An important aspect of interview based research is in the analysis of how identities are negotiated within an interview situation. Katherine Pratt Ewing notes attention must be paid to “identity negotiation and power dynamics that go beyond the covert content of what people say to specify the conflicts, compromises and multiple intentions” that are part of the “complex, often ambiguous positioning of speaker and interlocutor” (2006:90). I had assumed that being outside the experience – a *fertile* as Lara pointed out to me – would enable a certain depth in my research as people might strive to help me understand more deeply what it meant to them to struggle with infertility. However, I was surprised that my own identity as insider or outsider, fertile or infertile – was almost always left indeterminate. People often did not ask and I began to realize they probably did not want to know. One reason may be linked to the ambivalent place of empathy among people who are dealing with infertility. Ethnography proved to

be useful tool in exposing the limits and revealing the contradictions associated with empathy. I had assumed that people who experienced infertility would understand and empathize with the struggle of others with whom they share particular problems. I came to realize however, that the experiences of infertility are as diverse as the people who have had them.

Unlike many scholars who have studied infertility with a degree of personal experience (Becker 2000; Inhorn 1994; Letherby 1999; Van Balen 2002) any emotional engagement I might draw into an ethnographic empathy will necessarily come from other kinds of experiences. But this does not preclude my ability to make what Ruth Behar describes as the "efforts to map an intermediate space... a borderland between passion and intellect, analysis and subjectivity, ethnography and autobiography, art and life" (1996:174). I often felt the emotional weight of having participated in the construction of a story that was laden with tears and pain and I took seriously the obligation to portray this aspect as accurately as I could.

My objective in developing a sense of ethnographic empathy was to create a legitimate space for people's emotional experiences within medical and social structures – structures that operate to de-legitimize their sadness and sense of loss. By ethnographic empathy I mean a deep, but nonetheless diverse, understanding of an issue that comes to light as people read ethnography and engage with the stories. I contrast this with an empathetic ethnography which might begin with the premise that the ethnographer will have empathy and produce the ethnography from a particular perspective. I hope to

provide a broader scope that allows readers to engage and understand from their own multiple perspectives.

The women who became part of this study were, like me, white middle class women, well educated, and most were married. I understood their desire to be mothers and I understood the grief and emotion that might come with an inability to achieve this but there was always some facet of the infertility experience that eluded me or that I struggled to understand. I also discovered, through the narratives I collected, that an identity as an 'infertile' did not guarantee empathy for others. There were boundaries and limits to the legitimacy accorded to suffering and grief even amongst those with differing fertility or infertility experiences. In other words, being infertile did not mean you could empathize with others whose plight was not the same as your own. Infertility takes on many layers of experience and understanding and is not a simple diagnosis or universal experience.

Being able to empathize with grief and suffering in the research itself, particularly where people had recently experienced a failed treatment or miscarriage, was an important concern since people are emotionally vulnerable at such times. The administrators of the local support network were most concerned that I handle such situations appropriately. My strategy when tears flowed or conversation halted was to offer to stop the interview immediately. While many people asked for a moment to compose themselves (and collect more tissues), nobody requested that I terminate the interview. In fact many people said it was a cathartic and even liberating experience to be

able to spend several hours telling their story in its entirety and putting into perspective the passing of time and the relationships between many events in their lives. Some had worked out elaborate time lines in advance of the interview to remind themselves of the sequential nature of events around infertility treatment or decisions.

Infertility, like other issues of reproductive health and choice, is an intensely personal experience, whether viewed as a health concern or a social one. Sex and reproduction are subjects that remain closed to outside scrutiny and problems arising are associated with stigma and failure in wider society even though infertility is experienced as disability and loss by those who are faced with it. The interview situation afforded me an opportunity to participate in the construction of stories and narratives that, in some cases, might not otherwise be shared. While the stories were crafted as a shared project in one sense I take seriously the fact that they were also given to me with the proviso that I move this information from the privacy of the interview to the public domain of academia without taking the participants into the public domain as well. In this regard, it is incumbent upon me to build a story of empathy that portrays struggles without constructing victims, conveys common reality while capturing the nuances of individual perception, and provides a glimpse into people's private lives without exposing their identities.

Marcus (1998) stresses the interlocking importance of *rappport*, *collaboration* and *complicity* as key elements in the fieldwork process. He argues that the ethics of complicity is re-contextualized by "a rethinking of the space and positioning of the

anthropologist-informant relationship that is the heart of fieldwork as it has been commonly conceived" (1998:108). In this sense complicity is not about conspiring to obtain information as much as conspiring to create it. Using Geertz's example of running from authority when a Balinese cockfight is disrupted by police, Marcus argues that such complicit acts draw the outsider in and provide the opportunity for building rapport and belonging among people who have previously been suspicious or closed. In this sense I was both complicit and collaborative in the interview and subsequent analysis.

My participation in the construction of stories through interviews and my willingness to conduct such interviews sometimes in obscure places or within the paradoxical invisibility of public spaces allowed a kind of complicity in bridging what many participants saw as a public/private divide. In such cases I was not simply a conduit for this process but an integral part of its unfolding. Some of my interviews were conducted in pubs – arguably the most public and commonplace spaces in Ireland. There was a strange anonymity and sense of invisibility in this setting as people seemed to sense the ordinariness and lack of attention conversation might represent, even with a small tape recorder on the table. Only one of my interview participants refused to be taped. I interviewed her twice, both times in pubs, and while she acknowledged the second time that this reticence made "such a lot of work for me" as I jotted notes and scrambled to capture her words on the page, we proceeded in this manner for several hours of rich conversation. It was my complicity in her desire for anonymity that enabled the story to be told.

The narratives in many of the interviews took on a particular configuration and often formed part of a larger shape that emerged from the overarching pattern of interviews themselves. For example, as one of my participants, Catherine, told her story it built up in intensity and anger to a peak and then seemed to move toward resolution and peace. Within the lengthy interview (nearly 3 hours of taped conversation) were multiple narratives that took the same shape and felt, at the time, like rising and falling on a metaphorical ocean of resentment and resolve. Catherine had suffered a number of health problems that contributed to her infertility and had sought medical treatment for several problems but never pursued medically assisted conception of any kind. She was disappointed and even disillusioned that the medical profession had failed to see connections between her infertility and her other health problems. She was frustrated with family members for failing to see the anguish her infertility had caused and failing to acknowledge her loss or respect the impact of pregnancy and birth announcements. But the message she most wanted me to take from interview was that she had *grown* towards a sense of peace with it all. While I was aware of this at the time, it was only in listening to the interview and transcribing the recording that its tangible shape, marked by alternating emotional rises and constraint, could be discerned in its entirety.

Narrative also provides data when attention is paid to the contextual elements that lie within the dialogue itself. Rosaldo (1984) describes, for example, a particular emphasis on details and events in the telling of hunting stories among the Ilongot. He notes that embedded within the shape and method of telling of a story, are both important

historical details and the aspirations of achievement which reflect key social values and qualities. Similarly, the telling of infertility stories often reveals the way in which people emphasize key values and desired outcomes to provide a shape to their own narrative (Becker 1997). Ginsburg (1998) also refers to the significance of plotting social values and contradictions or challenges in relation to particular social and historical circumstance in her work on women's perspectives on abortion in the USA. In Ginsburg's work she suggests that key information about the social actor as a subject and "agent of transformation" emerges in the way people connect "their own experience – biographical and historical – to their commitment", and in this case to abortion activism (1998:13). She found that women emphasized transitions in their lives that involved the intersection of procreation and social reproduction in ways that challenged or affirmed key values around gender roles (ibid). Similarly, Gay Becker (1997) highlights the value of continuity, which she suggests is part of American notions of social stability, in narratives of disruption through infertility.

An important ethical and analytical aspect of narratives in qualitative research revolves around a kind of ownership of the story. As I have outlined above, the stories are crafted in a shared and participatory situation as a product of the participants' experiences. They also reflect the circumstances of telling and the presence of the researcher. The storyteller maintains a certain amount of control over what is told, what is left out and how the story is presented. As in Catherine's example discussed above, the shape such narratives take can often be governed by a kind of picture or image as an

overarching theme which the participant attempts to put forward, making the narrative a kind of evidential presentation pieced together in a way that attempts to influence the interpretation of the story. Since the story originates with the teller it is difficult to argue that the details and right to ownership of a story are not theirs. And yet I found myself on the horns of a dilemma when one of my participants, having asked for a copy of her transcribed interview, read through it entirely and then sent me back an edited version in which she had asked me to delete several tracts of conversation. I admit I was somewhat taken aback not only by the request but my own sensitivity to it. Why was I so concerned about allowing someone control over the use of data when I had reassured people over and over that they could ask me to remove part or all of the interview with no questions asked? I was concerned for the loss of the bits of data to be sure. Some of what she asked me to remove seemed so vital to the analysis that I loathed the idea of letting go. However, much of my concern, in retrospect, was around what seemed to me to be a deconstruction of what had been a shared project between us. The participant in question was exercising her power to control the volume and texture of the data and circumstances of its use.

The basis for the negotiation of ownership and protection of confidentiality for my participants was the process of gaining informed consent. Rather than an exercise in formality mandated by ethics regulations it proved to be a safe, consistent and reassuring

starting place for the process of building a story.<sup>11</sup> It was the beginning of rapport building and many of my participants commented on the feeling of professionalism and security it offered as I explained my interests and my relationship to an institution as well as assuring people of my intention to respect their stories and experiences. It provided a means by which they could control the data and the story and at least one woman actually contacted my university supervisor to "check me out".

My research process based on interviews inevitably meant transcribing over a hundred and twenty hours of taped conversation, often with mixed voices and a variety of accents. While it is clearly the most time consuming aspect of the data gathering process it is also a crucial part of re- and de-constructing the stories. Since I was a part of the process I must hear the conversation again to understand my full participation in the event. I have been surprised at times at the way I phrased questions or responded to statements and wondered why I did not choose different words but as a participant observation exercise the building of the stories includes my voice, whether I like what I said or not. The data after transcription has been explored for themes and key words, coding passages around important concepts for use in an analytical framework.

In addition to interviews and field notes I have also collected hundreds of print media stories around motherhood, reproduction, fertility, infertility, choice and reproductive health, as well as the politics of the Catholic Church in Ireland, issues facing

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<sup>11</sup> The process of informed consent, through which research participants are offered full disclosure about the implications of their participation, is one cornerstone in the requirements outlined by both the Tri-Council Policy on Ethics and the Interdisciplinary Committee on Ethics in Human Research (ICEHR) at Memorial University. I used a written consent form for this process.

youth and issues related to sexuality. I followed regularly three national newspapers and several Sunday papers. These have been an ongoing source of context and detail for my work. I continue to follow the infertility bulletin boards occasionally and have kept in touch with several participants, receiving with joy a number of baby photos and adoption notices since my return.

I turn next to the historical context in which ideologies of motherhood, fertility, and family have emerged from institutional relationships between medicine, Church and state, becoming crucial foundations in naturalized gender roles and the politics of reproduction in Ireland.

### Chapter 3

#### History: The "Constitution" of Motherhood and Family

##### The Famine Road

"Idle as trout in light Colonel Jones,  
these Irish, give them no coins at all; their bones  
need toil, their characters no less.' Trevalyen's  
seal blooded the deal table. The Relief  
Committee deliberated: Might it be safe,  
Colonel, to give them roads, roads to force  
from nowhere, going nowhere of course?'

*'one out of every ten and then  
another third of those again  
women – in a case like yours.'*

Sick, directionless they worked; fork, stick  
Were iron years away; after all could  
They not blood their knuckles on rock, suck  
April hailstones for water and for food?  
What for that, cunning as housewives, each eyed-  
As if at a corner butcher – the other's buttock.

*'anything may have caused it, spores,  
a childhood accident; one sees  
day after day these mysteries.'*

Dusk: they will work tomorrow without him.  
They know it and walk clear; he has become  
A typhoid pariah, his blood tainted, although  
He shares it with some there. No more than snow  
Attends its own flakes where they settle  
And melt, will they pray by his death rattle.

*'You never will, never you know  
but take it well woman, grow  
your garden, keep house, good-bye.'*

'It has gone better than we expected, Lord  
Trevelyan, sedition, idleness, cured  
in one, from parish to parish, field to field,  
the wretches work till they are quite worn,

then fester by their work; we march the corn  
to the ships in peace; this Tuesday I saw bones  
Out of my carriage window, your servant Jones.'

*'Barren, never to know the load  
of his child in you, what is your body  
now if not a famine road?'*

Eavan Boland (from *The War Horse* 1975)

One weekend I took my family, who were visiting from Newfoundland for the summer, to visit friends who had a caravan by the sea at the northern edge of County Clare.<sup>1</sup> On a windswept afternoon we walked in the hills above the little town of Doolin and our friend took us on a journey along a stone wall that still marks the remains of an old "Famine Road". As we walked she spoke about the abject poverty and desperation that lay behind the building of the roads in the mid nineteenth century. She had a somewhat forgiving perspective, describing the building of "roads to nowhere" as a benevolent make-work project undertaken by the British government in order to provide a few pennies of income to people who were starving to death. Her account left out much of the political and class-based social inequality that was not only part of the story of the Famine but was significant to the formation of the Irish state. A deeper account is necessary if we are to understand how the story of a woman with infertility can be interwoven with the famine story, as told in Eavan Boland's poem of *The Famine Road*. In the poem, the woman's sense of self worth and her concept of her own body as valueless space or a project with

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<sup>1</sup> Caravans are like trailers or mobile homes and people often park them on lots in campgrounds or at beaches, as a permanent or semi-permanent arrangement, to use as summer homes.

no purpose seem deeply marked with the history of loss, social suffering and oppression that has informed much of Ireland's national imaginary.

Like the stories in the poem, the history of poverty, social inequality and colonial politics runs parallel to the history of the politics of reproduction in Ireland. And in many ways this history has also contributed to the emergence of motherhood as an important symbol of renewal and identity in the Irish state. The poem alludes to the way history lives in embodied meanings of reproduction that are drawn from the past, narrated as if remembered or imagined in personal life stories, and represented as natural facts in institutional discourses. Ireland's history is, of course, experienced differently by those who embody it as they walk the old famine roads in various ways.

In this chapter I will briefly outline some of the events in the last century of Irish history, linking post-colonial politics to the powerful meanings of reproduction that have been co-opted and remain within state and institutional discourses. Not unlike the Famine of 1845-50, reproduction has been a touchstone of sorts in Irish history and politics. Constitutional and legislative regulation of reproductive choice have, throughout the twentieth century, reflected the ethos of the Catholic Church, sustaining gender inequality in conjunction with the heterosexual family idealized as 'traditional'.

The origins of regulatory debates around divorce, reproductive choice, abortion and assisted reproduction technologies in the past twenty-five years can be traced through historical developments wherein Catholic social teaching came to dominate much of the early state policy making and the writing of the Constitution in 1937 (Fuller 2004).

Moreover, the significance of familism, gender and notions of tradition as features of the national identity are also important in the making and meaning of ideals and the shape of individual identities within families in Ireland (Byrne 1999; Conrad 2004; Smyth 2005).

### **3.1 Catholic Politics and Power in Ireland**

The importance accorded the idealized family in Irish political and social life in the twentieth century parallels the emergence of an influential monastic hierarchy and institutional traditions of the Catholic Church during much of nineteenth century. In conjunction with the struggle leading to Independence in 1922, such ideals were also elaborated by a nationalist movement that drew on gendered aspects of tradition and Irishness in myths and legends that emphasize reproduction and gender difference in the moral and social control of sexuality. Many scholars refer to the gendered constructions of "Mother Ireland", the feminizing of Irishness in colonial representations and the modelling of the state after patriarchal family structures (Backus 1999; Conrad 2004; Curtin 1999; Martin 2000; Smyth 2005; Zwicker 1999).<sup>2</sup>

The significance of motherhood and family were consolidated most efficiently in what came to be a dominant expression of Catholic social values written into the 1937 Constitution in Ireland. As Louise Fuller (2004) points out, in order to understand the

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<sup>2</sup> Much has been written on the kind of gendered identity that emerged, in broad representational strokes, in the relationship between Britain, as colonial patriarch, and Ireland as a sort of national femme fatale that needed rescuing and protection (Conrad 2004; Curtin 1999; Gray 2000, 2004; Smyth 2005; Valiulis and O'Dowd 1997). Such constructions exploited from the British perspective portray Ireland as weak, inept and backward, not unlike many other essentialisms promoted as colonial identities by political oppressors. However, such constructions of a feminine Ireland also featured nationalist portrayals of a nation that must be fought for and protected - "Mother Ireland" - sometimes even referred to in terms of a lover whose virtue is at risk and whose moral character is beyond reproach (Curtin 1999: 38-40).

significance of Catholicism in Ireland, it is important to trace the events of the nineteenth century and the political relationship between the Church and the British government. This history is also key in the emergence of what Tom Inglis (1998[1987]) describes as the "moral monopoly". Inglis describes how the Catholic Church came to exert an influence at every level of Irish life - "in social, political and economic life, particularly in terms of Irish people achieving the type of legitimation, honour and respect which were central to attaining and maintaining social, cultural and symbolic capital" (1998[1987]:12). The Church's monopoly extended beyond the making of moral decisions, to decisions in virtually every facet of day-to-day life. Catholic social teaching and the institutional structure of the Church influenced not only the "parameters and boundaries to what could be said and done but social structures which perpetuated the Irish Catholic habitus- the automatic predisposed way that Catholics read and interpreted events in everyday life" (Inglis 2003:129). All actions, regulations, laws and decisions were filtered through the extensive network of the priesthood; the meaning of right and wrong and all questions of morality were interpreted by members of the Church to its membership (Inglis 1998[1987]:23).<sup>3</sup>

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<sup>3</sup> Inglis describes how the combination of an increasingly political system of bishops and priests, combined with the integration of many pre-Christian practices such as ritual, pilgrimages and magic, tended to consolidate religious practices in ways that enhanced obedience and adherence, while instilling fear and anxiety (1998[1987]:26-32). This combination of "magical-devotional", "legalist-orthodox", and individual ethics typifies the shape of Irish Catholicism (ibid 37). Control was exerted over many decisions in daily life and priests were consulted on issues as trivial as where to sit or what to wear in Church, and often through the use of Catholic newsletters. Fuller notes that this kind of moral pronouncement was "divorced from its human context, giving rise to the impression that there were specific hard and fast rules, which could be applied to whatever moral dilemma one was confronted with, be it grave or trivial" (2004:35; see

A long history of populist practices helped to ensure support and survival of the Catholic Church throughout Ireland during the era of political control by England and the imposition of the penal laws in the 1700s (Dillon 1993; Taylor 1995).<sup>4</sup> Fuller also suggests that the politicization of the Bishops and clergy in Ireland has its roots during this period (2004: ix). Church influence was integrated at the level of institutional relations as well. While the British government saw the development of a primary education system as a means of socialization and assimilation, the Catholic Church benefited from a number of policy shifts over time that tended to increase the level of control by allowing a greater denominational influence (Fuller 2004:xxii).

By the end of the nineteenth century and into the early twentieth century the Catholic Church had become involved in the delivery of social welfare, health and educational programs that helped foster a mutual political relationship between Church and state (Crotty and Schmitt 1998; Dillon 1993; Inglis 1998 [1987]; Taylor 1995). As a result,

The post-Independence State, while not a theocracy in any strict sense, was heavily influenced by Catholic moral teaching in many of the policies it adopted in the social sphere. The outlawing of divorce, the banning of contraception, the imposition of censorship became cornerstones of an approach whereby the State, even if not acting strictly at the behest of church elites, came to legislate in a way that is extremely mindful of the requirements of Catholic tenets of morality (Byrne et al 2001: xi; see also Fuller 2004; Whyte 1980:60).

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also Kenny 1997:229; Inglis 1998 [1987]:32). This format conveyed the idea that both the information and the power to make such decisions were the within the purview of the priests rather than people themselves.

<sup>4</sup> Many scholars have argued that the Catholic Church gained much of its momentum and association with Irish identity as a result of the social inequality endured as a result of the penal laws of the eighteenth and early nineteenth century which served to consolidate land ownership among a wealthy and powerful elite, often to the exclusion of Catholics (Dillon 1993; Hug 1999; Taylor 1995).

Catholic social teaching was asserted most overtly through education and social programs but its values and social ideals would become increasingly dominant within government policies as well (Fuller 2004: xxii). This influence resonates into the twentieth century in the policies which most directly influence family formation and the perpetuation of a hetero-normative ideal.

### **3.2 Marriage, Fertility and Family**

In conjunction with a growing nexus of Church - state relations at the institutional level, developments in agricultural practices and politics during the nineteenth and early twentieth centuries intensified the political, social, economic and institutional significance of the family. The movement toward land reform and greater control over the productive capacity of family farms emerged, at least in part, as a response to the history of mass starvation, poverty, and emigration during years of famine in the nineteenth century. A shift from subdivision of family land holdings to impartible land inheritance reduced the number of potential heirs and kept farms intact as viable economic units. The formation of the Land League in 1879 spearheaded changes that virtually abolished rural tenancy, paving the way for a new emphasis and a wider access to land ownership (Moody and Martin 2001:240).

Parallel changes in family dynamics re-defined the meaning of marriage as an economic strategy as dowries and property values became grounds for creating new

households.<sup>5</sup> Hug (1999) suggests that the dowry was important in constituting marriage as an economic contract that had to be protected by a ban on divorce. In the wake of changing access to land, large numbers of people were also compelled to emigrate, seek employment or commit to a religious vocation. While children were important assets on a family farm, their emigration also often meant an income when they sent remittances from abroad.

The relationship between family formation, population growth and fertility led to patterns of high rates of marital fertility and sustained birth rates that were off-set by emigration and a significantly high rate of permanent celibacy (Byrne 1999; Hug 1999; Inglis 1998; Scheper-Hughes 2001). Low rates of marriage, some have argued, constituted a reactive contraceptive strategy in light of the repressive sexual attitudes of

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<sup>5</sup> See Arensberg and Kimball (1968) for discussion on the development of what was later described as the "stem family" in their ethnographic work in Clare in the mid twentieth century. The stem family consists of parents and one of their adult married children living in the same household. The adult child would be designated to inherit the family farm and would also be expected to produce the next generation, one of whom would marry and live with their parents. The debate in the anthropological literature was centered on whether the stem family was truly representative of a particular social strategy for maintaining land and farming. Many scholars argued that the stem family was over-represented in the literature by Arensberg and Kimball and that many other family formations provided the same continuity on the family farm without adhering to this pattern. (Gibbon 1973; Gibbon and Curtin 1978, 1983; Seward et al 2005) Much of the scholarship on the development of family politics and marriage in Ireland in the late nineteenth and early twentieth century is focused on rural Ireland in conjunction with agricultural and land practice. Seward et al (2005) argue that as the "classic" ethnography on Irish families, Arensberg and Kimball's description formed a baseline for other studies in the twentieth century, many of which sought to prove the consistency of this family model rather than contest it (Seward et al 2005:413 See for example, Alexander Humphrey's (1966) description of similar patterns of the stem family in the urban context of Dublin in the early 1950s. While the particularities of family life and structure in Ireland became a source of much social science research in the twentieth century (Arensberg and Kimball 1968; Gibbon 1978; Gibbon and Curtin 1978, 1983a, 1983b; Seward et al 2005), the family as an institution, has emerged as an important network of social relations and remains an important part of everyday life in Ireland (Arensberg and Kimball 1968; Brody 1973; Conrad 2004; Messinger 1969; Peace 2001; Scheper-Hughes 2001).

the Catholic Church (Kennedy 2007). The Church promoted its doctrine by valorizing motherhood and promoting marital fertility but, at the same time, enforcing a rigid code of sexual morality that meant opportunities for legally and morally sanctioned reproduction were restricted. Fertility and family were encouraged but at the same time, the structural constraints on family formation meant less people would have large numbers of children. In conjunction with emigration and celibacy, population growth was curtailed while increasing the standard of living (Inglis 1998[1987]).<sup>6</sup> This would change later, as Pauline Conroy (2004) suggests, when the concern over the emigration of high numbers of young women underwrote many political initiatives undertaken in the 1930s, as the new state sought means of increasing fertility to promote population growth.

Motherhood played a dual role in the continuity of rural Irish life, providing not only heirs to the property but also a point through which Church authority and influence could be directed most efficiently. The ongoing and deeply hegemonic insistence that mothers were the moral arbiters and carriers of the faith within families, while not unique to Catholicism or Ireland, constituted them as the “organizational link between the Catholic Church and the individual” (Inglis 1998[1987]:188; see also Wills 2001).

Catholic teaching was not only the purview of women in family homes but was carried

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<sup>6</sup> Mary Daly cautions however, that it is simplistic to link high rates of marital fertility only to the influence of Catholicism in the banning of contraception since other European countries such as France, Spain and Italy, all of which imposed similar restrictions, had falling fertility rates in the same time frame (1997:117). Rather she argues for a wider political economy approach that includes the role of family in the farm economy, the ongoing importance of emigration as a population control strategy well into the 1960's, and the delayed movement to an urban industrial economy as key features of the fertility picture unique to Ireland.

out through “oral transmission of religious tradition [and] was mostly the responsibility of older women” (Bourke 1999a:17). Claire Wills argues that a combined “ideology of motherhood and domesticity” also helped constitute domestic space as a site of resistance to “secular individualism” (2001: 45).

A drive towards modernization in Irish family life in the early twentieth century, encouraged by the hierarchy of the Catholic Church, only further emphasized the division of gender roles. The increasing status of men as providers in the household was reinforced by encouraging women to concentrate their labour in domestic space, emphasizing the value of a new middle class definition of the household with a focus on hygiene and order, making it appealing to a better educated generation of women (Wills 2001:45; see also Kennedy 2007). This ideal of domesticity was marshalled into the politics of Catholic-nationalism, bolstering the patriarchal social vision that was later reflected in the Irish Constitution in 1937.

In recent years, changes in family composition such as those described in the Introduction can also be linked to changing economic factors. Finola Kennedy (2007) suggests that the family, economics and reproduction remain inextricably linked and are thus important signs of political and economic change. Changing agriculture patterns, shifting political relationships and altered meanings for economic independence combined with an increasing standard of living have all had an impact of the shape of families and the role of children within families (Kennedy 2007:166). In addition, Adrian Peace (2001) describes the ongoing resilience of close family ties in promoting different

kinds of social and economic networks in particular communities, even if such networks of family relations are reconfigured in their meanings.

### **3.3 Consolidating Church and State: The 1937 Constitution**

In 1932, Eamon de Valera of the newly formed Fianna Fail party became Taoiseach (Prime Minister) largely with support drawn from the working class and small farm owners (Dillon 1993; Smyth 1992). Although not the only political party in the post independence period to do so, Fianna Fail "represented itself as being the true defender of the Catholic faith of the ordinary people of Ireland" and the patriotic keepers of the separatist tradition of the 1916 uprising (Garvin 1998:144). De Valera exerted a tremendous influence over the development of the Constitution of Ireland, apparently writing it himself with the assistance of friend and future Archbishop John McQuaid (Dillon 1993). The document served to enshrine into national politics de Valera's romantic and traditional view of Ireland as a nation of simple rural farm families imbued with strong Catholic values.<sup>7</sup> The banning of divorce and prohibition of contraceptives in 1935, while reflecting Church doctrine, were both framed as nationalist political measures to protect the nation against the immoral influences of Britain, Protestants and the outside world (Smyth 1992:87).

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<sup>7</sup> De Valera espoused a vision of Ireland as a nation concerned not with economic growth and material wealth but with a moral and simple rural life described as "a land whose countryside would be bright with cozy homesteads, whose fields and villages would be joyous with the sounds of industry, with the romping of sturdy children, the contests of athletic youth and the laughter of comely maidens, whose firesides would be forums for the wisdom of serene old age. It would in a word, be the home of a people living the life that God desires that man should live" (Crotty and Schmitt 1998:3).

The constitution of 1937 was thus based on the two significant elements that became social ideals with enduring impact on the reproductive politics of the state – patriarchy and Catholicism. Although repealed in 1972, a specific constitutional clause recognized the primacy of the Catholic Church in Ireland as the “guardian of the faith” of the population (Conrad 2001:156).<sup>8</sup> The constitution also enshrined the idealized heterosexual family as a social and political unit in Ireland. Gerardine Meaney suggests that “[t]he identification of the family (rather than, for example, the individual) as the basic building block of society is more than pious rhetoric in the Irish Constitution. In post-colonial southern Ireland a particular construction of sexual and familial roles became the very substance of what it means to be Irish” (1991:6). Moreover, Article 41.2 of the Constitution establishes the position of women in Irish social, economic and political life:

the State recognizes that by her life within the home, woman gives to the State a support without which the common good cannot be achieved ... The State shall endeavour to ensure that mothers shall not be obligated by economic necessity to engage in labour to the neglect of their duties in the home (in Crotty 1998:14).

A number of scholars have pointed to a virtual conflation of “woman” and “mother” in passages of the Constitution suggesting “that mothers are the only women

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<sup>8</sup> Article 41, Section 1.2 reads ‘The State recognizes the Family as the natural primary and fundamental unit of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law’; Section 1.2 reads “The State, therefore, guarantees to protect the Family in its constitution and authority, as the necessary basis for social order and as indispensable to the welfare of the Nation and State”. Article 44, Section 2, prior to its repeal, read “The State recognizes the special position of the Holy Catholic Apostolic and Roman Church as the guardian of the Faith professed by the great majority of its citizens”. (See Bunreacht Na hEireann at [http://www.taoiseach.gov.ie/attached\\_files/Pdf%20files/Constitution%20of%20IrelandNov2004.pdf](http://www.taoiseach.gov.ie/attached_files/Pdf%20files/Constitution%20of%20IrelandNov2004.pdf)).

the state deems worth acknowledging" (Conrad 2004:73; see also Kennedy 2004). The constitution also established that common good and social responsibility take precedence over the individual aspirations of women as citizens. Many feminist scholars (Conrad 2001; Shannon 1997) are quick to point to the constitution as evidence of and basis for gender discrimination at the state level. However, Ronit Lentin (1999) argues that such critiques have tended to convey the impression of a universal "woman" in Ireland that eclipses ethnic, racial and cultural difference adding to the discrimination experienced within gender.<sup>9</sup> She points to the experiences of Traveller and immigrant women in Ireland as examples of differentiated discrimination that must be explored beyond an assumed gendered essentialism.

Mary Daly (1997) argues that the sentiments enshrined in the Irish Constitution are, in fact, consistent with values espoused at the time in many other European nations and that Ireland was not unique in its politics of gender differentiation. She suggests that while paternalism is obvious, this consignment to domesticity was about "supporting" women in the household domain and reflects De Valera's concern with the negative impact of industrialization on women in Britain (1997:107).<sup>10</sup>

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<sup>9</sup> Lentin draws on post-colonial feminist critics like Chandra Mohanty who point to the loss of women's agency and identity in the rush to construct them as equally oppressed and therefore equally "subject". (See also Lentin 1998 and Lentin and McVeigh 2002 for more on the intersection of gender, ethnicity and difference in Ireland).

<sup>10</sup> Daly iterates an argument made by other historians, pointing out that De Valera was influenced by Ivy Pinchbeck's historical criticism of the decline in maternal and child health and well being during the Industrial Revolution in the UK. Daly builds on a literature that describes the way Pinchbeck's critique might have reinforced De Valera's idealistic vision of Irish society and his desire to protect women and children from the negative influences of industrialization (Daly 1997:107). See also Linda Connolly's

The constitutional ascription of a domestic role for women had a concrete application with the implementing of a 'marriage bar' in the 1930s. Married women's participation in the labour market was discouraged by an extensive ban on public sector employment (Galligan 1998). This practice was not unique to Ireland and was a response to high unemployment, restricting women's access to jobs in the white collar sector, largely, but also limiting access to industrial employment (Kennedy 2007:157). The structural constraints on women's employment persisted in Ireland, however, until 1973 when the ban was lifted (Inglis 1998[1987]:239). Women's workforce participation has remained consistently lower than that of women in Northern Ireland (Galligan 1998:109). The constitutional relegation of women to the gendered assignment of "duties in the home" led to years of social and economic dependence and fewer independent career choices for married women.

As a political document of its time, the Irish Constitution was steeped in patriarchy. But more importantly, the discourse of patriarchy – providing for children, the logic of material wealth as inheritance, and protecting mothers and children – is often a basis for narrating the values that underpin reproductive choices and family formation in Ireland today. What the document also does in its collapse of women and mothers is affirm an assumption that women are essentially fertile and leaves little room for an autonomous identity of womanhood outside this assumption.

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(2002) analysis in which she also suggests that as a man of his time, De Valera was acting in what he thought was the best interest of both women and society.

Conrad (2004) argues that the enduring social and structural support for the idea of a “traditional” family remains a site of social oppression and control particularly for women. She also points out that there has been until recently little public and no legislative acknowledgement of alternative families and relationships outside the heterosexual norm.<sup>11</sup> The ongoing symbolic significance of family as a reference point for social identity suggests it continues to be an important site for exploring the presence of social ideals, conservative values, relations of power based on gender difference and the politics of reproduction. Indeed, virtually any media story in Ireland today describing individuals – whether victims of a tragedy or the center of human interest pieces – includes the number of children to whom they are a ‘mother’ or a ‘father’.

The 1937 Constitution was framed partly around the need to convey the contrast between Britain and Ireland and affirm politically an alliance with Catholicism - the religion to which more than 90% of the population adhered.<sup>12</sup> The conservative moral values that were ultimately drawn into legislation around marriage, contraception, divorce and homosexuality were not unique to the Catholic faith but they were the basis of the Catholic identity consolidated in a national framework of law (Dillon 1993; Hug 1999; Kennedy 2007). This is underwritten by the concept of “natural law” in the

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<sup>11</sup> See also Byrne (1999) for more on alternative identities and roles for women or forms of family.

<sup>12</sup> Even prior to 1937, the homogenous character of Irishness was being cemented around the Gaelic identity. The roots of struggle and the construction of an authentic Irish identity in a post-colonial nation incorporated the notion of homogenous Gaelic and Catholic population exacerbating the seemingly intractable political divisions between Northern Ireland and the Republic (Finlay 2004; Lentin 1999). Gaelic language revival was being encouraged as a means of perpetuating the nationalist ideal of common heritage.

teachings of Thomas Aquinas and emphasized in Catholic social teaching and moral ethos (Hug 1999). The recourse to natural law as a basis for naturalizing heterosexual marriage, the obligation of procreation, and the family as a social unit perpetuates underlying assumptions about nature, fertility and sexuality. These assumptions emerge as recurring themes in the historical construction of gendered Irish state policies on sexuality and reproductive choice, particularly those in which contraception, divorce, homosexuality and abortion were made illegal.

Following the Constitutional review process described in the introduction, the All Party Oireachtas Committee in 2005 put forward a recommendation that the language of Article 41.2 be revised to reflect a more “gender neutral” perspective in keeping with current public demands. As such the recommended new clause would read

The State recognizes that home and family life gives to society a support without which the common good cannot be achieved. The State will endeavour to support persons caring for others within the home. (Constitutional Review Group Report 2006)

However, the purpose of the review was to explore the margins of acceptable meaning accorded to the term “family” and in this case a rather narrow view of the nuclear family was upheld. At the time of writing such changes had not been made (see also Kennedy 2007). The Review Group acknowledges in its report that, while many EU nations offer some state or societal protection for the family as an important unit of social stability, it is

rare, if not unique, among European Constitutions and other EU documents that rights be extended specifically to the family as an institution.<sup>13</sup>

### **3.4 Reproduction and the Policies of Church and State**

The tightly constructed matrix of motherhood, morality and family embedded in a legislative framework is reflected in the gendered politics of reproduction. Historically, the Church's "moral monopoly" (Inglis 1998[1987]) has been extended to its expectation that the state legal apparatus would enforce morality. At the same time, the hierarchy of the Church resisted any state interference in the domains of family life and morality they held to be their own (Hug 1999:78). This was most evident in the administration of healthcare, particularly as it has pertained to reproductive health and information. In 1948 a proposed policy of universal healthcare for mothers and children was highly criticized by the hierarchy of the Catholic Church. Known as the 'Mother and Child Scheme', it was interpreted by the Church as "the thin end of a wedge prising women away from the total reliance on Catholic teaching in regard to family matters" (Smyth 1992:89; see also Browne 1986; Dillon 1993; Speed 1992; Whyte 1980). The influential position of the Church in matters of the state was highlighted by the publication of correspondence about the proposed legislation between bishops and government officials.<sup>14</sup> Then Archbishop John McQuaid cautioned that "[t]he hierarchy cannot approve of any scheme which, by

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<sup>13</sup> The report notes that Luxembourg is an exception.

<sup>14</sup> For a detailed analysis of the Mother and Child Scheme and selections from the actual correspondence between the bishops and the state regarding the issue see Whyte 1980. See also Wren (2003) and Browne (1986).

its general tendency, must foster undue control by the State in a sphere so delicate and intimately concerned with morals" (Whyte 1980:446).

Physicians at the time, motivated by the threatened reduction in their income in the provision of an element of socialized medical care, aligned themselves with the bishops and the Church against the Mother and Child Scheme. The legacy of this endures, according to Maev-Ann Wren (2003) in an ongoing failure to achieve a popular and acceptable level of socially supported medical care in Ireland. A less comprehensive version of the "scheme", one that met the approval of the bishops, eventually passed into law. The events foreground the ongoing concern of the hierarchy of the Catholic Church with controlling how people gained access to reproductive health information or advice on family planning. The hierarchy consolidated its influence over healthcare for women well into the twentieth century and, even in the wake of the political debates around the Mother and Child Scheme, was at the forefront of development of comprehensive, but suitable, medical and social services for women and children. Their influence grew more extensive as the majority of people involved in the service delivery were women religious of the Catholic faith. The Catholic hierarchy promoted their administrative authority within medical and social institutions, effectively limiting the influence of lay service providers with opposing points of view (Daly 1997: 114-15).

Fertility control and reproductive health were important issues to feminist activism everywhere in the 1960s, and in Ireland women actively challenged the policies of the state that prohibited access to contraception, pressing for legislative reform both

overtly and covertly (Speed 1992; Connolly 2002). The Contraceptive Train in 1971 saw women challenge the political status quo by carrying banned contraceptives (purchased in Belfast) through customs at Connolly Station in Dublin, daring shocked customs officials to press charges against them (Connolly 2002:120). In collusion with liberal minded doctors, Irish women also quietly gained strategic access to birth control under the guise of correcting "menstrual irregularities", a diagnosis for which contraceptive pills could be legally prescribed in Ireland (Speed 1992:91). Change was slow and in 1979 the Health (Family Planning) Act allowed the restricted sale of contraceptives to married couples with a doctor's prescription (Connolly 2002:240).<sup>15</sup> Charges in relation to the "illegal" distribution of condoms were laid as recently as 1990 (Barry 1992:112-113).<sup>16</sup> Advocates for women's rights have argued that a moral agenda continues to underwrite social policy and legislation around reproductive choice. However, access to contraception and later to divorce, were also areas of social liberalization that was part of a growing trend not unique to Ireland.

In 1983, a national referendum was held to decide on a constitutional amendment to secure the "right to life of the unborn" (Conrad 2001; Dillon 1993; Smyth 1992; Smyth 2004; Taylor 1996). The referendum campaign was divisive and hard fought but ultimately the addition of Article 40.3.3 was accepted. Voter participation in the 1983

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<sup>15</sup> The Bill was amended in 1985 to legalize the sale and use of contraceptives without prescription to people over 18 years of age (Hug 1999:118)

<sup>16</sup> Virgin Records was taken to court for distributing condoms through a Family Planning Clinic stall in their record store in 1990 and fined (Barry 1992:113).

referendum on the 8<sup>th</sup> Amendment to the Constitution was 54% of those eligible and the amendment was accepted when 67 % voted in agreement (see Appendix II for more details on the referendum). As Hesketh notes, Ireland represents a somewhat unusual case in that it did not move from “restrictive to permissive – a feature common to most European countries – but rather moved to entrench constitutional force where there were already laws in place” (1990:2). The concern among pro-life advocates was that constitutional backing was the only way to ensure that legislation could not be introduced that might pave the way for legal abortion. Criminal laws could be changed more easily than the constitution which required a nation-wide referendum to ratify changes. A group called the ProLife Amendment Campaign (PLAC) sought a means of forestalling or closing what they saw as a loophole in light of such events as *Roe v. Wade* in the US, and others internationally, where court challenges brought about changes in the law (O'Reilly 1992; Smyth 2005).

A dialogue on individual “rights” in reproductive choice contrasts with the social value of collective well being drawn from the Catholic ethos and emphasized by the Irish Constitution (Dillon 1993; Porter 1996).<sup>17</sup> This elision of individual rights in favour of the collective good underwrites the construct of constitutional rights accorded to the family as a collective and is the basis for crafting the ideal of maternal responsibility. However, the political discourse on rights in regard to a foetus left the meaning of the

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<sup>17</sup> Elisabeth Porter notes that rights arguments with respect to abortion can be particularly problematic because they “have an inevitable tendency to generate opposing claims” and offer little opportunity for compromise. (1996:280).

term "unborn" and who qualifies for the "right to life" deliberately vague, resulting in an ongoing re-negotiation of the definition of the terms around which the constitutional protection would apply.

The following passage taken from the 1983 Dail Debates around the issue indicate the desire of legislators to distance themselves from the responsibility of defining the terms of political and moral obligation associated with when life begins. The passage is taken from a statement issued by the Fianna Fáil Deputy Dr. Wood, whose lengthy statement in favour of strengthening the constitutional protection of the unborn by referendum was questioned at one point, for being read from notes. The debate itself centered on the issue of language and the need to leave some room to manoeuvre in the wording of the Bill as noted below:

Despite what would undoubtedly have been the wish of the promoters of this amendment and the majority church in this island, there is no attempt in the wording of the amendment to define the moment at which the life of the unborn begins. The amendment does not attempt to make this definition. Most, of course, would argue that it begins at the time of conception, but this is a matter of theological and scientific argument and in preparing the wording of the amendment we felt it was not appropriate to the Constitution to have such definitions. (Dail Debates Vol. 339, Feb 9, 1983 Paragraph 1386)

What is germane to my project is not only the obvious reticence on the part of legislators, in the past, to make clear the definitions on which they were basing their proposed constitutional protection, but the suggestion that the ongoing debate and responsibility for the definition should reside with the science and theology. The underlying assumption is that religious and scientific or medical institutions represent

static values and interests and have, themselves, formulated a singular unproblematic definition of such terms as “unborn”. At stake are the grounds for determining moral authority. While science and theology are not necessarily, or always, in opposition in their positions on when the “life of the unborn begins”, the institutional interests and implications for these groups differ greatly; the work of science in the area of reproductive medicine is at risk of complete curtailment should the constitution be interpreted in favour of the interests of many theologians who argue that life begins at the moment of fertilization.

The fallout of a refusal to define the terms is at least partly behind a number of cases that have tested the moral mettle of a universal ban on abortion in the Irish social context. In 1991 the debate on abortion and the “right to life of the unborn” extended into wider political arenas as Ireland prepared for the referendum on ratification of the Maastricht Treaty on European Union. The Irish government added a Protocol to the Treaty ensuring no interference with Article 40.3.3 by the European Union (Smyth 1992:17).<sup>18</sup> However, even as Ireland took measures to ensure EU policies could not override its policies on reproductive choice, publicity about the “X” Case forced a re-examination of national policy on abortion from within.

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<sup>18</sup> Conrad argues that “Protocol 17 was designed to protect ‘Irish morality’ from the purview of European law ... ensur[ing] that a particular version of Ireland continued to be reproduced even as it linked itself more fully with Europe” (2001:169). Like the previous measures which banned contraceptives and divorce, this measure was framed as protecting Ireland’s valuable moral and social assets from *outside* influence even as Ireland itself was very much *inside* the EU.

The case involved a court injunction issued to prevent a suicidal 14 year old sexual assault victim from traveling to Britain to terminate a pregnancy.<sup>19</sup> Following a public outcry sparked by women's groups around the country, the ruling was ultimately overturned by the Supreme Court and the girl's parents were permitted to take her to Britain. However, constitutional debates have continued over the rights of citizenship and gender equality in reproductive choice. Since that time several other cases have come before the courts resulting in a very public re-examination of the legal, but more importantly, the moral and social limits of compassion for women when it comes to reproductive choice and the integrity of body and self. Two referenda, in 1992 and 2002, attempted to reverse the impact of the ruling of the "X" Case by restricting a woman's right to travel and proposing to exclude risk of suicide as sufficient grounds to allow a legal abortion.

In 1992 the Irish people were asked to vote on three proposed amendments to the constitution.<sup>20</sup> (See Appendix II). While voting in the referendum clearly indicated a majority preference for the right to travel abroad and seek information on reproductive

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<sup>19</sup> The "X" Case was complicated because, in fact, the girl's parents had taken her out of the country to access a termination of her pregnancy. The court order demanding they return was issued after they inquired about the need for DNA evidence against the accused rapist. The police informed the authorities of the court who then issued the injunction and order to return based on Article 40.3.3. The case was widely debated publicly, sparked widespread protest and served to highlight the difficulty such social policies can present for individual lives and situations. (See Conrad 2001; Smyth 1992; Smyth 2005; Taylor 1996)

<sup>20</sup> The proposed 12th amendment to Article 40 of the Constitution in the 1992 referendum stated "It shall be unlawful to terminate the life of the unborn unless such termination is necessary to save the life, as distinct from the health, of the mother where there is an illness or disorder of the mother giving rise to a real or substantive risk to her life, not being the risk of self-destruction" (Connolly 2002:188). The 13<sup>th</sup> amendment stated that Article 40 would not be interpreted to restrict the right to travel the 14<sup>th</sup> amendment would ensure that the right to information on abortion services available in other jurisdictions would not be restricted (ElectionsIreland.org <http://electionsireland.org/results/referendum/summary.cfm>).

health services, the clause that proposed that health risks and suicide were not grounds for terminating a pregnancy were not supported by Irish voters. The voter turnout was over 68% and they rejected the proposed 12<sup>th</sup> Amendment (65.35% against).

Following a lengthy consultation process that resulted in the publication of *The Green Paper on Abortion* in 1999, a referendum on the proposed 25<sup>th</sup> amendment was held in 2002, again focusing on the issue of health and risk of suicide. A number of feminists have argued that the consultations and the campaign leading up to this vote represented efforts to depoliticize abortion in favour of presenting it as a medical issue (Smyth 2005:138; see also McDonnell 2002). However, Steven Johansen describes how efforts to make the proposed constitutional amendment appealing to both sides of the abortion debate meant it “could be attacked as fatally ambiguous by both its opponents and proponents” (2003:206). Included in the referendum were attempts to remove suicide as a risk to the life of the mother and to clarify that the use of emergency contraception pills differed from abortion which now implied a post-implantation termination (Johansen 2003). The result was grounds for equal dissatisfaction by both pro-choice and pro-life proponents. The proposed amendment to insert Article 40.3.4 based on the *Protection of Human Life in Pregnancy Act, 2002* was rejected by a narrow majority of only 50.42%. (See Appendix II for details on the referendum wording and the vote numbers).

### **3.5 The Post-Catholic Era: Scandal, Values and Reproduction**

The tremendous social and economic changes in Ireland in the past two decades have coincided with major shifts in the authority of the Catholic Church. The revelations

of widespread abuse of children and women by clergy have surfaced in a number of reports as a result of inquiries conducted in the past decade.<sup>21</sup> The Ferns Report was released in 2005 after a lengthy inquiry investigating over 100 allegations of the sexual abuse of children in the Diocese of Ferns between 1962 and 2001 (Murphy, Buckley and Joyce 2005). Representing what many called the tip of the iceberg, people had already been shocked to hear of priests who had fathered children and paid for their maintenance over many years (Bradley and Valiulis 1997). A more recent report, released in May 2009, describes the extent of the scandal as much worse, highlighting widespread abuse affecting thousands of children suffering injuries and abuse suffered while in the care of religious orders around the country (Commission to Inquire into the Abuse of Children 2009).

Other changes such as increased corporate investment, intensification of agriculture and a trend toward larger farms as a result of EU membership, changing education and work patterns and urbanization “combine to create a society that is much more urbanized, ... sophisticated, ... educated and much more economically and socially polarized than it was in 1970” (Coulter 1997:276). In conjunction with these changes, Coulter points out a concurrent criticism toward the Catholic Church, and a greater tendency to ignore its teachings and “a general secularization of society” (ibid; see also Fahey et al. 2005; Inglis 1998[1987]). Increased rates of divorce since it was legalized in 1995, more open expressions of homosexuality and travel abroad by many young women

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seeking abortions all suggest a waning influence of Catholic Church teachings (Coulter 1997; Hardiman and Whelan 1998).<sup>22</sup> These changes coincide with the growth of social liberalization taking root from the 1970s onward.

Recent sociological surveys reveal a lack of confidence in the Church's capacity to address many social and family problems. Hardiman and Whelan argue that this reflects changing attitudes towards institutional authority in general in Ireland (1998:84; see also Fahey et al. 2005). However, these trends are also linked to perceptions of moral hypocrisy as the Catholic Church hierarchy seeks to interfere in social policy around sexuality and reproductive choice while attempting to hide sexual abuse perpetrated within its own ranks and the fathering of children by supposedly celibate clergy (Bradley and Valiulis 1997:1; McGuire 2001). With the increase in births now occurring outside of a marital relationship as described in Chapter 1, the Church has also begun to redefine a previously discriminatory stance towards single mothers, one that had been based on a narrow view of motherhood as morally bound to marriage (Riddick 1992:189; McGuire 2001).

Challenges to the moral authority of the Catholic Church in Ireland have also coincided with an increasing power of the media as a vehicle for criticism and increasing access to outside influences that convey alternative values (Smyth 2005:8; Inglis 1998[1987]). The media has also been a platform from which to redefine the meanings of

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<sup>22</sup> Divorce has been legalized since 1997 and by the end of that year only 356 divorces were granted (Hug 1999:252 n42).

family, motherhood and procreation. Assisted reproduction technology (ART) represents one such challenge to the Church's attempts to consolidate a moral hegemony through the conservatively written Article 40.3.3 of the constitution. Definitions of who constitutes "the unborn" must now be clarified in light of the capacity to separate conception from sex and the body. At the same time, the negative position taken by the Roman Catholic Church hierarchy on ART suggests the Church is unwilling or unable to address adequately the problem infertility represents for individuals and families in Ireland.

### **3.6 ART and the Irish Context**

From the standpoint of pronatalist politics and pro-family ethics that are present in Ireland, a technology that enables procreation would seem to be a positive and welcome option for people trying to build a family. Statistically, approximately one in six couples (15%) in Ireland will experience some form of infertility (NISIG 2003). These numbers are no different than those of other nations in the EU or North America and reflect current trends in statistical identification and definition of "infertility".<sup>23</sup>

As noted in Chapter 1, there are currently nine clinics providing assisted reproduction services in Ireland. At the turn of the new millennium the Irish government was faced with a growing number of clinics delivering an ever increasing number of

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<sup>23</sup> For a discussion on American infertility and ART practices see the CDC Morbidity and Mortality Weekly Report (Wright et al 2003:6). See also the report from the WHO meeting on "Medical, Ethical and Social Aspects of Assisted Reproduction" which states "in general one in ten couples experiences primary or secondary infertility but infertility rates vary amongst countries from less than 5% to more than 30%" (Vayena et al 2002:xv).

services based on technologies designed to assist in conception and reproduction. While the state has always maintained a paternalistic involvement in reproductive medicine there was a rather quiet and insidious onslaught of increasingly invasive and contentious treatment options available to couples suffering infertility in Ireland. Senator Mary Henry had put forward a private members Bill in the *Oireachtas* in 1999 entitled *Regulation of Assisted Human Reproduction*, in which she called for the establishing of a regulatory ethics committee to oversee the services provided in Ireland.<sup>24</sup> Her concerns stemmed, at least in part, from the possibility of exploitation of couples in a situation where no regulations protected their interests. The Bill was defeated but the Commission on Assisted Human Reproduction (CAHR) was struck in the year 2000 by then Minister of Health and Children Michael Martin. Following the practices of other states such as Britain and Canada, both of which had similar commissions to establish a basis for regulatory frameworks, the government of Ireland appointed a commission headed by Dr. Dervilla Donnelly, an organic chemist from University College Dublin (UCD).<sup>25</sup> The

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<sup>24</sup> Dr. Mary Henry introduced the Private Member's Bill in relation to the Oviedo Convention (The European Convention on Human Rights and Biotechnology) brought forward by the Council of Europe in 1997. The purpose of the Convention was to promote respect for human rights and dignity in light of advances in biomedical technology. She later expressed concern in debates and various articles that Ireland remained, in 2002, one of the few nations who had not signed the convention. While the UK had also not signed the convention, Senator Henry noted that they had legislation in place that provided protection and bioethical guidance around the practices of ART

<http://www.oireachtas.ie/documents/bills28/bills/1999/0799/b799.pdf>;

<http://homepage.tinet.ie/~maryhenry/debates/adjourn/4dec02.htm>.

<sup>25</sup> The commission consisted of a committee of 25 members with diverse backgrounds as legal and ethics scholars, medical practitioners, scientists and theologians but no priests or representatives of the Catholic Church hierarchy or any other Church. In addition there were 9 participants in working groups who were possessed of similar diversity in their expertise. Together they worked for four years conducting surveys, researching the practices involved in ART and exploring the policies of other states in Europe and beyond.

terms of reference for the CAHR were “to prepare a report on the possible approaches to the regulation of all aspects of assisted human reproduction and the social, ethical and legal factors to be taken into account in determining public policy in this area” ( CAHR Report 2005:78). Since the release of the CAHR report and recommendations in 2005 the Oireachtas Committee for Health and Children has discussed its implications on several occasions, always arriving at the same conclusion that more time is needed or that some other level of institutional redress is required before any attempt at drafting legislation.<sup>26</sup> Some of the specific findings and recommendations of the CAHR report will be explained, where pertinent, in later chapters of the dissertation, but one of its most important points was the immediate need for legislation to govern the use of medical technologies in the field of reproductive medicine. However, legislation has been publicly promised on numerous occasions but, at the time of writing, is not forthcoming.

Reproductive politics continue to animate many debates about Ireland’s relationship to the EU. This was most recently evident when the people of Ireland were asked, in 2008, to vote in a referendum to amend the Irish Constitution allowing the state to ratify the Lisbon Treaty. The Treaty, if ratified, would alter the current constitutional format and voting structure for EU member states, making it closer to a federation of states with a single over-arching constitutional framework that would supersede the constitutions of member states, should there be a disagreement. However, Ireland once

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<sup>26</sup> For details on the discussion see Dáil Debates  
<http://debates.oireachtas.ie/DDebate.aspx?F=HEJ20061212.xml&Node=H2#H2>

again, sought and was granted, a Protocol (No.35) to protect against any attempt to override Article 40.3.3 of the Irish Constitution (O'Neill 2008). While the main issues revolved around the agricultural economy and military neutrality, the issue of abortion surfaced in the campaign. On June 13, 2008, Ireland voted against the necessary constitutional changes to ratify the Lisbon Treaty, much to the chagrin of many of other member states.<sup>27</sup> An exit poll conducted by the European Commission noted that a significant factor among those who did not vote at all and those who voted "no" was a lack of information about the Treaty. John O'Brennan argues that the foremost reason for a "no" vote is "an enduring Irish attachment to an overwhelmingly exclusivist national identity" which is easily exploited by opponents of wider integration to portray the EU "as an existential threat to Ireland's values and interests" (2009: 258). In reality however, only 60% of those voting "no" thought that this would ensure that Ireland would retain its political identity and its current legislation on abortion, gay marriage and euthanasia.<sup>28</sup>

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<sup>27</sup> See Lisbon Treaty rejected by Irish electorate in *Irish Times* 13 June 2008. A second referendum vote is scheduled to be held in 2009. A second proposed vote will be held in 2009 and the EU has attached an annex to the agreement designed to reassure "Ireland's requirements regarding maintenance of its traditional policy of neutrality are met; that the terms of the Lisbon Treaty will not affect the continued application of the provisions of the Constitution in relation to the right to life, education and the family; that in the area of taxation the treaty of Lisbon makes no change of any kind." (Jamie Smyth Second poll on Lisbon to be held before end of October by Jamie Smyth in *Irish Times* 11 November 2008).

<sup>28</sup> See European Commission Eurobarometer Flash EB No 245 – Post-referendum survey in Ireland. [http://ec.europa.eu/public\\_opinion/flash/fl\\_245\\_full\\_en.pdf](http://ec.europa.eu/public_opinion/flash/fl_245_full_en.pdf)) In addition, a number of people suggested that the "no" side was "more convincing".

Issues such as stem cell research, access to medically necessary abortion and assisted reproduction, appear regularly in the media and in institutional debates and discourse. The Catholic Church hierarchy uses new platforms to ensure its voice is heard in an increasingly secular society where the pulpit and the confessional can no longer be relied on as sites for the exercise of moral authority. Old patterns of institutional response to ethical issues are reanimated in new ways as committees, councils and commissions are struck and reorganized, mandated to develop a consensus before each new challenge can be regulated, but never quite resolving one issue before the next one emerges.

These historical institutional formations and discourses are part of the continuum of reproductive politics, the making of gender difference and the importance of the heterosexual family based in marriage as they pertain to the issues in chapters that follow. I use the term continuum deliberately as the discourses of Church, state and medicine with respect to reproductive politics and the moral and ethical imperatives of reproduction in Ireland are far from static. In fact there is a constant state of flux in which the meanings of reproduction and motherhood, family and morality allude to the past and anticipate and respond to changes in Ireland's social conditions, relationship to the EU, and the global politics of biomedicine in which assisted reproduction plays an important role.

**Chapter 4**  
**Motherhood Contested:**  
**Re-shaping the Woman/Mother Paradigm in Ireland.**

*Whether or not a woman is lesbian, infertile, post-menopausal or childless, in modern western cultures she will be assigned a subject position linked to a body that has perceived potentialities for birth.*

C. Battersby (1998:16)

My initial research visit to Ireland in the month of March, 2004 coincided with two significant events on the calendar – St. Patrick’s celebrations and Mother’s Day. These events do not always occur in such close proximity but in that year and the next, I experienced firsthand the kind of social frenzy that often accompanies the two celebrations, creating a swirl of social activities, gifting and travel.<sup>1</sup> After the initial shock of the magnitude of both events I could see the impact of consumerism and marketing as these factors drew on the closely held values and identity of Irish people as family oriented and members of a Catholic nation. There seemed to be, at the heart of these events, an emphasis on sustaining ‘tradition’ in the meaning of being Irish and the meaning of being a mother. More important to my project, it seemed that the significance of motherhood as an ideology was also implicated in the dynamic of tradition in these kinds of community celebrations.

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<sup>1</sup> In Ireland the date for celebrating Mother's Day is the fourth Sunday of the Christian fasting month of Lent. The date changes from year to year rather than falling on the second Sunday of May as it does in Canada, USA and other nations as well. The celebration occurs on the same day as Mothering Sunday in the UK. The celebration has been influenced by the traditions from North America in spite of its origins in the medieval Church calendar as an opportunity for children working as servants to visit their "Mother Church" and offer prayers to the Virgin Mary. (From Mothers Day Around the World, <http://www.mothersdaycelebration.com/mothers-day-ireland.html>)

In light of this ideological emphasis on motherhood identity, this chapter explores how infertility experiences also shape subjectivity for some women in Ireland. This chapter is about the way stories of overcoming fertility challenges provide a way to narrate and make sense of changing meanings of motherhood as an experience, a relationship and an identity. I look at how maternal identity and conception are imagined in relation to notions of communal morality, social identity, and the operations of reproductive politics. At the same time, however, I will show how some women envision themselves, through the lens of their own experiences with infertility and reproduction, as part of a wave of social change in the meaning and constitution of families in Ireland. They mark change, tradition, and resistance through relationships to family, institutions such as the Catholic Church and access to reproductive health education. These stories also mark how fertility and infertility are defined and re-defined against the politicized and naturalized meanings of birth, family and motherhood in Ireland. Through their narratives women, and their partners, describe themselves as both agents and beneficiaries of social change as part of the story of their reproductive lives. Some of my early experiences with what is broadly described as tradition in Ireland provide a starting point for this discussion.

St. Paddy's week, as it is now celebrated, is not only a tourist draw but a huge party in which many Irish people themselves abandon restraint and are lured by a celebratory atmosphere that takes over in all communities, big and small. A "parade" in the village of Dripsey, in County Cork, gets coverage in the local press as the shortest

St. Patrick's parade in the country where participants emerge from the door of one pub only to "parade" across the road to the other pub a mere 20 meters away.<sup>2</sup>

Pubs are the central focus of St. Paddy's Day celebrations and I recall with a mixture of shock and amusement, seeing a sight that seemed to place motherhood in an interesting perspective amid the frolic: In many pub windows were hand lettered signs reading "No Prams Allowed in the Pub". My surprise was born of my own assumption, as someone from North America, that prams had no place in pubs at any time and young children who occupied prams would not be regular visitors in any case. After a few days in Ireland, it was apparent to me that not only were mothers and babies, young children and families of all sorts welcome in the pubs, they were frequent customers at some periods of the day, particularly on weekends.<sup>3</sup> Many of my Irish friends and participants referred to particular pubs as their 'locals', extensions of one's intimate social and domestic space. As such, pubs are places where motherhood and family are not seen as out of context or out place in the way they might be in North America.

The week of festivities around St. Patrick's Day culminated, that year, with the celebration of Mother's Day on the weekend. Friends with whom I stayed in Dublin were adamant that the roads were no place to be on that weekend as "the Irish all went home to visit their mummies". The press reported in 2005 that the average Irish man spent more money on gifts for his mother on Mother's Day than he spent on gifts for a wife or

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<sup>2</sup> Sadly in 2008 the village had to cancel its parade as one of the pubs closed in the wake of declining population. See [http://news.bbc.co.uk/2/hi/uk\\_news/northern\\_ireland/7302135.stm](http://news.bbc.co.uk/2/hi/uk_news/northern_ireland/7302135.stm)

<sup>3</sup> Changes were being made to laws while I was doing my fieldwork and many pubs began to prohibit entrance by children after 8 or 8:30PM but even prior to these changes it was most common for children to be in pubs only during afternoon and very early evening hours.

girlfriend on Valentine's Day.<sup>4</sup> Shops are overflowing with gift suggestions for weeks in advance as bouquets of flowers, potted plants, boxes of chocolates and other items fill the shelves and leave the store in the arms of customers bound for their natal homes and mothers' kitchens. However, on the flipside of this celebration, my participants told me that Mother's Day was an event second only to Christmas in its insidious reminder of their inability to conceive. The commercialization of such events heightens the sense of loss for those who will never participate in an intergenerational continuity by both giving and receiving gifts for Mother's Day. Nor will they participate in the buying of Christmas gifts for their own children.

While such material experiences may seem a shallow aspect of the celebration of either Christmas or Mother's Day the social participation and symbolism of gifts on these occasions serve to amplify that "presence of absence" in the lives of many.

Motherhood/parenthood and family represent forms of social capital that can be exploited for marketing products, events and identities.<sup>5</sup> Such social capital can become part of a political agenda that perpetuates longstanding gender distinctions and conservatively drawn social definitions of morality and stability through the ideal of family as part of a

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<sup>4</sup> See Gibbons and Keane "Playing second fiddle to Mammy" in the *Irish Examiner* 20 March, 2004 See also Martha Kearns "Mammies' boys show appreciation for the women they love most in the world" in the *Independent.ie* 5 March, 2005.

<sup>5</sup> My use of social capital here alludes to the concept of cultural capital described by Pierre Bourdieu (1977). Bourdieu draws connections between enduring social class distinctions and access to knowledge and social practices which are products themselves of class distinctions. Similarly the middle class norms of gift giving and response to commercial pressure in the media would constitute participatory forms of social capital in a family oriented society. See also *Consuming Motherhood* edited by Janelle S. Taylor, Linda L. Layne and Danielle F. Wozniak (2004).

continuum of material and social success, perhaps never more so than in an age of marked social change.

Motherhood was portrayed as the norm everywhere in the media. Television commercials for products including feminine hygiene products, fast food, cleaning products, vehicles, and mobile phone plans among others, all featured the vibrant, beautiful (if harried) young mother as the center of their marketing strategy. The image of the woman as mother, while pervasive, seemed to be largely unchallenged in the media by any counter representation of women as other than mothers.

In order to challenge some of the images of women as essentially reproductive I use (in)fertility to emphasize, rhetorically, the tenuous and contingent meanings of both infertility and fertility. This is critical in the stories that follow since the reproductive experiences of many of the women I speak with in this chapter and the next, lie outside of, and pose challenges to, the hetero-normative ideal based in marriage and family politics in Ireland.<sup>6</sup> Their fertility challenges are thus often part of a complex described by one woman as “infertility by association” – cases where it is a partner, same sex partner or lack of partner that influences the course of their reproductive story. For women who are not married or are in lesbian relationships, an inability to conceive is less likely to be understood as problematic even when they are women actively seeking to

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<sup>6</sup> The term “hetero-normative” is often used by Judith Butler (1990, 1993, 2002) but is not exclusive to her work. I use it here to reinforce the relationship between heterosexual relationships and reproduction as an assumed norm to which all other sexual and reproductive relationships are compared or contrasted.

build families in these circumstances. This chapter will also explore these contradictions and occlusions of the (in)fertility experience.

As noted in Chapter 3, the Irish Constitution leans heavily on naturalized associations between the composition of family, procreative relationships and gender roles (Dillon 1993; Hug 1999; Inglis 1998 [1987], 1998). The historical production of an ideology of motherhood as a linchpin in this constitution of family and marriage underscores the predominant view that infertility is defined by its occurrence within a marriage but not acknowledged outside of one. And yet, many of the women in this chapter challenge the hegemony of heterosexual marriage as central to the formation of family, highlighting more clearly the other apparent cracks in the marriage-procreation nexus such as increasing numbers of children born outside marriage and higher numbers of co-habiting couples, as described in Chapter 1. These challenges to the norm relate to Lori Leonard's (2002) argument that it is the meaning of motherhood in any particular cultural or social context that determines when a fertility problem is deemed to exist.

Many women I spoke with about their struggle to conceive found experiences through which they could evaluate and contest the ideal or "traditional" model of motherhood that they felt was emblematic of Irish society. In their narratives women often differentiated themselves from the kind of motherhood identity they believed their own mothers embodied. This narrative contestation also locates reproductive choice within the changing politics of reproduction in Ireland, both challenging and affirming the concept of choice as a sign of women's emancipation from the rigors of uncontrolled

reproduction associated with structural inequality for women in the past. Such narration can signal the “plotting” of ideals and norms as the backdrop to disruption or “dissonance” as people constitute meanings and situate their own circumstances, in comparison with or in contrast to dominant values (Ginsburg 1998:144).

In many stories the idiom of reproductive choice is aligned with materialism, economic success and professional or vocational pursuits rather than a feminist or rights discourse. Using Herzfeld’s (2005) discussion of “cultural idioms” that convey aspects of shared meaning in the context of their use, narratives often locate access to reproductive choice as a means of implying generational difference in Ireland. At the same time, however, these narratives serve as a means through which people reaffirm the meaning of fertility and hetero-norms as these are linked to ideas of tradition associated with Ireland’s past. Choice becomes part of the logic behind descriptions of being socially ready, financially prepared and able to provide as people move along a continuum of success and achievement in which parenthood seems to be the next logical step.<sup>7</sup> Successful middle class men like Louise’s husband James said “what’s the point in having the house and all this if there’s no one to leave it to? What’s it all for?” Even as they talk about social change and a break with tradition every woman tells me, at the outset, of the desire to be a mother and nobody challenges the motherhood imperative outright in their narration of changing reproductive circumstances or values.

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<sup>7</sup> For a discussion on the concept of the financially and socially worthy parent, see Letherby (1999).

While many people acknowledged the changing family landscape, few people challenged the idealism of marriage. Historically, marriage has legitimized birth in legal and religious terms, but birth and motherhood can also be seen to legitimize marriage in the ethos of the Catholic Church. From the point of view of the Church, marriage can be understood as producing mothers while mothers produce families. In addition, such associations have been naturalized in institutional discourse of Church and state. This kind of lockstep relationship supports Adrienne Rich's (1976) early feminist critique of motherhood as an institution produced through the workings of patriarchy. Central to many contentious debates within feminism, an emphasis on women as defined by reproductive capacities creates a tension between biology as empowering and biology as a constraint through which patriarchy operates. This is evident particularly where an emphasis is placed on the relationship between "nature" and the gendered and sexualized "being" of women (Murphy 2004; Rosaldo 1980).

In the next section I will explore how the ideal of motherhood has become discursively constituted as tradition even as it has failed to be reality for so many. I look at how women compare and contrast themselves with this notion of "the traditional" in Ireland in the course of telling their own stories of trying to overcome their procreative challenges. At the same time their stories suggest they are untangling the meaning of reproduction from the tight nexus of marriage and family that continues to infuse reproductive politics in Ireland.

#### 4.1 Motherhood Envisioned: Conceptions of Being

While the naturalization of a womanhood/motherhood subjectivity remains evident in many of the stories in this section, I will argue that the shape of this naturalized construct of women as mothers has shifted in response to changing social values in Ireland. The woman/mother association thus incorporates not only remnants of the past but challenges to moral and social ideals in Ireland's current conditions of socio-economic change. It is through stories of a struggle to conceive that many women begin to explore the meaning of motherhood in relation to the iconic and idealized 'traditional' family model in their own past and present.

In the following narrative Jane sets up the sense of social imperative she feels was part of an earlier generation. But even as she sees herself as challenging the imperative, it is evident that she also embraces the idea of motherhood. Her description also reveals the perception that those who do not conform to the ideal are social misfits.

*Jane: Okay. So I grew up I suppose in a sort of typical Catholic family. [...] And probably what has become obvious to me in the last year is that it was always assumed that you would become a mother. It was just there. It was never questioned and the biggest thing I have recognized is I can't remember anybody ever saying there was a choice about it. It was just a fact that you understood that you would become a mother.*

*Jill: It wasn't a case of 'if' but 'when'?*

*Jane: Yes, absolutely. And I knew nobody growing up that ever was childless or struggling with infertility. [...] I grew up in a small town and it seemed that everybody was from a large family and it seemed that all the women.... And maybe that's just because the women that my mother knew were all fertile mothers and my own mum was a fertile mother so it just all seemed to be geared around children and family and taking care of children and that's it. And the only women that I did know that were childless or unmarried were considered very odd and different and living on the fringe. And some of them were considered quite mad. Extremely different and not integrated. It has only really come back to*

*me in the last few months that [...], that was my perception. [...] So it was very much, for me, a case of I was going to be a mother. From a very young age I thought about being a mother and I would have had a large input into some of my younger brothers when they were babies and I probably thought it was really pleasurable and lovely you know.*

Conveyed in the language of a calling from within, Jane's narrative above evokes a sense of Althusser's (1970) interpellation or "hailing" since women experience a sense of themselves as mothers even as they are "hailed" as women. Butler (1990, 1993, 2002) has argued extensively for recognition of the performative aspects of gender identities – that subjectivities are about performing and about doing. In this sense *doing* is *being*. It is through the performance of an identity that we experience the processes of subjectification and enact them. This kind of sensation of performing the role for which they are cast was echoed in many of my interviews as women experienced the construction, embodiment and enactment of the norm as a powerful part of the woman/mother paradigm.

This form of subjectification employs the embodied ideals of fertility centered in women's bodies with motherhood as its ultimate representation. The discursive constitution of infertility as both socially and medically abnormal or "deviant" exemplifies what Foucault describes as the "anatomo-politics of the human body" that fueled the "biopower" exercised at both individual and population levels with the emergence of capitalism (1978:139-140). Heather Paxson describes the "pathologization of infertility" as part of the process in which "the social problem of childlessness is folded into nature" and the desire for motherhood is constituted as natural (2004:220).

How can an inability to conceive be seen as anything but “failure” in this context? As Greil’s (2002) analysis of infertile American women indicates, constructs of failure make infertility easily susceptible to medicalization through the use of metaphors that inscribe failure on the body in a number of ways (2002:105-7).<sup>8</sup>

In spite of Jane’s description of infertile women as socially marginalized, the constitution of infertility as a medical problem is an equally powerful sensation for many women.<sup>9</sup> Elizabeth Throop suggests that infertility, like homosexuality, is always viewed as pitiable, deviant and suspicious in Ireland since one only becomes an adult with the birth of children (1999:147n1).<sup>10</sup> I would argue that Throop’s description is narrow and oversimplified and, like Jane’s, represents a particular vision of the past more than present. However, her analysis does confirm the ongoing assumption of fertility as a norm and heterosexuality as the frame in which it is enabled and enacted.

Another example of the powerful construct of motherhood as norm appears in Donna’s story below in which she describes how one of her sisters felt compelled to explain her choice to eschew motherhood knowing how badly Donna wanted it. A lack of

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<sup>8</sup> See also Emily Martin (1987) for a detailed analysis of the power of metaphor in constituting the “failure” of the female reproductive body.

<sup>9</sup> Jane’s story reminded me of *The Burning of Bridget Cleary* by Angela Bourke (1999b) that tells the story of a woman who was burned in the fireplace of her cottage by her husband and father and a number of other male relatives. Bridget Cleary’s husband defended his actions which led to his wife’s death by arguing that an illness was a sign that she had been taken by fairies and replaced with a “changeling”. The burning was described in court and in the community as an effort to force the changeling to confess and facilitate the return of the real Bridget. Bourke points out that Bridget and Michael Cleary did not have children and that Bridget was under a cloud of suspicion and thought to be odd for not having become a mother after marriage.

<sup>10</sup> Throop draws on Scheper- Hughes (2001) in part for her analysis of achieved adulthood in relation to having children.

“maternal instinct” is framed here as an unnatural phenomenon and forms the basis for refusing the otherwise “natural” desire” for motherhood.

*Donna: I've a brother older than me and he lives in England and he's got two boys and then I was next to get married. And then my youngest sister was the next to get married and she met with me once, she wanted to meet with me and she said "I don't know how you're going to take this but I've chosen not to have children. So I kind of looked at her and she said, "I know that you would love to have children. But I just feel I don't have maternal instinct and there are an awful lot of children born today where the parents don't have maternal instinct and I could not do that". And I actually respected her. I really respected the fact that she wasn't allowing society to pressurize her.*

As Donna's story suggests, the choice to become a parent is rarely, if ever, contested or queried while choosing *not* to become a parent leaves one open to challenge and must be explained. Donna's sister may feel her lack of maternal instinct is also rooted in her 'nature' but she is nonetheless called to account in a way that women who want children are not. Whether women do not become mothers by choice or by fate their childlessness is constituted as a deviation from what is expected of them as natural.

In her study of infertility in Vietnam, Melissa Pahsigan (2002) describes this sense of abnormality experienced as forms of exclusion from an ideal promoted by state initiatives in family planning, marital responsibility and ancestral continuity. Other scholars note the impact of disrupted adult identity in pronatalist contexts such as Egypt (Inhorn 1994, 2002) and South India (Reissman 2000; 2002); and disruptions in “cultural ideologies of continuity” as part of reproductive responsibility in the USA (Becker 1997; 2000). Such studies highlight the multitude of sites for the production of norms and the social consequences of a failure to conform to the social expectations of parenthood.

Donna continues by suggesting that there is a universal meaning to the ideal of family to which Irish society adheres.

*Donna: Yes, and Harold is my family. And my siblings are my family but it's not like, in the Irish society, I don't know about other societies but I'm sure it is worldwide that family is mother, father, children.*

Thus, even trying to re-define family as a relationship without children seems unthinkable to many couples. People like Donna who remain childless, have tried to imagine their marriages as constituting a family in and of themselves against the grain of Irish social convention. Jane's husband, in frustration at her sadness over not yet conceiving, asked her point blank one day "am I not enough for you?" This was more painful than poignant since Jane's husband has fathered two children with a previous partner. Jane and Donna lament being unable to perform the identity that is so important to their sense of being as gendered and socially conforming women in Irish society.

A similar kind of poignancy was often conveyed in the documentary series *Making Babies* (2004) which aired on national television in October of 2004. As I watched this series, described by many people as "groundbreaking", I recall being struck most profoundly by the description of embodied sensations of subjectivity and identity given by one of the women profiled.<sup>11</sup> She had told her husband during the course of IVF treatment that, for her, the idea of conceiving "was not about something she had to do; this was something she had to be." Most compelling for me was that these words were conveyed in the documentary by her husband as he explained coming to terms with his

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<sup>11</sup> *Making Babies* is a three part documentary series made by Aideen Kane and Edel O'Brien and produced by Mint Productions of Dublin for RTE television.

partner's overwhelming desire to pursue a painful, inconvenient, even dangerous medical resolution to the biological and social problem of a failure to conceive. For him, this was the moment when he understood what she felt and how deeply embodied was her desire to be a mother – the difference between doing and being.

The social perception of ideal parenthood is sometimes framed in relation to struggle, gratitude and worthiness. Anne describes how infertility shapes her perspective on nurturing and raising a child in combination with the social responsibility involved.

*Jill: How important is motherhood to you?*

*Anne: Ah, that's the most important thing in the world. Like I said my nephew's upstairs. I nurtured him when he was very young. His mother was having a child that was difficult so I looked after him and at the same time I'd have to stop myself because I love him so much. I do, I adore him. And at times I'd have to say 'now Anne, you're not his mother.' And it's the hardest thing to do. But I have so much love to give to a child. And I'm not talking about "oh she's desperate" or "oh she's going to get the child and wrap it in cotton wool" (laughter). I don't think so. They'll be going to school, they'll be made to do homework like every other child. They'll be going out playing. You can't wrap them in cotton wool. But you can bring them up with certain morals and values and hopefully help them to go on a good direction. You just want to nurture something like...at the moment...you'll be laughing but it's like I love gardening. I love putting seeds down and seeing them grow, a flower to bloom. And that's the way I feel about a child.*

Anne suggests that she would resist the "cotton wool" approach. Another woman I met at a conference told me that having successfully given birth to a child following assisted reproduction she and her husband found it difficult to discipline their very busy 2 year old. She said "we went through so much to get him". Vince and Carol Ann voiced similar feelings about the impact of their struggle on their perception of a child.

*Vince: That's something we've spoken about as well... the temptation for us, if we were fortunate would be to spoil a child and that would be the worst thing we*

*could do. Because we would probably only end up only just having one child if we are fortunate and one child is hard enough not to spoil - in the particular-ness of having only just the one child as well. And then go into it with this and you're going to have to be stern when you have to be stern.*

These stories portray the reflexive acknowledgement of how a sense of desperation might be carried over to motherhood/parenthood, shaping the perception that people should or would value a child more highly in light of their struggle to conceive. Much attention, in the literature on infertility, has been paid to challenging the disempowering depiction of desperation among infertile women and their partners (Franklin 1990; Letherby 1999, 2002a, 2002b; Pfeffer 1993). However, beyond the portrayal of desperation in decisions related to *becoming* a parent, desperation is also absorbed into a discourse about fitness, capacity or worthiness to be a parent.

Infertility stories and experiences highlight the social assumptions about powerful sensations of desire, instinct and desperation that are thought to coalesce in women shaping them as mothers by nature. But at the same time, these stories also highlight the way the social role of motherhood is shaped by people's experiences in forming families, whether there are fertility problems or not. The following section explores how people narrate perceptions of intergenerational change and difference in their experiences of family formation.

#### **4.2 Conceiving of Change: Contesting Traditional Motherhood**

The conceptual challenge to motherhood roles came through in the stories people shared about their own parents' marriages and family roles. In these stories people worked through the origins of meanings associated with conception, birth, motherhood

and family, making sense of family relationships and the meanings of reproduction by plotting them alongside the roles and experiences of their parents. This kind of comparative examination is part of a wider dialogue in contemporary Ireland in which the meaning of reproduction and the reproduction of meanings play out. People plotted their own experiences as defining social change against the experiences of their parents, making sense of reproduction in a changing context in which the family is no longer exclusively hetero-normative or modeled on a patriarchal framework.

Faye Ginsburg (1998) describes these kinds of narrative alignments as “story” and “plot”, where plot entails how the raw details are situated in relation to social meanings for particular events and reordered in a way that allows for new meanings to emerge. Looking at the relationship of life events to activism in abortion politics in one American community, for example, Ginsburg describes how particular positions “emerge out of a confluence of generationally marked experiences and individual life-cycle events, often related to reproduction”(1998:141).

Many of my participants plotted their own parents’ marriages as examples of an idea they called “traditional”. In the following narrative Lara suggests that her family was an exemplar of this notion of “tradition” even as she points out that the usual roles associated with such meanings of tradition were reversed: Her father was the dominant one in the household sphere rather than her mother, whom she describes as “submissive”. Many of my participants, and some of my friends as well, described gender-based traditional roles ascribed to women/mothers in relation to an imagined domestic or

'private' sphere in Ireland.<sup>12</sup> Lara's story highlights assumptions about the meaning of tradition, and gender-based expectations of dominance and submission, in relation to roles in her idealized view of the domestic sphere of the family home.

*Lara: My mother was a stay-at-home mother – a very traditional situation. My father was very career oriented. He was the strong sort of controlling influence in the house; and my mother was the submissive, stay-at-home housewife. Which actually is unusual. I thought it was the norm growing up but in fact it's not. In Ireland, normally, the woman rules the roost. Yes, I come from an unusual background in the sense that I had a very strong father which... a lot of Irish fathers can be quite passive really. But, anyway, I was quite career oriented because I was brought up to be career focused, and so I went to college and spent a year abroad as part of my further education, and then I started working as a teacher. There wasn't a history of infertility in my family. They were a very fertile bunch. I was from a family of six myself. My father is from a family of seven. My mother herself was from a family of five. And, you know, just multiple big Irish Catholic families. The problem was how do you stop having babies, not having them. And I always thought that infertility might be something genetic and I really did not expect that problem. And I remember my mother even saying that to me at one stage – that, well, there's no infertility in our family so don't be worried. [...] My husband's mother and father are some of the leading anti-abortionists and Catholic fundamentalists in this country.*

*Jill: Right. And has that created a bit of an issue?*

*Lara: I'm sure that it would and that Paul's mother in particular, would be totally anti- IVF. She is a Catholic to the letter. She's not just one of these sort of persons who just does the outward things. She actually has a very, very strong inner conviction and belief, and I actually respect her hugely. I have a huge respect because she's a tremendous woman of integrity; and in many ways she's had a very hard life. Her husband has manic depression – a very severe form of it – and she kept the eight kids and her husband on the straight and narrow over the last 40+ years – very strong woman.*

Lara describes her family as traditional on one hand but unusual on the other, in that while her mother was a conventional "stay at home mother" and her father career-

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<sup>12</sup> As I note in chapter one, the analytical value of this construction has been challenged by feminists as essentialist and an imposition of a value structure that fails to account for the overlap and blurring of public and private or public and domestic space (Lamphere 2001). It is also linked, historically, to the social, economic and political structures that depend upon and enhance its use. However, it remains an organizational concept for many people in Ireland when talking about family, gender and the past.

focused, her father also played a dominant role at home – a contrast to what Lara thought was more traditionally a domain of women's dominance. Nonetheless she suggests that the family was a site that nurtured her own "career focus". She goes on to describe the seemingly opposite roles assumed by parents in her husband's family where Paul's mother played a dominant and powerful role in both domestic and public domains as a working mother. Both women had many children and were thus examples of an ideal of motherhood espoused at the time. However, Lara also holds her husband's mother in especially high esteem for her dedication to preserving the family in spite of hardship and for maintaining strong values and faith. Such descriptions of mothers as the keepers of domestic space, moral virtue and a source of values are widely reflected in the literature on gender and family in Ireland (Conrad 2004; Inglis 1999; Scheper-Hughes 2001; Throop 1999). But rather than focusing on the significant difference between their social roles Lara sees the issue of fertility as the most significant distinction between herself and her own mother and indeed other family members. Lara sets up an abundance of fertility as both "the problem" and the norm on which she bases her perception of her own failure or difference.

Maureen, a teacher in her early 30s, had one child with the help of IVF and had just recently begun a second round of treatment when we met. She points out that not all women were comfortable with the roles imposed on them by Irish expectations of motherhood and domesticity in a previous generation. Some women saw motherhood as a sacrifice of opportunities, especially if they were denied the option of continuing

employment in their chosen field after marriage (as discussed in Chapter 3), consolidating the distinction between public and private spheres based on gender.

*Jill: You said you wouldn't even talk to your mother about all of this. Is she somebody who's really very supportive of the idea of being a mother? Is motherhood a very positive thing for her?*

*Maureen: No. No. Because she would rather have worked. Like in Ireland years ago in my mother's time, once they got pregnant – women 30 years ago – they had to quit work. She was one of those.*

*J: Ah, because it was the expectation.*

*M: Yeah, that was it. She was in the civil service, right, so she was frustrated...*

*J: So it took something away from her in a sense.*

*M: Yeah. Like, she minds the grandchildren now. But still she loves to be out.*

*J: She would've liked to have carried that career forward.*

*M: Yeah. Oh, she's brilliant though.*

Many of the women I spoke with suggested that their mothers were either directly affected by the state imposed restrictions on access to employment in the past, or had experienced the fallout indirectly in the social expectation that women would automatically become “stay at home mothers”. As Pauline Conroy notes, the restrictions on employment and the ban on contraception were linked in an effort to control women's reproduction and limit economic independence, effecting a “political confinement” of women to marriage and motherhood (2004:138).

Like many of the women in this section, Lisa employs the device of setting her story in the context of social change as part of making sense of her own experience. Lisa draws contrasts between her own marital experiences and her parents' marriage, which she also describes as “traditional” in its conformity to the ideal established by the Catholic Church. Her narrative begins with her intention of living a life that espoused different values than her parents, rejecting the kind of motherhood role she saw as her

own mother's identity and yet establishing it as the story against which she plots her own desire to be a mother.

*Lisa: Growing up was good. But... growing up seeing my mother. Actually, growing up I probably always thought that I would never get married and I wouldn't be a mother until late in life. My mother is quite traditional and my parents, actually, are quite traditional and I was always very... whatever they did, I was the opposite. And it probably wasn't until I was about 30 maybe that the urge hit me.*

*Jill: And so you saw your parents as having, like you say, a traditional life, married young, had children.*

*Lisa: Yeah, when they married Mum was 22, Dad was a little bit older than that, and he had just got a promotion at work. They had gone out for a year; no sex before marriage; and she gave up her job when she got married. She's only talked to me about this recently, actually, because I had a miscarriage awhile back and she came up to spend some time with me and I spilled my whole story. And she told me about how six months after they married she thought there was something wrong with her because she wasn't pregnant, but she didn't even know her cycles or ovulation or... she didn't know any of that. It was very... again, my grandmother was the generation back and that was even more traditional and you didn't talk about that kind of thing. So my mother would have had no sex education. In fact, I was teaching her things only recently about that kind of stuff. But like her solution for infertility would be your bum on a pillow after sex. That kind of thing. So she was very lacking in knowledge, so traditional in that sense. They had five kids but we were spread out. [...] And they wouldn't have used contraception, certainly. And partly because of what Ireland imposed on them. They couldn't get condoms or anything ... you know.*

Lisa flags the issue of lack of access to contraception and any sort of sexual or reproductive knowledge as factors in her parents' traditional marriage. In fact, she establishes her own notion of "traditional" as synonymous with a lack of sophistication or sexual knowledge and rigidly repressed sexual practices, something she identifies as culturally and politically "imposed" on her parents' generation. She assumes that since her parents did not use contraception and their children were spread out that perhaps abstinence might have played a role in their family planning. But perhaps most important

in this narrative is the way infertility exposes most acutely what Lisa perceives as an intergenerational schism in knowledge, understanding and the meanings associated with sex and reproduction. By flagging this difference between her mother's reproductive life and her own Lisa suggests that tradition is synonymous with having children in the absence of choice, while having children is now synonymous with being in control of life decisions around fertility – the very essence of choice.

Tara and Kelly described what they felt were typical reactions from her parents to the news of their fertility problems. Tara links this to a misconception about how fertility is controlled and the use of contraception, which was not familiar to her parents' generation.

*Kelly: Now generally the reaction from your family, was ... your Dad, being an Irish Dad, didn't know what to say.*

*Tara: But really my mother didn't as well.*

*K: Your Mother, she was very upset. It was really kind for difficult for them. But they're extremely supportive.*

*T: Aye, yeah but I think it took them awhile to get their head around it that we were so upset about it. I suppose for somebody like my mother who just had 5 children one right after the other.*

*K: Didn't know how she was pregnant on them, you know literally ... [...] And that goes to her age and the background she came from. She's not particularly well educated. She sees life in a very simple black and white terms.*

*Tara: I remember my sister actually had to take clomid [fertility drug]. I remember at the time I was only 19 or 20. I sort of knew she was on these tablets. But I remember my mother saying to me S. is trying to get pregnant and she's taking some tablets. She needs to stop taking those tablets or she won't get pregnant. So she'd no concept because she thought it was the birth control pill or something.*

*Jill: And I suppose that concept is from the former generation that pregnancy did just happen and you didn't control it. So the idea of having to control getting pregnant in the first place.*

*T: It was alien to them. But she was fine about it.*

Knowledge as a feature of reproductive choice appears in many stories based on changing perspectives of motherhood in Ireland. Many women described their own mothers as ill informed about sexuality, reproduction and even their own bodies.

Both Lisa's and Tara's stories about their mothers' lack of knowledge around reproduction point to the limiting and repressive influence of the Catholic Church on access to sexual knowledge for generations of women in Ireland (Inglis 1990; Hilliard 2004; Scheper-Hughes 2001). Conroy points out that while there was widespread knowledge of contraception prior to the ban in 1937, at this point such knowledge went "underground" (2004:128). While Lisa describes her mother's lack of knowledge, she also highlights her mother's anticipation and anxiety that her marriage should produce children. A large part of the "traditional" role for women, as an ideal, was motherhood without sexual sophistication or understanding. In contrast, for the women in my study experiences with infertility were opportunities to use sophisticated knowledge around reproduction to empower themselves in a world where procreation is explained in biological rather than social and religious terms.

#### **4.3 Re-conceiving the Moral Meaning of Motherhood**

For many people I spoke to about my research the generational shift in reproductive knowledge and values could be marked most easily with respect to religious or moral attitudes towards IVF specifically. I was chatting with a woman I had met while swimming every day at a local pool. Her two young daughters were fascinated by my adolescent daughter who entertained them occasionally with her synchronized

swimming routines. Erica was in her early 30s, a dentist by training and from a conservative Catholic family. She had grown up in rural west Cork. She told me that her cousin had conceived a child through IVF a few years before and they had not dared to tell anyone in the family until her cousin's mother had died. Erica said that she had always thought her own mother was more conservative than her aunt had been and was surprised by her cousin's reticence to share this detail of her life with her own mother. Erica said she was even more surprised, however, by her own mother's acceptance of her cousin's use of IVF. Erica said she had always perceived her mother as a stronger adherent to the values of the Catholic Church and saw this as a sign of a change.

An intergenerational shift in attitudes toward procreation and motherhood is often cited as a sign of change in stories about the Catholic Church and its values in regards to ART. Such plotting of changing values can be seen as an example of "counter-discourse that has the capacity to *situate*: to relativize the authority and stability of a dominant system" (Terdiman quoted in Ginsburg 1989:143 emphasis original). Many people recounted telling their parents about seeking infertility treatment and having to acknowledge that IVF was not sanctioned by the Church. For many people this was a point about which they felt they were openly challenging what they assumed were the values held by their parents. Sometimes they were surprised at the outcome. But rather than attributing changing attitudes to their parents' generation, in general my participants suggested this was a sign that the value of producing children was an over-riding factor that bridged the moral difficulty of IVF for religious family members.

Siobhan acknowledges that her parents were more concerned with the fact that she chose to live with her partner before marrying him. When she broached the subject of IVF with her parents, the fact that Siobhan and Sean were married seemed now to create support for having children no matter how they went about it. In addition to their use of IVF, Siobhan and Sean had traveled abroad to terminate a pregnancy in the fourth month when it was determined that the foetus had abnormalities incompatible with life.

*Siobhan: I guess it's very much the standard Catholic thing is to... even though these people in Rome make all these rules and people ... rules are there to be tested or not. I was already in my 30s so my parents wouldn't be the sort to say to a person in their 30s 'don't do that'. They were a little bit concerned when I moved in with Sean. That was more of a problem against the religion and they didn't really have a problem with IVF or even the termination. I kind of explained to my mother that what I was doing was against, totally against the Catholic faith but I guess she understood that it wasn't in the normal sense of the word. But no problems there. But again I'd say that things like contraception are against the Catholic faith, and I'm sure most people who have had their children practice it and the Catholic religion seems to be very much ... now not everybody but a lot of people are.... I personally haven't any problems with IVF and I don't believe our parents do and I don't think they would have been giving orders or told us not to do anything about it anyhow. I guess IVF, it's probably not something you kind of openly discuss with people.*

Siobhan describes how her parents were more concerned with the importance of maintaining the ideal of marriage and children as a unified objective.<sup>13</sup> This plotting of the story creates a platform from which to challenge what many people saw as the paradoxical discourse on the part of the Catholic Church in which they condemn IVF on one hand while they continue to promote having children on the other. While many

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<sup>13</sup> As I discussed in the introduction, the Irish Census for 2006 notes that cohabiting couples represent the fastest growing type of family unit with 11.6% of all households now fitting this model, up from 8.4% only 4 years earlier. (CSO [http://www.cso.ie/census/census2006results/volume\\_3/press\\_release.pdf](http://www.cso.ie/census/census2006results/volume_3/press_release.pdf))

people I spoke to suggested that they were the generation of change and that assisted reproduction was pushing the envelope of the moral monopoly held by the Church in the past, it is often the stories of their parents' reactions to IVF treatment that reveal the shifting attitudes. Far from a moral reticence, most people who revealed their use of IVF to their parents were met with an acceptance of the procreative value of assisted reproduction even among conservative and practicing Catholic families.

*Jill: You mentioned earlier that the issue Catholicism has been a bit stressful in your family.*

*Beth: I have a cousin who was with her husband for a very long time. They married early on and they had a glamorous lifestyle. So after 10 years together, they would still have been very young, early 30s and they said right kids now, and then nothing, nothing. They were in the UK and we wouldn't have been aware of what they were doing and we were actually on holidays with them just as they were embarking on their first IVF. But I found out through the family network that her father was absolutely against it. Thought it was playing god and it was unnatural. And he would have been somebody I thought was the most open and a lovely man. I couldn't believe but he was just so totally against any kind of thought of conception and fiddling round with nature and all this kind of thing. [...] Like my mum is very supportive but they'd be very religious the two of them. Well they've never said a word and I think at this point any religious issues they have would just be over-ridden by the fact that they would be very happy for us to have kids so I think they wouldn't mind. Just in the wider family there has been this disapproval.*

*Kelly: My mother was more, a harder woman to figure out and get on with in all sorts of ways but again, they would be very supportive of us. Even my dad who is completely oblivious to the whole process, just chill out now you know? Yeah, they wouldn't have had any problems.*

*Tara: They would have been saying lots of prayers. They are the pious people in the family.*

*Kelly: My parents are very, very religious. I have to say. Again now my mother would be very pro divorce but she's very anti-abortion. Very pro divorce, very pro women's rights, and you know. She's a very educated woman. My father would be much more simple and down to earth. Again I think if you told them the church says IVF is a bit of a problem here that wouldn't faze them.*

*Niamh: Now in my life, my parents would be very religious even though they don't force it on us. But we always went to mass. I wouldn't say I go to mass regularly but I do go on occasion. I find a great peace in it but I do wish my faith was as strong as my mother's. I wish I had that courage that they have, that belief, because I'm probably getting more cynical as things... with each failed pregnancy test, you know, in a way. And even my sisters are.... Well one of them is. The other one might be a bit dodgy. (laughing). I used to pray an awful lot more than I pray now but I reckon Mum is praying hard enough for the two of us (laughter).*

*J: So she's definitely on side. And how does your mum feel about the IVF? Does she have any conflict about it?*

*Niamh: You know I wouldn't say so. For a person who would be very religious, you know, and they would be very much into the teachings of the church, it was probably her who even said it first. She'd been talking to our family doctor for generations, and the doctor had said well would they not try IVF. And Mum said it to me you know, in a way like... So I don't think she has issues with it like that. And if anyone was going to I could see my parents having them because, you know, they are very much followers.... But she doesn't seem to. The way I see it is it would be a life where there wouldn't be one.*

Niamh can rationalize her mother's acceptance by situating it alongside her own perception that IVF is "productive" and "procreative", promoting a conception that would not otherwise happen. The productive potential to fulfill a social and moral mandate to be a mother over-rides the concern arising from Catholic values. But even as these stories provide an opportunity to examine and challenge the Catholic Church's position on IVF, they continue to draw on the wider social value that collapses motherhood and marriage into an ideal that is naturalized in Irish politics and social life (Brogan 2004; Guilbride 2004; see also Finnegan 2001). The values of fertility and family are distilled from their religious connotations and examined but remain largely unchallenged as norms in themselves.

#### 4.4 From Sinning to Selfishness: Re-conceiving "Planning a Family"

*I was listening to RTE Radio on Saturday morning and they were playing a bit of archival footage of a comedian from the 1960s. He was talking about how he and his wife had not been able to have children. He was describing with a kind of ironic humour, how people made the assumption that they were using some kind of contraceptives in spite of the legislated ban on the purchase or sale of such items in the Republic of Ireland. He joked wryly about the notion that people thought they were obviously "sinning", having perceived childlessness as a "choice". So this constituted humour about childlessness in the past (Field notes in November 2004).*

In the context of social change in Ireland, the access to contraception represents a number of issues for infertile women and their partners. The stories above often pointed to the ability to control fertility as a sign of a break with tradition. This was narrated in the context of choice, sophistication and greater access to knowledge in matters of reproduction. However, as I noted above, challenges to the moral authority that limited reproductive choice in the past did not necessarily reflect challenges to the ideal of having children. The ideal of choosing one's reproductive path and planning a family leads to assumptions about couples' intentions in not having children. For many couples the assumptions carry implicit (and occasionally explicit) accusations that they are deliberately and selfishly avoiding the hassle of having a family.

**Carol Ann:** *And unfortunately what they assume in society is that you don't want children. They don't know...*

**Vince:** *Yeah, yeah, exactly yeah. They assume you don't want children*

**CA:** *They say oh sure look at ye and I mean, if we go away, my sister in law Terry is always saying this to us.... We go on holiday maybe once a year, or we might go away for a long weekends, and Terry is always saying to me 'you lucky things, you've no kids, you can go off whenever...' And I say to her, 'Terry, I would swap every bit of that to be in your position.' I said, 'what else are we supposed to do? Sit here and watch television on our own?' We have to go away to keep our minds occupied.*

*V: Of course, yeah.*

*CA: They just assume we have a great life, you know a house, no children, nobody to worry about. They don't know the half of it.*

*J: No, I'm sure there's perception of freedom for sure, and a perception that somehow there's a better aspect to your life.*

*CA: They envy us!!! And we'd be saying if only they knew how we envy them.*

*V: Yeah, like I say, let's swap.... You come over here and you have our life. And they wouldn't swap at all.*

The powerful ideology of motherhood also resonates for infertile women whose struggles for reproductive "choice" run against the grain of popular understandings (and some feminist debates).<sup>14</sup> The very idea of autonomous reproductive choice is contested by many feminist scholars who argue that it can never be exercised by women in total isolation from social, institutional and political interactions (Earle and Letherby 2003, 2007; Petchesky 1980, 1986). Paxson (2004) has described the contradictory elements at work in present day Greece, where women are expected to incorporate reproductive choice as both an idiom of modern urban life and as an exercise of ethics in the performance of womanhood through motherhood. In this light, the impact of modernity means choice is still largely about *when*, rather than *if*, women will have children (2004:65-66).

Reproductive choice, as an idiom in Ireland, suggests suppressing fertility and preventing or terminating pregnancy; therefore women who want to conceive but are unable, particularly women without partners, are excluded from the idiomatic meaning

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<sup>14</sup> Some feminist criticism has been levelled at assisted reproduction as actually complicating the idea of choice. In this instance, infertile women are made to feel they must avail of such technologies to do everything possible to conceive a child (see Pfeffer 1993; Raymond 1993; Sandelowski 1993).

and discussions of choice altogether.<sup>15</sup> The dominant perception is that choice refers to 'choosing to conceive' or no longer 'choosing' to control fertility. Certainly stories from infertile women trying to conceive indicate the predominance of fertility and fertility control as the norm on which the idiom of reproductive choice is built.

*Elsa: And to me to be outside and to not really fit into the scheme and by that also, people looking at you as being very selfish.*

*J: People have sometimes given you the impression they think that? They think you've done this on purpose?*

*E: Yes.*

*J: Do people ask you why you don't have kids or do they simply assume that it is your choice?*

*E: Well it's funny, the strangest thing is, actually very close friends all seem to think that... you know closer friends unless I've told them the details of it, don't bring up the subject. But it would be people who meet me for the first time and they don't know my age and they say "ah sure you still have time or whatever...". Or wait til you have kids. It still comes up now but I suppose in a few years it won't (laughing). But one thing that definitely always comes up is "oh you're so lucky. You can do this and you can do that and you don't have to worry about da-da-da. And you can go on holidays and...". And to some... you know with some people I would just say "do you want to swap?" You know what I mean. I mean a friend of mine says that to me who has kids just kind of "...oh you're so lucky. You can blah, blah, blah." And they don't see the heartbreak... (laughing).... But you know sometimes it's a bitterness that I feel and I kind of need to ask why.*

*Breda: No, I get annoyed and I'm not completely immune to it. John's sister always says, when she rings 'oh did I get you out of bed' if she rings on a Saturday or a Sunday and she always says it must be lovely to have a sleep in. And I feel like saying F. would you ever just process the fact that this isn't what we wanted.*

Choice has become a powerful idiom that is based on the assumption that women are always "planning" for motherhood. Couples who desire to conceive but have failed under "conventional" circumstances are often caught in this web of assumptions around

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<sup>15</sup> I draw on Michael Herzfeld's (2005) use of idiom in this context, suggesting that the meaning of "choice" is implied in a kind of shared understanding of the cultural context in which it is used.

the reasons for their childlessness. Many couples described how frustrated they were at the way choice had become an idiom that constituted them as selfish or merely exercising an option available to them.<sup>16</sup> Whether or not the idiom of choice operates as widely in society as couples believe it does, assumptions about career-driven women putting off family for selfish or monetary reasons are perpetuated by the media and taken up by those who think it is purely by choice rather than chance that childlessness occurs in the modern context.

The ability to plan a family and to exercise choice have also altered the meaning of infertility. Again, Paxson's (2004) work in Greece provides an interesting parallel where the meanings associated with planning a family and exercising responsibility retain the old ideas of motherhood as an identity - that which is natural and "completes" a woman. But at the same time "[u]nder an emergent ethic of choice, women's virtues of service and sacrifice are weighted against newly available virtues of self-determination and autonomy" (2004:35). The meaning of motherhood has shifted somewhat in response to changes in the institutional influence of the Catholic Church in Ireland but nonetheless remains locked in an ethical domain of duty or social responsibility.

As the stories below indicate, assumptions about choice and childlessness are not new but they continue to resonate for infertile couples in Ireland in the present. As I noted above, the women I spoke with in 2004 and 2005 about infertility were of a

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<sup>16</sup> Letherby and Williams (1999) also describe the social construction of childless women as selfish and the difficulty feminists have in representing adequately the emotional and social challenges posed by 'involuntary' childlessness in comparison to the celebration of a choice to be childfree.

generation who had access to contraception in a way that their own mothers did not, creating a social context for defining the meaning of reproduction and the social role of motherhood in different ways. However, such differences also frame the moral responsibility that underpins the negative perceptions of childlessness as socially irresponsible. Citing a 1969 study by Humphreys, Conway contends that childlessness has always been presumed to be a choice in Ireland (2004:190). What has changed is the perception of what the choice means in terms of deviating from norms.

*Maeve: There's all these ideas like. [...] And to hear it third hand is worse. Like you know, we've heard back from people saying oh we're having too good a time or we've got too good a social life or ...And up around home if people ask I say well I wish they'd tell me that. I'd like to know.*

*J: Does your mother ever ask you?*

*M: She's hinted around a fair bit. My aunt asked her if there was a story and 'do you think maybe Patrick had mumps late in life because it happened to a lot of islanders and do you think maybe they should have a consult?' Her own sister kind of asked her. But then there was a conversation about another relative who had just had a baby and they were saying about another cousin 'oh she's not sterile... she just doesn't want kids'. Well I said 'jesus that's a terrible assumption to make. You know you don't know what people's circumstances are and maybe they are saying that about me.' It's the only time I ever touched on it with her but it was enough of a ring for her to know.*

*Kristen: Well my mum actually said to me, when she'd had two of her children, she said there was this woman down the road and she always thought "isn't she so selfish not having children and going out having a good time". And then my mum realized when she actually adopted. And when she realized, my mum said she felt so bad. But she said that was the assumption back then that if you didn't pop them out straight afterwards, then the assumption was like "oh she's selfish now, she's minding herself." And she said she felt so bad afterwards.*

The new meanings of access to contraception have been absorbed into the Irish ideal of the family as part of the discourse of social responsibility and material security. In contrast to stories of a time past, where multiple children and stretched material

resources were common, the couples I spoke to all "planned" their approach to having a family around a point in which they felt they could provide materially and economically for children. Many lamented having fretted over contraception and trying *not* to get pregnant for years prior to marriage or perhaps waiting for the well established and materially comfortable point they had now reached. For nearly everyone the failure to conceive easily and quickly, once they planned it, came as a shock and a disruption to their perception of the order in their own lives (Becker 1997).

*Jill: Maybe people also assume that everyone can make a choice and maybe that's okay. Some people have said that others assume that they are doing it by choice or enjoying life too much....*

*Jane: I would occasionally get that... you're very career driven. You know that perception.*

*Sonya: Now I don't mind people saying things. Now I was in the butcher's a few days ago and this guy was saying, he's an elderly guy, and he said have you any kids yet. And I said no I've two dogs Mike. He said 'if I was married to you sure you'd have 10 kids'. And the butcher is there with the head down, like his face was just and... The butcher says 'now Mike you can't have ten kids in life's world today. Ah, jeezus Mike you'd have to have a fortune to have ten kids'. Because there can be so many Rourkes up in the area where my husband is from I just think .... When they have loads of rabbits, they talk about culling. ...I mean people say horrendous things without a notion of ... So I said it's like culling rabbits Mike. I'm trying to keep them down, like. I don't mind people like that. It's just that people say the most horrendous things. But I can't think if they had a notion...it's just the conversation of the day. We'd go away weekends or whatever, we don't have a lavish lifestyle but if we want to go on holidays we can go on holidays.*

Reproductive choice, as an issue of women's rights, has been at the forefront of many feminist debates in Ireland and elsewhere but there is a flip side for women struggling to conceive. The emphasis on fertility control as an issue for women perpetuates the misconception that they are responsible for a failure to conceive.

*Gail: My husband couldn't knock me up with a bat. There are people who already know there is male factor because Martin is very honest about the fact. Because I know a lot of couples where the woman just ... it's not said that there's male factor and she accepts whatever 'what's up with you love' comments that come.*

*Martin: People do assume it is the woman.*

*Gail: And certainly people would look at me then and say oh she's overweight.*

Infertility complicates the meaning of reproductive choice in a number of ways. In particular, reproductive technologies themselves are now constituted as an accessible reproductive choice. Many couples spoke about the frustration of people saying "would you not just do IVF then?" The idea that this is easily accessible is frustrating to many who struggle not only with the cost, the physical and emotional challenges, and the time commitment but also ethical and moral difficulties.

*Elsa: I still love children and there's a lot I can give without actually having to adopt. And it is an issue that keeps coming up and it really annoys me. That people think that... I don't really, you know, I don't really want to have children because otherwise I would adopt. In a way it's just annoying because I know I'm not a selfish person. Well maybe I am in a way but it's certainly not for us now. But that's my opinion, that I am viewed as a certain kind of person and I think that is the hard part. Society sees you as this and it's a shame, they have loads of money, they have no kids, they play golf every Sunday and they go on holidays. And they don't see that I don't choose this life. But they still say well if they really wanted to they could adopt. That's still an attitude that is there, is out there somewhere. It is the same with IVF actually. I feel that everyone reads about it now in papers. You know wonder child or children...wonder IVF treatments, you know, late sixties, mother in her sixties. And because of that, because it is available and it's something that's in the sort of press, you know, these constantly being published. So obviously we are not trying hard enough because we didn't do IVF. And I think the pressure, when did it first come available...in 1975.... 30 years ago it was accepted okay? There was always somebody who didn't have children and that was a fact. But nowadays the pressure because of technology and the stories you read and it comes across that if somebody wants a child they can just do it and it will work. I don't think anyone is aware of the fact that IVF has a success rate of 20%. And if you do tell people they are just ...whoa... And apart from all of that it's just what's known and it comes across in the press that if you want to have children nowadays it can happen, full stop. So obviously you*

*don't want to so why are you complaining. Why are you sad? It comes across even from people who have conceived through IVF. I found some friends of mine who had treatment with IVF kind of don't understand why I didn't even try. (sighing) But I just couldn't.*

*Breda: John told his sister on the phone one night just because she was being such a pain. Going on and on, saying things like 'it would be lovely for you to get up early in the morning' and 'why don't you have a baby?; ' isn't it lovely you don't have to get up early in the morning?' So he told her but she still continues to say all those things anyways (laughing).[...] She's a real sweetheart. So he told her and I think she actually said 'well would you not try IVF?' and we said 'well we have but it didn't work.' But she hasn't brought it up since.*

As Elsa and Breda suggest, the perception of choice as an idiom that is always about positive options, is absorbed into the social expectation that people must, therefore, try all available opportunities to become parents. Franklin notes that the idea of ART as a "choice" incorporates not only the means of overcoming "disruptions" to life stories but also an ongoing need to make choices as part of the course of IVF itself (1997:131). She says people are literally caught between "having to try and having to choose" as they work through each step of the IVF process and its impact on their lives, making not one choice but many (ibid:168). Franklin describes how "choosing" IVF is akin to having no choice, since people feel compelled to try everything available. This ongoing engagement with choice in ART is also a result of the medicalization of reproduction in general terms. It is now a matter of being medically responsible to seek medical care for even the most normal and unproblematic reproductive events (Kennedy 2004; Paxson 2004).

At the level of the state, political debate around ART as a reproductive choice has sometimes approached the issue of regulation obliquely. For example,

parliamentary debates on legislation of ART in Ireland have, in the past, focused on a perceived need to protect couples whose desperation might make them vulnerable to medical and financial exploitation.<sup>17</sup> Rather than portraying people as having some agency these debates fail to account for the interests of infertile women and men who are seeking the means to enhance conception rather than prevent it. Dr. Mary Henry voiced these concerns in a discussion in the Irish Parliament (*Oireachtas*) around how to proceed with respect to the CAHR report.

There is a very serious health issue involved here. There are no statistics on the results of IVF. At least 1,000 children a year are born as a result of it. We do not know how many couples undergo the procedure. We do not know the success rates of the various clinics and we do not know what they charge. Some people spend enormous amounts of money, perhaps with very little hope of success, on *in vitro* fertilization. ... The general public will think we are letting down patients — they become patients when they attend these clinics — if we do not convince the Department of Health and Children to introduce legislation in areas where it can do so. There has been one death already. ... If there were another one or two deaths, what would the general public think if we had not made some effort to ensure that people knew the risks and gave proper consent to what was being done? All of these areas, which have nothing to do with the constitutional issue, must be covered. As matters stand, it appears that we are happy for the entire situation to be covered by the Sale of Goods Acts. That is a terrible thing to do to patients. (Oireachtas Dail Debates Committee for Health and Children July 4, 2006 )

While the debate on regulation would be expected to include some measure of risk management, the focus on helplessness of would-be parents does little to make the discussion about ART a matter of reproductive choice; at least not outside the bounds of the 'right to life' debate framed by the difficulty currently posed in Article 40.3.3 of the

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<sup>17</sup> See Dr. Mary Henry's discussion in the Debate of the Committee for Health and Children on July 4, 2006 (<http://debates.oireachtas.ie/DDebate.aspx?F=HEJ20060704.xml&Ex=All&Page=2>).

constitution. No debate to date and none of the recommendations of the CAHR suggest that the cost of any ART treatments should be covered by the state in order to make access to reproductive technology a possible *choice* for everyone.

The financial cost of treatment raises the issue of economic status on both the meaning of infertility and the notion of choice. The economic wherewithal to access IVF is another aspect of "the links between stratified reproduction and the reproduction of stratification [that] position women differently and entail diverse experiences of biocultural processes" (Alonso 2000:223-24; see also Ginsberg and Rapp 1995). The fact that tremendous financial resources are needed to pursue any level of diagnosis or treatment has tended to exclude people in a low income bracket or dependent on state income support. While the HARI (Human Assisted Reproduction Ireland) Unit at the Rotunda Hospital in Dublin does provide services to a limited number of people classed as "public patients", no numbers are available for how many and what criteria might be used for their selection. The HARI Unit claims to charge its largely fee-paying clientele a slightly higher fee in order to offset this cost. But for the majority of people who cannot afford the €3000-4000 average cost for a single treatment there is no recourse to ART as a means of dealing with infertility.

Certainly all the people I met in my study were decidedly middle or upper middle class with comfortable and financially secure lives. As I noted in Chapter 2, none of my participants were in lower income situations in which assisted reproduction technology or

international adoption would have been totally out of the question.<sup>18</sup> Many of the people I spoke to, like Breda, acknowledged that the cost would be a restricting factor for some.

*Breda: I think everybody should... I suppose maybe on the financial side I think from society's point of view it should be available to more people. I think say, what they charge in Cork €2,700.00, is not out of the reach of any middle class people. I think most people can get a hold of that kind of money once or maybe even twice. But I think for working class people or people who maybe have other big commitments or financially, maybe looking after a lot of other people, it can be out of people's reach.*

For the majority of women who are dealing with infertility, the notion that they are in control of reproductive events is one of the most important myths to be challenged. But in representing a challenge to the assumption that everyone has a choice in reproductive events, stories about infertility also expose the disjuncture between choice as an opportunity and choice as an idiom for conformity and the ongoing interest in sustaining the ideals of family and motherhood as symbols of stability in Ireland.

#### 4.5 Conclusion

This chapter highlights the endurance of an ideology of motherhood in the midst of a perceived social and moral sea change in Ireland. In the stories about a struggle to achieve motherhood, we see both the contingency and the resilience of the institutional

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<sup>18</sup> Becker (2000) notes a similar frustration in her multisited and extensive collection of interviews in the US. She was also unable to access people who were in lower income brackets in spite of attempts to recruit a wide range of participants in her various studies. Among my attempts were discussions with community service groups such as St. Vincent de Paul and the people working with Travellers in Cork City. A group of women in the Traveller Community, whom I befriended, laughed out loud when I told them what I was researching. They all noted that as far as they were concerned conception was only problematic if one could not control it. Since I did not meet anyone who told a different story it is difficult to judge the extent to which childlessness affected couples among the Traveller Community. Certainly their practice of marrying very young would maximize women's reproductive potential but infertility would still be an issue for at least some men and women in the community.

and political naturalization and normalization of fertility and motherhood in Ireland. More importantly they are narratives of experiences in which women who embrace the idea of motherhood also see themselves as agents of resistance and challenge to assumptions and norms. The narratives of social change in this chapter highlight how people plot their own ideals in a social context. Even as they represent themselves as the generation of changing ideals, their stories reveal their own parents' understanding or willingness to challenge the status quo and the politics of reproduction.

As some of these stories highlight, assumptions that one is 'always already' a mother (or mother-to-be) by virtue of being a woman and that reproduction is something that is always within one's control can be painful for women and their partners. In these stories 'tradition' and 'choice' become cultural idioms that convey complex meanings that draw upon family and reproductive politics from Ireland's past. The contested meanings associated with these concepts highlights the significance of infertility as part of the challenge to re-define not only the meaning of procreation but the meaning of motherhood and family. The next chapter provides three case studies that highlight the contested meanings of motherhood that revolve around the search for conception outside of hetero-normative constraints.

**Chapter 5**  
**Conceiving Nonconformity:**  
**Challenging Hetero-normative Meanings of (in)Fertility**

Many of the stories in the last chapter explored how women see their own journeys toward motherhood as part of a resistance to the institutional operations of power that have shaped the meaning of motherhood in a number of ways. Through these stories women speak about the agency with which they harness the meanings of reproduction, viewing their potential role not as a biological burden but rather as a positive experience that also shapes the meanings through which power is exercised. In this chapter I will explore how some women also challenge the hetero-normative ideal of marriage and family, while nonetheless choosing to pursue motherhood, exercising a kind of agency that rests on sex/gender difference. These women are not victims of biology who must be rescued in a feminist analysis of their subjection; but neither are they actively resisting the idea of motherhood as fulfillment of an identity for women.

These women's stories can be explored more fully through Saba Mahmood's call "for uncoupling the analytical notion of agency from the politically proscriptive project of feminism" looking instead, at "other modalities of agency whose meaning and effect are not captured within the logic of subversion and resignification of hegemonic terms of discourse" (2005:153). In other words, agency can be exercised from within the very dimensions of social life - in this case marriage and motherhood - that would seem to be the means of women's subjugation. Women's decisions to undertake forms of biological and/or social motherhood are often exercised within the social structures that constitute

the woman/mother paradigm. However, their decisions are no less examples of agency even as they enact the roles that would seem to exemplify the hegemony that has produced such paradigmatic social roles. Here we confront the feminist dilemma of 'nature' and reproduction head on by looking at four women who refuse the idea that reproduction is an imposition of patriarchy (Murphy 2004) and embrace instead, the powerful satisfaction of fulfilling a desire to become mothers on their own terms. But they must do it by confronting the issue of (in)fertility, redefining it and claiming for themselves the legitimate access to a means to becoming a mother.

To move into other such modalities of agency I begin with the story of one woman who exemplifies the extremes of this revision, alternately resisting and embracing a motherhood identity in a variety of ways. She embodies a particular kind of contested motherhood - a postmodern challenge in which infertility itself is redefined even as it defies a number of cultural logics and categorical relationships. These logics include the relationship between sex and procreation; procreation and marriage; the limitations of a biological clock; and assumptions about impermeable biological, cultural and nation-state borderlines.

### 5.1 Sarah's Story<sup>1</sup>

*And God said unto Abraham, As for Sarai thy wife, thou shalt not call her name Sarai, but Sarah shall her name be. And I will bless her, and give thee a son also of her: yea, I will bless her, and she shall be a mother of nations; kings of people shall be of her. Then Abraham fell upon his face, and laughed, and said in his heart, Shall a child be born unto him that is an hundred years old? and shall Sarah, that is ninety years old, bear? And Abraham said unto God, O that Ishmael might live before thee! And God said, Sarah thy*

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<sup>1</sup> I chose Sarah as a pseudonym here not entirely randomly as it alludes to the biblical story of Sarah and Abraham who waited many years to become parents with the assistance of God.

*wife shall bear thee a son indeed; and thou shalt call his name Isaac: and I will establish my covenant with him for an everlasting covenant, and with his seed after him.*

(Book of Genesis Chapter 17:15-19)

I met Sarah in her home in a mid sized urban center where she was employed as a medical therapist. I found myself wandering through a suburban neighbourhood with well tended lawns and *cul-de-sacs*. These would be filled with children playing street hockey in Canada but in Ireland soccer is the road game of choice, and nets and balls remained on the roadsides in the twilight long after the children had gone in for their evening meals. This was a conventional, comfortable, middle class family neighbourhood that could have been situated anywhere in Europe or North America. But Sarah's family was not exactly conventional and neither was her road to motherhood. Even her experience with infertility challenged the socially constituted meanings derived from biological conventions. She welcomed me at the door and I realized her child was asleep but very much present as toys and paraphernalia of childhood were evident around the house. Sarah offered me tea and homemade cake and we settled in the kitchen for our conversation. Bright, articulate and confident, she was the only participant in my study to ask me what theoretical leanings might underwrite my project.

Sarah had been born and raised in Ireland and was nearly 50 when I met her. She described having had a very tense relationship with her own mother, which she attributed to the fact that her mother had suffered a number of miscarriages and Sarah was seen as the "one that survived". She felt she had been "wrapped in cotton wool" her whole childhood and was smothered by her mother's attention and concern. At the same time

she felt that she never quite met her mother's expectations. Sarah approached a professional career thinking that she would work with children but not have any herself.

*Jill: Can you tell me a little bit about yourself growing up and how that influenced your feelings about motherhood or becoming a mother.*

*Sarah: It probably influenced me quite a lot. I grew up in Dublin, I was the eldest of 3 children. I was the first child after 3 miscarriages and I was the "survivor". I work with children with disabilities. [...] My mother and I had... it's hard to describe it... it was stormy. My mother had a lot of difficulties herself. She felt that she was never wanted as a child by her mother. She felt that she cramped her mother's social life and she was very close to her father. She was an only child and her relationship with her own mother was always pretty difficult. Me being the oldest child and a very precious child, I felt kind of swamped and in some ways almost suffocated. This all came to me afterwards as opposed to during the time. [...] And because of that relationship I never really wanted to have children myself. I just felt... it's hard to describe it. I felt my own self esteem wasn't that great and I just felt that I would actually produce a monster child. [...] I worked with children, I always had children around me. [...] I loved children. It was just like one of my own... it would be too much of me in it. It sounds stupid but ...*

Sarah married a man five years younger than herself and, while she was aware that he wanted to have children, she felt that he knew her feelings at the outset so should not have been surprised at her refusal to embrace motherhood. Their relationship grew tumultuous at some point and he left to pursue a short term contract abroad, suggesting that she could either follow him or wait for his return. She chose the latter but after many extensions it became apparent he was not going to return. She left her job and went to where he was working, prepared to try to recover her marriage. She discovered after some time that her husband was in a new relationship. Sadly for Sarah, she had at this point decided that she was ready to be a mother. Folding guilt into the ideal of the woman/mother her ex-husband said that if she had only been willing to embrace this identity sooner their marriage might not have failed.

*Sarah: And Philip was an absolutely fantastic guy and I loved him very much and I still do. I would have loved to have had his child. He would be a wonderful father. [...] I was never able to explain it to him. I found it difficult getting close to him and again like how I always found it difficult to get close to my mother. I would lose all sense of myself and I couldn't risk that. I couldn't risk losing what felt like my autonomy and it felt the same thing having a child. [...] And by this time Philip had moved abroad and was in another relationship and he said that it was just all too much and that he'd tried and tried and tried, and I wasn't letting him in. And I was of course devastated by the whole thing. Because I was now starting to actually realize what was happening, what the dynamics were. But it was kind of too late and I sort of realized shortly after he went over there that I really wanted to have a child. And we talked about it over the phone and so the relationship hadn't completely dissolved and there were dreams on my part of being with him and being pregnant and us having a family. And at this stage I was getting on a bit, I was 43 at the time. I was working towards it and I really wanted it to happen and it wasn't happening. He didn't want it.*

Sarah described feeling compelled to stay on in her new situation and make a life close to her ex-husband. She decided to embark on the road to motherhood without her husband (or any husband for that matter) investigating local fertility clinics as a means of overcoming her age and peri-menopausal limitations to conceiving. Sarah was prepared to undergo IVF with donor eggs in order to conceive even though this meant a very heavy regime of hormones and drugs to achieve the results. She described how she fantasized about her former husband being the sperm donor so she could have the child she now longed for 'with' him. Meanwhile her ex-husband and his new wife were expecting a child of their own.

*Sarah: I still wanted very much to have a child in my life and part of the process of that was realizing I could do it myself and that's when I decided I'd ... I was cutting it a bit fine but I would start a fertility program. And I started that where I was living and because of my age, I was 46 at the time, the gynecologist told me the risk factors and the possibility of twins. They took FSH levels and they were quite elevated so I was borderline and the options that were presented to me were I would go for donor insemination and if my FSH had reached a certain level then*

*possibly I might have a chance to use my own eggs. That was getting pretty tight. The treatment I was on, I was put on amino acids to help regulate my hormones and help bring down the FSH levels and that did work but not sufficiently and I never actually went for insemination. So that never happened and at that stage too there was consideration of egg donation as well. And I was sort of weighing up all the possibilities and I actually started to think this isn't going to work. And so I thought maybe I should just go ahead and adopt.*

Sarah described how impending parenthood was a means of sustaining the relationship with her former husband as she relied on him for rides to medical appointments and shared with him her plan to conceive a child. Sarah's plan to conceive through IVF was eventually undone by the discovery of an unrelated medical condition which required treatment. Although the problem posed no direct threat to IVF success she described how she began to re-think the issue from the perspective of her own health and well-being and the risk of becoming pregnant in her late 40s. She turned her attention to the possibility of adoption. While hardly a straightforward path either, Sarah was able to legally adopt a little girl she had formed a relationship with through her work in the community. She again engaged her ex-husband in a relationship around parenthood by asking for advice for purchasing baby items. Caught somewhat by surprise, she had only three days to prepare for the arrival of her child, and she turned to him for support.<sup>2</sup>

*Sarah: Philip, who had been my husband but, at that stage, was somebody else's husband, was looking around Baby City with me because they had a little girl. He said 'look you need one of these and one of that.' So fill the trolley,' what else do I need?' And I was in total shock. So we got a trolley load of stuff.*

*J: How did that feel, having your ex-husband take you around shopping for baby things? Is there a sort of irony in that?*

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<sup>2</sup> The short notice was feature of the circumstances as Sarah adopted her child in an African country to which she had relocated. This was standard procedure apparently once the assessments had been done and the placement ordered.

*S: Yeah, there is. Well I just felt that, he's a super father so he must know. He must know what's good for babies and what is good for his baby must be good for ... (voice trails off without finishing). I felt he was sort an expert father. Of course his wife probably wasn't too pleased about it all. But no, it was kind of like he took me around and we ... because he was one of the first people I called just to say look I'm getting a baby.*

When I met Sarah she had returned to Ireland from Africa and was in the process of adopting a second child from abroad. Of the many women I met she probably represents best a kind of resistance to the imagined ideals of motherhood in Ireland: At that point she was single, older than most mothers of toddlers, and her child is clearly adopted. And yet her own agency in embracing an identity that was previously unappealing to her is linked to an ideology of motherhood that has helped define womanhood in Ireland. Her decision to adopt provides a solution, not only to the obvious limitations to fertility posed by her age, but for her concern with having too much of herself in a genetic or biological child of her own. And yet the ideal of motherhood prevails in this reconfiguration as she works through the filling of a need for herself as part of an identity.

*Jill: What do you think your parents would have thought of your decision?*

*Sarah: I don't know. I'm sure they would have supported me with it. Looking back, my mother used to help out at the family planning clinic so the single parent wouldn't have been the most ... probably wouldn't have been the most appreciated. Well that was then.... When I was starting out in school and she discovered I had been to the family planning clinic she was not too pleased about it. It was okay for other people's daughters to go to the family planning clinic but it didn't seem like it was okay for her daughter to do it.*

*J: Do you think it would have been easier for them to accept a single parent adopting instead of the fertility clinic route?*

*S: I think they would have thought it was a bit strange but I think they would have supported me in my decision and I would hope they would have respected me for*

*my decision and I'm sure if they were alive now that they would. And I'm sorry for my daughter's sake that there aren't grandparents for her to know.*

*J: What about people here in the community since you have come back? The assumption will obviously be that you adopted her.*

*S: It's very obvious... (laughing).*

*J: Do you think that makes it any easier for people when they think that you have chosen this child and to accept you as a single mother?*

*S: Oh yes, I think so. The benevolent 'oh you're a saint' kind of thing is working both ways. They don't see adoption as being a mutually beneficial thing. They see it as benefiting a child as opposed to actually filling a space in me. It's not just providing a mother for a child, it's actually filling a need for both of us. I also think the fact that it's so obvious that we're not genetically related and the old patriarchal missions and Ireland was a great missionary country, sending missions to Africa. You get that aspect of it. Oh look, aren't you great. Oh look at the little ... they think of her as a boy... look at the little black boy... There's a certain, I want to say, novelty factor.*

Sarah sees her new family as both shaped by and a challenge to Ireland's past perceptions of racial difference and intolerance to single motherhood. Her ability to challenge these perceptions is not so much rooted in social change as in the merging of the two issues in which the benevolence of rescuing a "black baby" who needs a mother offsets the judgmental attitudes that are sometimes still associated with single parenthood. The concept of reproductive choice and planning a family is dissolved into the ideal of missions and rescue.<sup>3</sup>

Sarah's story traces several generations of discordance with the imaginary social ideal of motherhood. Her own mother had a difficult time as an only child of a mother who seemed to have little to offer her emotionally and socially. Her mother's subsequent fertility challenges, evidenced by multiple miscarriages, played into an overprotective

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<sup>3</sup> Several of my participants recalled hearing from the nuns in school about the "missions" in Africa and the need to help the little black children there. Collections and prayers for the missions were apparently common even if the actual information about them was vague.

response to Sarah as an individual, quashing her autonomy and self-esteem. The ideal of the fertile, self-sacrificing woman who marries and rapidly produces multiple children was not the reality for three generations of women in Sarah's family. And yet Sarah embarks on a journey toward motherhood acknowledging, to herself, that it was the failure to embody the ideal that resulted in the loss of her husband.

Like the biblical story, Sarah defied the biological clock but rather than a miraculous intercession from God, Sarah was prepared to engage in the miraculous interventions of medical science in order to have a child.<sup>4</sup> We might also liken Sarah to her biblical "namesake" in that clearly the identity of biblical Sarah as a mother was bound largely to the need to make her husband a father. Abraham needed heirs. The Sarah in this story describes how her need to be a mother emerged as part of a missing element in her marriage, a social contract still bound to the ideal of procreative purpose for many people in Ireland. And yet she takes on the challenge outside of the institutional structures that have shaped motherhood and even develops a unique kind of parenting and "procreative" relationship with her former husband. For some women I spoke with in Ireland, the desire is more about fulfilling a partner's project of conception and parenthood than a need to fulfill their own parenting desires.<sup>5</sup> But Sara's desire for motherhood represents an inversion of this since she wanted her ex-husband's child for

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<sup>4</sup> For the story of Sarah and Abraham see the Book of Genesis Chapters 15, 17, 18 and 21 in the King James version of the Holy Bible..

<sup>5</sup> Anna Tsing (1993) describes how gender plays a role in the complex social and economic meaning of childbirth among the Meritus Dayaks in Indonesia. She notes that men have different aims in achieving status and economic independence linked to marriage and fathering children whereas womens' "readiness" to be mothers is often more subjectively determined (1993: 114-117).

herself, rather than for him. Her aspiration shifted from having *his* child - even through an imaginary scenario that would substitute technology for sex in the procreative relationship - to eventually sharing the social experience of parenting, drawing on his social "fatherhood" role as a friend and supporter.

Sarah's story is fraught with tensions about timing and social relationships since her (in)fertility is really a product of the contestation of the ideal of motherhood. She delayed conceiving while married and found herself dealing with two challenges to fertility and motherhood – advancing biological age and the lack of a partner. Her story speaks nonetheless to the many challenges women face in trying to achieve an ideal that is so closely bound to marriage, family and the moral ideals of a procreative space confined to and defined by those institutions in Ireland.

Women like Sarah, who pursue motherhood as single individuals, still stand in sharp relief against the idiomatic association between fertility and heterosexual partnership – mainly, although not exclusively defined as marriage. Sarah's single motherhood was made less socially problematic by her decision to adopt a child from an African country - a fact marked by their lack of resemblance (skin colour). But single women who pursue motherhood through assisted reproduction outside marriage experience a sense of illegitimacy as a result of their nonconformity and challenges to social conventions. Single women are not necessarily viewed as "infertile" even though the barrier to their ability to conceive might parallel that of a woman whose husband has no sperm, for example.

## 5.2 Joan Marie's Story

Like Sarah, Joan Marie is a single woman pursuing motherhood on her own. She was 37 years old when I met her and has an advertising consulting firm. She comes from a very conservative family and her parents are strict Catholics. Joan Marie felt certain her family would not approve of her decision to pursue motherhood on her own after the dissolution of a long term relationship and terminated engagement. She was the only woman in my study who refused to be taped, although she met with me twice and corresponded regularly by phone and email. Some of her reticence to be recorded related to her concern about confidentiality, particularly with respect to members of her family. She also wrote me long and detailed letters. What follows below is an excerpt from one of these letters in which she explains her sadness when her fiancé ended their long term relationship.

*Joan Marie: However that left me not only bereft of a 'husband' but also with the prospect of motherhood now gone too. I hit a desperate low point in my life. I was devastated, felt wronged, cheated, hard-done-by, robbed of my right, bitter, full of anger, terrified, alone, isolated, empty, without purpose in my life.. every feeling and emotion imaginable. And when I analyzed it I realized that not only was I grieving the loss of my 'marriage' but also the loss of the child that I was now possibly never going to have, given my age and the fact that that relationship was possibly (probably) my last chance at having the traditional type of lifestyle to which I aspired; i.e. that of marriage and kids - in that order! Being single at my stage was hard enough but not ever having the possibility of motherhood was more than I could bear. I started to question whether the loss of my dream of marriage had to necessarily mean the loss of my dream to be a mother. And I decided that, for me, this did not have to be the case. The relief, excitement and hope I started feeling with this realization was immense. I am an independent, well-educated, balanced, healthy and financially secure woman with a deep desire to fulfill what, for me, amounts to my life purpose, i.e. that of motherhood. (Letter from Joan Marie in November of 2004)*

Joan Marie's first encounter with the clinical aspects of conceiving as a single woman took her to Belfast, since no clinic in the Republic would provide ART to a single woman. She found several options for acquiring sperm but needed a clinic to provide the technical support and actual procedure for getting the gametes together, in her case a less invasive procedure called interuterine insemination (IUI).<sup>6</sup>

Discrimination is evident in the way clinics in Ireland determine who can access their services. Only heterosexual couples in stable relationships are currently deemed eligible for treatment by individual clinics in Ireland and single women and gay/lesbian couples are excluded. The CAHR report notes that there is no current regulation that prohibits clinics from providing service to single women and couples who are not married, noting also the Medical Council Guidelines no longer stipulate marriage as a requirement. However, the CAHR acknowledges that providing assisted reproduction to unmarried people might violate the state's constitutional duty to "guard with special care the institution of Marriage, on which the Family is founded, and to protect it against attack" (CAHR 2005:137). Since, as I suggest above, marriage produces mothers and mothers produce families, some conservative foundations are shaken in the potential paradigm shift when single women seek to make themselves mothers.

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<sup>6</sup> This form of ART involves stimulating the ovaries to produce more than one egg in a cycle but rather than removing the eggs, as occurs in IVF, the cycle is monitored by frequent ultrasound examinations to determine the exact timing of ovulation. When this occurs, sperm (either donor or partner's) is inserted into the uterus by a small tube to facilitate the best opportunity for fertilization. The process is less technical, less invasive and less costly.

Joan Marie went to Belfast to a popular clinic dedicated to women's reproductive health and saw two different consultants.<sup>7</sup> She described them both as kind but somewhat "patriarchal, condescending and not very supportive". They both told her several times that she might "find a man in the next year and regret what she was doing". Joan Marie said she was not moved by these sentiments and felt that if she took a risk and waited for "Mr. Right" she might find herself at 45 without a child or a partner. She found the lectures by these doctors to be "demeaning" and the visits were negative experiences and very "uncomfortable". She did not want her interest in motherhood to be completely shaped by the hegemony of marriage as a necessity. Joan Marie's search led her to a clinic in London which she described as very accessible and welcoming, particularly since the waiting room was full of other women who were not accompanied by partners.

Joan Marie described to me how her struggle to sustain a failing long term relationship was really about "trying to please everybody else" and "do the white picket fence thing". Joan Marie described her own mother as "being in bits about it all" when the relationship failed. She also realized that the relationship was really about creating a legitimate space for parenthood rather than the relationship itself. She noted in a letter that she felt less urgency to pursue another relationship since she was no longer thinking about it as a vehicle to motherhood.

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<sup>7</sup> Joan Marie's search led her to Belfast, in Northern Ireland, where the use of assisted reproduction is governed by the Human Fertilization and Embryology Act of the UK. In spite of differences between the two jurisdictions and the potential for more liberal access to ART in the UK as opposed to the Republic of Ireland, the individual practices of physicians in Belfast were distinctly conservative.

*Some of the women on websites have, in the process of arriving at their decision, discovered that 'dating' is now such a pleasurable and relaxed experience as they are no longer looking at every man as potential husband and father material who they have to chase up the aisle ASAP while their biological clock is still ticking. Some realize that their desire (sometimes desperation!) to find a husband was really only a vehicle so that their need for motherhood could be achieved, meaning that the MOST important role for them is actually being a mother over and above being a wife. Of course the ideal for the majority of us is still the traditional way i.e. marriage and children. (Correspondence from Joan Marie)*

Her perception that dating objectives differ based on gender highlights the power of discourses on biological limitations and reproductive windows in shaping the life narratives and ideals in relationships, procreation or parenthood. Joan Marie's story, like Sarah's, highlights a different meaning for both fertility and infertility as both women challenge the marriage and motherhood model directly. As Mahmood (2005) argues, agency is not always about politically or socially subversive actions. Women like Joan Marie and Sarah resist the current ideology of motherhood as locked into a marriage and family paradigm. But their interest in achieving motherhood is a product of the same social and political discourses, evident in their stories of the desire to perform an 'always already' subjectivity as another facet of the dominant ideology.

### **5.3 Cara and Aoife: A Tale of Two Mums**

A similar kind of agency is at work in the relationships of lesbian women who become mothers with same sex partners. I met Cara and Aoife at their home in a tiny community outside Cork City. I met Aoife through a shared interest in academics; she was also pursuing graduate studies at the time and we became friends. She offered to share her story about overcoming the fertility challenges posed by a lesbian relationship

as she and her partner were using assisted reproduction to conceive a child of their own. Aoife recounted a childhood filled with baby dolls and babysitting culminating in an early marriage and pregnancy in her late teens. While that first pregnancy ended in miscarriage she went on to have two sons with the man she married and later divorced. She said little about her own mother but described a feeling of "being expected to be a mother and expected to have children". Aoife also noted that neither of her sisters was very "maternal" but both have gone on to have children. Cara described a very different relationship between motherhood and family life in which her mother was actively pursuing a career.

*Cara: She wasn't a motherly mother in that way. She wasn't there, you know I used to give out to her so much when I was a teenager – "you never made my lunch and you never made my breakfast...." Everyone else had a lunch box and I didn't. It's curious now but I'm a councillor and one of my clients is in his early 20s and came to a big moment one time by saying... "and she never gave me a packed lunch..." and this was a defining thing about the lack of mothering. And I had to laugh because that was exactly what I used to throw at my own mother. It wasn't my experience and I didn't grow up thinking that or even assuming the responsibility of having my life mapped out. It was much more to do with professionalism and getting your qualifications and getting a job.*

*J: Making a mark in the world. So at what point did you decide you wanted to be a mother?*

*Cara: I don't know. It kind of crept up on me. I remember having a conversation with Aoife about it just literally the week before we got together. Something had happened in me that I really wanted a child at that moment and I was about 27. And I don't know what came up that precipitated that or sort of put me in my mind of it. It was a big, big period of transition in my life. I had previously entered into a five year relationship with a man that I had been with and I would have married and would have had children. But he didn't have the slightest bit of interest in doing that really. He was a vehicle to having a child basically. I was happy to do that on my own if I needed to. But it just kind of appeared as a growing process that had been going on for a year or two before that. It was a bit of a surprise to me I think. It's odd looking back on it. I don't have this big long*

*... normally you might have a kind of "then this and then this and then this". I have nothing. It was just a moment when then it was just there.*

Cara identifies the absence of such symbols of the "traditional stay at home Mum" as a packed lunch as formative in her own decision that motherhood could take a different shape. Her realization that re-entering an unsatisfactory relationship with a man was only a means to becoming a mother again points out the powerful normative construct between heterosexual marriage and motherhood. Cara and Aoife began a long journey into the maze that assisted conception presents to lesbian couples in Ireland. This has been described as involving "train rails, jet trails and emails" in a constant search for treatment options (O'Connell 2004). The pursuit of motherhood through assisted conception in a lesbian relationship is just as challenging as that faced by single women.

They began with a sperm bank in California but hit their first hurdle when seeking a clinic to provide the service.

*Aoife: So that appealed to us, the fact that we could do it here in our community, we thought... wrongly. Because we thought it was the donor sperm that they didn't want to give us. But it didn't turn out to be that. It turned out that they didn't want to actually do any insemination even if you provided your own sperm. They didn't want to come near it. It was just a hot potato. [...] Well it's because there is no legislation so the old legislation said married couples and the new one didn't say anything except one of them said a stable relationship. But everybody is too scared to touch us and they didn't want to get their hands dirty. They didn't want to be the person in the Sunday Mirror or the Daily Star or something that said "Doctor performs miracle birth" or you know.*

*Cara: Starting it again if we were four years ago now and I knew what the experience of being inseminated was like and what you actually need I'd bloody do it myself. I'd get a syringe and catheter and figure out how to use it.*

*A: I'd written to people and we'd gotten very clear answers back saying we do not treat lesbian couples.*

*C: I think the doctor in the clinic here did say it to me. I know he did. He just said no, we can't. It's not regulated and there's this Commission and we're hoping it*

*will be regulated and in the meantime we'll do whatever we can. And in fairness to him and his clinic, they're really, really supportive. I clog up their books. I ring them up at a moment's notice looking for a scan, sometimes on a Sunday and all they get is 70 euro out of me. They do all my prescriptions, fax back and forth and make endless phone calls and allow me to use their pharmacy to get my drugs. They have facilitated me in all of that and have been very supportive around wishing they could offer me this service but when it is unregulated...*

*A: On the issue of sex and reproduction, doing the insemination in London is odd because I haven't actually been there for any of the inseminations. I've been here looking after the children and the animals and I actually miss that. I really do. I do miss it being a sexual thing. I think that would be nice but there's my bit of Irish consciousness. I really miss being there. I hate that aspect of it.*

In spite of the support described in this story, the services offered in Ireland to couples or women outside of heterosexual relationships are virtually non-existent. Their fertility challenges, or (in)fertility, belong outside the conventions defined by and naturalized in the social and political relations of reproduction. Given that the terms for access to ART are defined by an absence rather than the existence of regulation, the irony deepens. As Conrad argues, homosexuality threatens the ideal of the heterosexual family precisely because it is assumed that gay and lesbian couples do procreate thus challenging "the inevitability and the security of the notion of the family cell as the only 'natural' and fundamental unit group of society" (2004:21-22). Women like Aoife and Cara will force a rethinking of the basis for such debates since they are a stable, procreative unit and family in every sense save *hetero*-normative.

Of course the issue of political rights for gays and lesbians in Ireland has long been controversial more for its tendency to expose the social, cultural and political contingency of meanings accorded to sexuality (Inglis 1998[1987]:97; see also Conrad 2004; Hug 1999). In its discussion on the provision of services to people who are not

married, the CAHR report also describes the issues related to the Equal Status Acts passed in 2000 and 2004. The issue again revolves around whether any state support for the provision of ART to gay and lesbian couples represents an attack on marriage (CAHR 2005:137). The commission report notes that since ART is provided in private clinics, the state cannot be held to account as abrogating its responsibility to uphold marriage, even if representatives of the state and the public at large believe that such provision undermines the family unit.<sup>8</sup> The argument really centers on the issue of whether the state should compel clinics to provide such services based on the requirements of the Equality Status Act. In a public lecture at Cork University Hospital in the spring of 2005, just prior to the release of the CAHR report, Dr. Deirdre Madden, an expert in biomedical legal issues, pointed to this failure to uphold the Act by clinics as an invitation for lawsuit. The clinics appeared to be unmoved at the time of writing. Ireland's membership in EU may afford opportunities for legal recourse since the European Court of Human Rights (ECHR) and the European Court of Justice (ECJ) have jurisdiction over matters of fundamental social equality.

When I asked some of my participants about who should be able to access ART there was unequivocal support for same sex couples to be able to use these services to reproduce. The potential challenge to the "nature" of family is welcomed by some who see the need to redefine the terms around which we assess stability and norms.

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<sup>8</sup> The CAHR report cites the case of *MhicMhathúina v. Ireland* [1995] in which Article 41.3.1 was tested with respect to the provision of "child centered financial support to one parent families" (2005:137). The Supreme Court judgement stated that such provision did not amount to a failure in the constitutional duty to protect marriage, since such payments could not be seen as "an inducement not to marry" (ibid).

*Breda: For gay couples, yeah for gay couples I think it's great. I think, I suppose maybe some people question the gay couples and say will they always be a family but you can say that about anybody. I mean John and I, we could have an IVF baby and not stay together. I think most gay couples who get as far as having a baby are probably more committed than some who just wander into marriage because it's the time in their life to get married. I think people who go for IVF have thought more about having children than anybody else (laughter). So they are sort of self-selecting in a way you know. They are very motivated and know they want to be parents.*

*Tara: Our daughter has a friend at school and her parents are lesbians and they love the kids and they are really nice people. They are funny you know, one of the mothers stays at home and the other goes to work and sometimes she'll make comments like.*

*Kelly: Comparing L. to me.*

*Tara: Yeah I'll say Kelly did whatever, and she'll say oh L. 's the same you know. And it is like it's the same. Of course this is the friend our daughter made in school and she says 'why has she got two mummies?'*

*Kelly: Because her daddy's a lucky guy!!! (laughing).*

*Tara: I just said some people have two mummies and some people have two daddies and she was okay. I don't know her well enough to know the circumstances of their birth.*

Aoife and Cara relate a similar experience in which someone asked them at daycare what their adopted son calls them. When they replied "he calls us Mum" the person was clearly shocked at the very idea that a child could identify two people as Mum at the same time. Tara's narrative "normalizes" the relationship of the two women she knows as being just like her own 'conventional' marriage. Kelly's joking, on the other hand, normalizes it in a different way as it sexualizes the "two mummies" in the realm of a non-conforming but nonetheless hetero-normative frame as he conjures an image in which there is still a man in the picture – a man having a good time. He is unable to separate an identity as 'mother' from the heterosexual image of woman/mother through which motherhood itself is still defined, at least for many people in Ireland.

## **5.4 Conclusion**

In this chapter I document the stories of three women who struggled with and ultimately embraced the idea of motherhood in a way that goes against the grain of conventional assumptions. Their stories contrast with foundational ideas of marriage and time lines that are deeply embedded in the politics of reproduction and the meanings of motherhood and fertility in Ireland. I have argued that obstacles to conceiving a child and becoming a mother are also experiences through which old paradigms and discursively constituted gender roles are being challenged and reconceived. The procreative foundations that naturalize the arrangement between motherhood, family, and heterosexual marriage are challenged by both infertility and the desire to enable one's fertility outside of the norm. And yet for some, the experiences of infertility provide an opportunity to challenge the link between fertility and the hetero-normative performance of the motherhood role. The next chapter turns to the stories of women who deeply embody this woman/mother subjectivity and must work through the social constitution of failure in the absence of conception, birth and motherhood.

## Chapter 6 Conceiving of Grieving

*I covet their children; wardrobes  
Stocked with blue and pink  
Waters petrified by spittled winds:  
Little fish will not swim here  
Maddened by  
Lunar crumbings, the false prophecy  
Of tingling breasts, the turgid abdomen...blood seeps again.*  
Mary O'Donnell ('Antarctica' in *Reading the Sunflowers in September*)

Mary O'Donnell's words above convey not only a sense of emptiness but the cyclical nature of grief that comes with the body's betrayal each time there is a failure to conceive. In this chapter I focus on what people consistently described as a need to re-define a failure to conceive in order to express adequately the meaning of the loss they were experiencing. For some women there is a struggle to reconcile the loss of part of their identity as women. For others there is a need to appropriate and maintain a motherhood identity in the face of a failure to conceive. Many sought a way to legitimate their emotions and make tangible a loss that seemed invisible to others, suggesting an order of magnitude akin to the death of loved ones. In this chapter I explore how grief serves as a means of acknowledging and addressing infertility as a discontinuity and disruption to life plans, but also as a way of confirming the dominant social values inherent in those life plans.

Catherine's story introduced me to the idea that conception was not always about biology when she spoke about "conceiving in the heart". I met Catherine many times throughout the course of my field work. After I had known her for some months, I

approached her about doing a formal interview and we met in a large pub not far from where she worked. Although I heard similar stories from six women (of the 40 in total) in my study, Catherine's story exemplifies best the experience of being childless while embodying what seemed to be a motherhood identity. She describes the puzzle of grieving for something that is not – something that may never have existed materially but seems real nonetheless. Catherine faced the challenges of an inability to conceive in conjunction with a long medical history that began with a back problem when she was a child. The result was chronic pain as an adult – something she links to her difficulty in conceiving. She and her partner were raised in devout, practicing Catholic families and Catherine was unable to reconcile the use of IVF with her religious values.

For many years Catherine struggled with what felt, to her, like a contradiction in her identity – an identity in which she felt she was a childless mother. Eventually she asked her parish priest to hold a mass for the children she had not physically conceived. Catherine felt that, in fact, she had two children – a boy and girl – whom she had named and wanted to “introduce” to her family and friends in order to make her loss tangible for others to share.

*Catherine: The priest was saying the mass and I felt, perhaps maybe that they don't understand me and don't understand that there might be people like me in the congregation. Missing something. Because they don't understand that you would have had a loss.*

*Jill: It's a hard thing for people to conceptualize a loss ...*

*C: ... Of something that hasn't ever been. Yeah, yeah, even though in one's heart you would have conceived them. That's what Father J. said to me. You know, he said they were all conceived in your heart. They were conceived. I decided to hold a mass because I felt where am I to grieve? [...] I'd like to have a mass for my unforgotten dreams and for all the unforgotten dreams in my family. [...] It was*

*just absolutely amazing. And that became more important to me. This was huge. And then at the mass we were singing and I had picked out all the hymns and it was just beautiful.*

*J: How many people came?*

*C: Eighty something. I dropped them all an invitation. Two hundred and some people. They probably all thought I was mad. I didn't care. I felt that they deserved .... My children deserved to be known by their names. The fact that they [the children] didn't come didn't mean that they weren't wanted. So everybody who was important to me knew and knows their names now.*

Catherine used this opportunity to appropriate a familiar public religious ritual to expose her hidden sorrow. Her use of this ritual exemplifies a kind of agency through which some women constitute themselves as mothers in the absence of children when she talks about conceiving children, not in conventional terms but rather, in her heart. In the commemorative mass her 'conceived of' children were materialized and symbolically embodied as if conceived.

*Catherine: Because at the point I would have written a poem, I would have shown to my mother you know, the infertility one, the first one. When I wrote that in '96, for me that was the beginning of the end. The beginning of coming to...*

*J: Coming to terms?*

*C: Coming to terms, or whichever you'd call it. I'm not comfortable with the word "terms" because I do live with it. And they are within me. You know the children that didn't come. The love is still contained within me.*

*J: Right, the potentiality was there all the time.*

*C: Oh yes, oh yes. So it was kind of realized and forgiven, and resolved. Within myself, you know, letting them go. Letting them be free. Saying to my children, you know, sort of at the end it's okay. I forgive ye.... It's a pity you didn't come but it's alright. I'm alright now.*

Catherine's need to forgive the children for not coming imparts to them a measure of personhood and draws them from the shadows of the imaginary into the reality of

Catherine's daily life.<sup>1</sup> Even as she talks about letting go, her narrative is about sustaining an identity as much as it is about moving on from an interruption in her imagined life course. Pointing out the inadequacy of a phrase like "coming to terms", Catherine resists the idea that she must relinquish her embodied identity as a mother. For women like Catherine, who do not manage to conceive or adopt children, motherhood lingers as a presence of absence in their identities and sense of themselves.

As with Elsa's artwork in Chapter 1, Catherine's story raises questions about the relationship between subjectivity, embodiment and reproduction. Clearly Catherine's sense of being a mother was deeply embodied in a way that necessitated reconciliation with a body that did not produce children. Gayle Letherby argues that a distinction often drawn between the "biological condition of infertility and the social condition of involuntary childlessness" is inadequate to the task of describing the range of experiences associated with an inability to conceive (2002a:277). From this standpoint, the experience of infertility, as an embodied phenomenon, challenges the unified subject of woman as mother. And yet the kind of grieving that Catherine describes also incorporates an embodied sense of maternity. Her story highlights how women are subject to a conflated woman/mother construct in which, for some, the imagined conceptions and 'dreamed of' children are central to a claim to motherhood. The kind of grieving that many women in this chapter describe operates to sustain the presence of absence and allows women to lay claim to motherhood without having achieved conception. Their stories also highlight the

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<sup>1</sup> Catherine also showed me two plants in her office that bore the names of her children.

importance of finding creative ways to give their grief and loss legitimacy in a social context where they perceive their own exclusion by virtue of the very definition of what constitutes the ideal family.

The last chapter explored how the meanings of motherhood and (in)fertility are being redefined by women who, in their bid to become mothers, challenge the social, institutional and political structures and discourses that constitute and perpetuate the social norms. In this chapter women describe how childlessness is articulated with the embodiment of an ideal of motherhood. This ideal is experienced as the woman/mother imperative - a subjectivity that has its roots in the ideology of motherhood and embodied social values in Ireland. I will argue that some women experience the 'presence of absence' as a resistance to the identity of "other than mother" (Letherby 2002a, 2002b). Through careful attention to their sensations of grief, many women in my study simultaneously challenged and reaffirmed the social convention that all women will be made mothers by conception. In many of these stories, grief becomes a frame for making sense of the losses that accompany infertility. At the same time, grief enables women to break through silence, to make legitimate claims to the everyday experiences of motherhood and, perhaps most importantly to resist the perception that they have failed as women. The next section examines the persistence of a motherhood ideology.

### **6.1 "Anything Stirring?" - Confirming the Ideology of Motherhood**

Why do women need to find ways to lay claim to motherhood, as an identity, in the absence of children? For some it reflects the power of the hetero-normative

assumption of a natural progression between marriage and motherhood for women in Ireland. For many of my participants the assumption was evident in the extent to which they were constantly being questioned about having children. As I suggested in Chapter 4, silence around infertility often perpetuates the public perception that people choose their childlessness and are selfish, abnormal or inadequate. The nature and details of an inability to conceive are rarely, if ever, discussed with friends or family even as the general social interest in couples' procreative lives is far from hidden.<sup>2</sup> For some women and their partners, the silence was a response to the perception that parents and grandparents were of a different generation and would not understand. For others it was induced by an acute awareness of lack of sensitivity on the part of siblings and friends.

Several women talked about the Irish expression "anything stirring?", a frequent question to newly married women in the past and one that still makes its way into conversations, particularly with older relatives.<sup>3</sup> Jane told me how awkward the questions about children become when you are constantly replying that you do not have them. The question "anything stirring?" locates the responsibility for fertility, conception and reproduction in women's bodies and puts a particular onus on them to answer for childlessness in a marital relationship.

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<sup>2</sup> See Scheper-Hughes for a discussion of the tension between secrecy and social interest in the sex and reproduction of newly married couples in rural Ireland in the 1970s (2001:231-232)

<sup>3</sup> I recall being in a taxi one evening and the male driver engaged me in conversation, asking where I was from and why I was in Ireland. When I had explained something about my research he asked me if I had heard the expression and its meaning. He also suggested I use it for a thesis title – a common event in my work as many people offered such title suggestions. He did not tell me whether his knowledge of the expression was born of personal experience but his instant willingness to offer something to my research made me suspect that perhaps he had an infertility story of his own.

*Jane: You just don't want to say because first of all the minute you see somebody else has children you think they're just going to say something like 'oh you don't want them anyway because children are a headache'. Or 'oh jeez I envy you', all that stuff. Or then sometimes you see somebody who is expecting or they've got a small baby and you don't want them to feel uncomfortable that they've got something that you can't have and all that. You just don't go there. I mean I know people know. When you are one or two years married people say to you 'how long are you married' and they say 'hmm time for a family'. Then when you say I'm six years married they go 'oh'. And they don't ask. Cause it's kind of like, it's that way in Ireland. Two or three years it's like the waiting time. And after that, that's it. So I know that people know and don't say it. In a way maybe that's a good thing and I have never had anybody be really insensitive or brutal. I think that has changed in Ireland. There's a lot less of the "anything stirring?" stuff. You know that used to be a program on years ago and this man used to be constantly saying to his wife "anything stirring?" and it meant are you pregnant. The Irishisms. But I think people have become more aware through all the information and they don't ask and they kind of figure it out and leave it alone you know.*

Jane points out that an assumption endures that children will follow marriage in quick succession. The incredibly high social value placed on family and motherhood contributes to assumptions about a logical or 'natural' life trajectory for women. Those who fail to enact the norms and rituals of becoming parents within a particular time period not only feel inadequate in themselves, but are questioned by others in ways that suggest that they are perceived as failing or deviating in some way.

*Lisa: I find it very annoying with people. I was only thinking about it recently because nobody asks me about it now because we're older and... Now a lot of my close friends would know that we're trying. And when I was married the first time around, it's not... again, it's not something I would've talked about with my family. So, yeah, people used to ask; 'and so when will there be the pitter-patter of little feet?'; 'now you have the house' and blah, blah, blah, and 'you shouldn't be working so hard that you're not thinking about having a family' – that kind of thing. I find that kind of thing childish really.*

*Carol Ann: And then you just take it for granted that you will get pregnant and that's it.*

*Vince: And a lot of people take it for granted that ... you know how people say 'how many children have you got?' ...Uhm ...none. And there's this kind of aura like 'oh there's probably something wrong with you, is there?'*

*CA: Hmm, do you remember my mother, when we were married just before we started going for treatment? It had been about 2 years and I had told her nothing at the time, like. And she did say to me, 'you know, you want to be thinking, Carol Ann, about having a baby.' And she actually said it and I said, 'well actually we are. We've been thinking about nothing else.' I said, 'there's obviously problems. And we have to try and get them sorted'. But like she actually said 'because you know, people expect it....'*

*V: When you get married, and people think that's it. You have your 2 children and that's it.*

*CA: And my neighbours used to ask and they don't ask anymore.*

The constant questioning of childless couples in Ireland is confirmed by Flo Delaney, who points to the predominant context of the “freemasonry of the fertile” (Monarch quoted in Delaney 2004:73). Delaney describes the hetero-normative ideal of marriage and children in Irish society as a feature of pronatalism resulting largely from the influence of Catholicism. However, as I discussed in previous chapters, pronatalism is only one facet of a political strategy sustaining the gendered and naturalized logic behind family as a symbol of the nation. Reproduction is contextualized as part of an unproblematic natural law that shapes hetero-normative marriage and conservatively proscribed sexual morality (Conrad 2004; Curtain 1999; Smyth 2005). Pronatalism operates to promote the ideal woman's body as one with “something stirring”, but it is the importance of reproduction in sustaining the meaning of family in Ireland that supports the current emphasis on fertility as a norm.

An ideology of motherhood in Ireland is embedded in and sustains both a nationalist identity and a patriarchal norm as the basis for both family and state

structures. This goes hand in hand with what many describe as an ideology of familism in which there seems to be little opportunity for alternatives to hetero-normative identities (Byrne 1999:72; see also Conrad 2004).<sup>4</sup> The sense of oneself as 'always already' a mother even in the absence of children is at the core of the experience of presence of absence. This essentializing can be related to what Louis Althusser has described as "*interpellation* or hailing" wherein people recognize themselves as "always already subjects" (1970: 48-50 emphasis original). The relationship between ideology and subjectivity is one in which ideology "recruits subjects" in the process of *interpellation* that enables a shift from "concrete individual" to "concrete subject" (1970:46-48).<sup>5</sup> We are called and at the same time recognize ourselves as subjects. Women, by virtue of recognizing themselves as such, are thus already constituted as mothers.

Women who are asked about children, or reminded of their childlessness, are thus shaped not as having *lost* something but as missing something. What they experience, however, is very much a sense of loss, emphasized most directly by an accompanying sense of exclusion from participation in many aspects of society.

*Elsa: I do sometimes think 'what would I have been like as a mother?' I kind of think I would have been really good as a mother. When I am with other [people's] children I am wondering what my kids would be like. Just some thing that.... Sometimes it's still complete and utter disbelief that ...(laughing) that it's really*

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<sup>4</sup> The rhetorical construction of mother Ireland and the morality implied by what Smyth (2005) identifies as the idiomatic "pro-life nation", have been used to consolidate and sustain ideological distinctions between Ireland and its former colonizer as well as other nations of the EU (Curtain 1999; Smyth 2004).

<sup>5</sup> Althusser refers to interpellation as a kind of "hailing" in which someone responds to a call because they know themselves to be the person being hailed. It is through this process that they become the subject of the hail. Althusser points out that because of the 'always already' nature of subjectivity there is no temporal sequence to such recognition. It is a matter of at once knowing you are the subject and being the subject (Althusser 1970:48).

*not going to happen. I mean, I'm 41 now, and it's something that.... Sometimes I just still don't believe it. I just kind of think it's still...it can't be real. You know sometimes I actually don't want to accept it but I think the one part, the one big part is that I feel excluded. You know I don't really belong, I'm not part of this society and I don't have anything to talk about the general experience – women's experience, I don't have and I never will. And that's something that is kind of ... comes to my mind about it all.*

This disrupted life story incorporates the vividness of the imagined social relationship. Elsa speaks of her own disbelief when she imagines herself as a mother. Social exclusion as a result of the absence of children in day-to-day life is bound to the imagination of a life narrative and the dismay at the actuality of this disruption. Gay Becker describes how a sense of normality is sought when “the life story must be reconstructed to fit a set of life circumstances different from those originally anticipated” (1997:142). In narratives like Elsa's when she speaks of imagined children, her life story is reconstructed in a kind of dual mode; her new life story incorporates the imagined continuity of the old life story which included her identity as a mother. But even more remarkable is Elsa's description of feeling doubly excluded because she has no children and has not had the experiences of becoming a mother that seem vital to *being* a woman.

The dominant values that produce the life narrative also underpin the more subtle dynamic that operates to confirm the relationship between motherhood and marriage in the way the “anything stirring?” questions are employed.

**Catherine:** *Actually a very good friend of mine who would have been in a relationship for nearly 20, 25 years, I think. And would have been trying to conceive for years and years and years, never was expected to be announcing that she was pregnant because they weren't married. So she had the freedom.*  
**J:** *Okay, so there was a sense there that she wasn't expected to want a baby... That's interesting*

*C: She was never asked even though she wanted them. I thought that was interesting. No one expected her to be pregnant because she wasn't married. Even though, I suppose if she did become pregnant, you know, every other person would accept it. But because she never once was asked are you pregnant. But because you are married you're asked.*

*Jill: So you were married for a few years before you started?*

*Breda: Oh no, just the opposite. We were trying for a few years before we married (laughing). No as I say we got together when we were about 24 and then we bought our first house together when we were 29 and it was then we started trying but we didn't get married until we were about 32. It took us a lot longer to get our heads around that (laughing). [...] I suppose in a sense there was no pressure on us for the first couple of years because nobody would have guessed that we were trying and certainly no pressure on myself either. But then I suppose once you do get married then there is that society pressure.*

As the stories above point out, the marriage and children paradigm has both temporal and social elements. The naturalization of conception and motherhood as part of marriage is apparent; as Catherine and Breda both point out that questions and assumptions about children are rarely visited on those who do not conform to the hetero-normative ideal. While it is widely acknowledged that children are born outside of marriage in increasing numbers in Ireland, an inability to conceive is only perceived as problematic within the institution of marriage.<sup>6</sup> And as Catherine's story points out, marriage is also the point when expectations are imposed on women and their partners, sometimes with oppressive intensity.

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<sup>6</sup> In response to a public lecture given on January 27, 2005, by Dr. Edward Walsh, President Emeritus of the University of Limerick, Kevin Meyers, a columnist for the *Irish Times*, wrote that he concurred with Dr. Walsh's "politically incorrect" position that the welfare system in Ireland was encouraging the formation of single parent families headed primarily by young single mothers. Meyers was widely criticized in the media for his frequent reference to "bastard children" and Dr. Walsh in fact, distanced himself from Kevin Meyer's article a few days after it was published. (See An Irishman's Diary *Irish Times*, 8 February, 2005 Opinion page). The concerns expressed by both Dr. Walsh and Meyers point to the ambivalence some Irish people feel over the issue of an increasing number of single mothers and what it means for social stability.

In Breda's story, she situates her distress at not being able to conceive in the temporal framework of her relationship, suggesting it was only after she met the social ideal that the pressure began to mount. Like Breda, Leah suggests that marriage is the point at which fertility is activated, in the social imaginary at least, obscuring and denying the legitimacy of distress over a failure to conceive outside marriage.

*Jill: So tell me about the infertility experience. When did you first realize there was a problem?*

*Leah: Uhm, it took a long time really considering we were together for so long. But like that's because we weren't trying to have a baby because we weren't married and we were trying to wait. So as soon as we got married I said right, that's it you know. Let's have babies and kind of took off any precautions or whatever and relaxed and nothing was happening. And it was about 2 years and we moved house and I was like okay you know, this nice house and this bedroom and had a nice happy job and it was like okay, come on, where's the family? And it's like everything for me was focusing around the family issue and having a baby and expecting it to happen.*

Leah's story also highlights how an inability to conceive becomes the point of rupture between her imagined life narrative and the one she now relates to me. As the stories of these women indicate, their failure to conceive is only perceived as disruption and understood in wider networks of family and friends once the ideal of marriage is accomplished. Infertility is rarely interpreted by family, friends, and acquaintances as a disruption to the life narrative in a context outside marriage. For those women (and men) who are not part of the hetero-normative ideal, the space for legitimate sadness and grief over a failure to conceive is foreclosed by the assumptions discussed in Chapter 4 – that infertility is defined and/or recognized as a problem largely (perhaps exclusively) within the social context of marriage in Ireland.

In the next section I will describe how grief can make room for alternative forms of emotional legitimacy even in the absence of wider social recognition of loss. For some people grief forestalls or mediates the sensation of failure. At the same time however, grieving shapes a kind of resistance to societal perceptions that women who do not conceive have failed to embrace the values of parenthood, family and generational continuity that are hallmarks of Irish social life.

## 6.2 Motherhood and (Re)Conceptions of Loss

*Elsa: I think it was at a NISIG meeting and we were comparing it with grieving and the grieving process that you go through. And it was really kind of important to me that we could grieve for the children that weren't born. I think that did help a lot and I did let the process go on and there was a real anger and there was depression and the stages that you go through when somebody dies and I think that's where I'm at now. I mean my children haven't been born or died for whatever reason but I feel they are still very much there. And so how can it be? I think that makes a lot of people think....<sup>7</sup>*

Like Catherine's story at the beginning of this chapter, Elsa describes the continuity of the sensation of the presence of absence when she talks about grieving for children who were not conceived but are still very much a part of her lived reality. For some women, grieving is more about continuity and maintaining their connection to a motherhood identity than it is about acknowledging an end. Both Elsa and Catherine

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<sup>7</sup> The notion that grief follows stages or an established pattern is associated with the work of Elizabeth Kübler-Ross in the 1970s. As a psychiatrist with an interest in helping terminally ill patients have a better experience with end of life issues, Kübler-Ross published her widely cited volume *On Death and Dying* (1970). She argues for a series of stages that dying people might experience before ultimately (if ever) accepting their situation and later, extended this perspective in *On Grief and Grieving: Finding The Meaning Of Grief Through The Five Stages Of Loss* (2005). Her rather rigid construction of stages has been challenged as both unsupported and perhaps even unhelpful in more recent literature (Friedman and James 2008; Neimeyer 2001). While other people talked about grief in different ways, Elsa was the only participant to mention *stages* of grieving but her association with the support network suggests it was an organizational motif for people in that forum.

suggest that accepting childlessness is not the same as accepting that they are not mothers. Marcia Inhorn (1994) describes how childless women in Egypt forestall notions of social failure by remaining liminal, "searching" for the children who have not yet come. Some of the women in my study claim an ongoing motherhood identity by reconfiguring themselves as *having* children who did not come. In so doing, they resist the stereotypical stigma of motherless-ness that casts childless women as the "other" (Letherby 1999).<sup>8</sup> Stigma is widely described in the literature as a result of a "spoiled identity" (Greil 1991; Becker 2000; Pfeffer and Woollett 1983), and part of a "master status" dominating women's lives (McQuillan et al. 2003). I am arguing here that for some infertile women, grieving 'lost' children recasts their experiences in conformity with the social imperatives that have shaped them, allowing them to claim to be mothers in the same way that women who have lost a child can maintain their identity.

Elsa suggests that her children have died and will not be forgotten but this idea must be re-shaped in order to make sense of her infertility experience as a loss. In her book *Disrupted Lives* Gay Becker (1997) describes how metaphors are often employed as a means of making meaning or re-ordering experiences of disruption in life narratives. Below Anne describes how she used an analogy once in response to someone who she felt misunderstood her situation. The metaphor of violence in her story highlights the depth of her feelings of loss as surely nothing could be more painful than the brutality her

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<sup>8</sup> See also Pfeffer and Woollett (1983) for a more specific discussion on stigma and the transformation of identity in infertility. For an example of resistance, as a diagnostic of power, shaped by and embedded in specificities of gender and culture see Abu-Lughod (1990). For more on the analytical problem of identifying and representing the richness of meaning associated with forms of resistance see Ortner (1995).

story suggests. Her need to establish the legitimacy of loss and grief is equally palpable as she struggles with what she perceives as the failure of others to acknowledge the meaning of an inability to conceive as not only as a loss of identity but as loss of imagined children as well.

*Anne: Well I had somebody say to me once "why don't you just adopt and don't do the IVF? You've been through enough?" And that person had 3 kids. And I said I'm going to take away your 3 kids and murder them and you're going to have that heartache and that grief. That all consuming ... (pausing) I can't even explain it. That horror inside you. That pain. I'm going to leave you with that. How would you feel now? Wouldn't you want your kids back? She said yes and I said that's how I feel everyday and that's how my husband feels. That's the only way to explain it. It's not just the loss of your dream. It's a sorrow that won't go away. It's an emptiness as if you've this perfect family – yourself and your husband. You have the best relationship you could ever hope. And the one thing you're missing is a child. And that's the heartbreak.*

Like Elsa, Anne's illustration compares her loss to the death of a child. For women like Anne, their sense of loss is as tangible as death but the fact that children never came makes the grief difficult for people to understand. It is this lack of understanding that people like Anne and Catherine and Elsa resist when they talk about sustaining the meaning of loss rather than "moving on", "coming to terms" or "getting over it". Becker (1997) shows how people strive to re-shape and reclaim a sense of continuity after chaos or disruption to their lives. For some of my participants the failure to conceive is reshaped as a form of continuity. In this light they sustain the ongoing sense of loss as a connection to the motherhood identity they claim. The rupture in the imagined life narrative is re-configured and they grieve lost children, not lost fertility or lost motherhood.

Lydia also seeks a tangible image as she shapes her ectopic pregnancy<sup>9</sup> and resulting loss in the context of death in her personification of her embryo.

*Lydia: And that's what I was told. So he took my tube and (crying).... I went down that evening and I had an ectopic pregnancy in the left tube and it had... when I eventually asked, it had ...it was in the open end of the tube. It had eaten into...I say eaten but however it is said, but it had actually ...I know you don't use that word.*

*J: I know what you mean.*

*Lydia: It was my baby you know. But it had grown and used the resources at that end of the tube, and had possibly died on the Sunday night when I had that huge pain. Because the baby, and I still refer to it as a baby, and that is the huge thing with infertility, you know it [an embryo] is your baby.*

During this interview we started and stopped the recorder numerous times to allow her to regain her composure. At Lydia's insistence, the interview continued for several hours, her tears rendering a plate of scones inedible and our cups of tea going cold in spite of the old adage about its potential to soothe. Lydia built a scenario to conceptualize her "baby", normalizing the events with a metaphorical description of the embryo feeding on her maternal body until it "died", reshaping her grief for the loss of her fertility as a way of making sense of and reordering the experience. Her metaphor draws on the image of nurturing and suggests order can be constituted from the chaos of an ectopic pregnancy.

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<sup>9</sup> An ectopic pregnancy occurs when the fertilized egg does not travel from the fallopian tubes into the womb, but rather implants and begins to grow inside the tube itself. Since the fallopian tube is not much larger in diameter than a human hair and is well supplied with blood vessels this can very rapidly become a potentially life threatening event for a woman as the embryo continues to grow and threatens to rupture the tube. Surgical treatment to remove the embryo often leaves a woman with scarring in the tube and frequently the only recourse is removal of the fallopian tube altogether, leading to a reduction in potential fertility.

The context of a death provides a way of making sense of people's lack of understanding of the impact of infertility loss.

*Lorna: People who have experienced a mother or father or brother or sister death know what that is like but this is a very different type of death and I always feel angry when I hear people say they've lost a child and sure she has other children. I am absolutely so angry when I hear people say that. And they do, they do. I always feel very angry; that is your child. You wanted that child equally as much as you wanted the ones that came before, the ones that came after. That child is a huge loss. That huge sense of loss will be there for ages and ages.*

Lorna also describes the end of an IVF cycle without a conception as a kind of death. Her analogy with people's lack of understanding about what it is like to lose a child draws on the social or cultural notions about what constitutes legitimate forms of grief in relation to an imagined hierarchy of experiences of loss. Lorna suggests that people misunderstand the impact of fertility loss by describing how a woman who has other children might be expected to grieve less for the loss of one because she has others. Like Anne's story above, Lorna narrates a lack of faith in people's capacity to understand the equation of absence with loss. All of the stories above employ powerful metaphors that draw on the social meaning of the death of a child in order to convey the emotions necessary to legitimate grief.

The finality of death is a counterpoint however, to the kind of indeterminate status of one's fertility at certain points in the journey. The whole cyclical nature of women's fertility furnishes bodily reminders and sites for grieving loss on a regular basis. This loss is then countered emotionally with a renewed possibility of "next month". Elsa also describes how the finality of the disruption is often incomplete.

*Elsa: I just don't think it will happen. [...] Although, I mean we're still not using any contraceptives. Like there's stories of like when women are coming to menopause they suddenly become pregnant. So there's all that you know. I hope this doesn't happen and you know if I really had a choice now and somebody would give me a child and say here, do you want it or not you know... I don't think I want it to be honest. I suppose it's like, I mean we've been living together for so long, you get used to your life. I mean to be 41 and for years I always did what I wanted. So it would be tough. But then like I say, we're not using any contraceptive and if I was able to get pregnant I mean we certainly wouldn't have any negative, I mean we'd be delighted and I'd find ways to cope with it.*

In her work on disruption, Becker aligns the experiences of infertility with other kinds of disruption such as political persecution or disabling or debilitating illness. But with infertility there is sometimes an ongoing engagement with the possibility of conception well into menopause as couples continue to think in terms of hope or at least possibility even after treatment is no longer an option. In this sense, the disruption is often experienced as incomplete and indeterminate.<sup>10</sup> This indeterminacy or absence of finality has been described in relation to IVF. It is linked to the motif of possibility or “liminality” in a precarious state of uncertainty (Franklin 1997:155), or possibility as a catalyst for hope and proactive “persistence” in trying to manage disruption (Becker 1997:122). The cycles of hope and loss are repetitive and indefinite. While many women spoke of the sense of hopefulness they felt with each unsuccessful treatment, they also describe the role of loss in jading their views about subsequent treatments.

*Niamh: Well, it's before.... Well you see the first time you do it you think it's going to work. That's the problem. You think this is it now, we've done everything else so this has to work. So the first time I knew, you see I knew. Because I felt my period coming every time before the 2 weeks were up. I just knew. [...] So it*

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<sup>10</sup> In some cases infertility is absolute and final as in the case of early menopause, hysterectomy, hormonal imbalances, trauma to reproductive organs, surgical sterilization and azoospermia (absence of sperm).

*wasn't a total disappointment because I knew. But this time I am just a bit more blasé about it probably. I'm a bit more... I'm looking forward to the adoption. That's what I'm looking forward to. And if this works great but I'm trying not to think about it. Because it's just too hard on your head to be thinking about it.*

*Anne: The same way I'm taking a bit of control I'm going to find out the information. I'm going to ask questions. You start getting your identity back. But it takes a couple of years before you get the courage to do that. You know what I mean. When you're a new person, you don't .... You don't think... you honestly think it's going to work for the first time maybe second time at the most. But it will work.*

The cycles engender anticipation even if this lessens with each attempt. At least ten of the women I spoke to had undertaken three or more cycles of IVF.

Similarly, every menstrual cycle signals loss but at the same time generates another month of hope and possibility. Mairead has used a process that involves tracking cycles and body temperature to predict ovulation while making a decision about treatment.

*Mairead: Doing something. When I'm doing something I don't mind. I find it very frustrating when I'm not and another month has gone by I find that very difficult.*

*J: Those windows of opportunity going by.*

*M: Yes and you're ticking them off. And there's just been so many. I do it every month don't I (laughing and looking at husband). I have a little ritual. I feel really... It really it is frustrating. There is a little mourning and you get over that loss and you start again. But there is, every single time. You know,, even if it's a day over you are in hope. I find actually what's worse is a kind of ...by the third week you start to think I feel a little bit different. I'm feeling a little bit sick. Maybe, maybe, maybe. You almost are playing a game with yourself. And I do it every month!!!! I don't believe it but I do, I do it!! Obviously it's a part of my psyche because I get it every month, without fail. And then I go back in and they say nope. It definitely is something that is hard. But I think the last time James said as well with the results, you felt very....*

*James: Disappointed. It hit me. It doesn't hit me with the same kind of mechanical regularity but it does hit at times.*

Mairead described the rituals she employed every month as part of her embodied experience of the possibility of fertility within infertility. Mourning the onset of a menstrual cycle as another loss, she described taking up hope again as she approached the next cycle. The reproductive body, from this perspective, is deeply embedded in the making of experiences, as "the existential grounds" for the cultural interpretation of reproduction (Csordas 2002). Through the cyclical nature of reproductive bodies, women are subject to the sensibilities that can become embodied as motherhood identities.

There is an irony in the fact that the absolute regularity and order of bodily processes of menstruation are often experienced as "disorder" for those who are trying to conceive. Women are caught in emotional contradiction, often redefining this regularity as the grounds for grieving even as they also see it as the point of beginning again.

*Donna: And then we have reminders, I mean we have hormones and we have a womb and we have reminders every month. I mean we give out about it so many times but then when you desire to have a child you realize you know, that when you do get your period that it's just absolutely devastating It's a huge, huge grief and every single month when you're trying to conceive.*

*J: Yes, it's a loss each time. Yes I hadn't thought about how it becomes so symbolic.*

*D: It's the cycle of life, because you are hoping that life will begin. It's a stage that signals that it isn't happening. But for me and for an awful lot of couples who are trying to conceive it's devastating.*

*Kirsten: I think it's the way it just takes over every waking moment. Constantly, you know everyday – where am I at today? Calculating the minute you've got your period when your next period will be due and when can you do a test and on and on. I've gone through so many early pregnancy tests. It's costing me a fortune. But it wrecks your head sure the minute you've done it and it was negative then you say sure it's too early. And minutes later, oh it's too early. Oh yeah... I think the hardest thing has been the way it's taken over my life. And the impact that it's had on our relationship because it has taken over more of my life than it has taken over my husband's.*

**Kathleen:** *And anybody that is trying to conceive will tell you it takes over your life completely. Your whole month is dominated by your cycle, where you are, ... no really, it's true... it's just the way it is. Okay you're ovulating on such and such a day. And your poor husband, you know what happens there.... (laughing). And then you have the two week wait until, blah, blah, and then you're disappointed and you shed a few tears and then you pick yourself up again. And you start again. But that's the cycle and that's the way it is for years.*

Kirsten points out the difference between her sense of what is going on as compared to her husband's as she lives, like Mairead above, the cyclical evidence of fertility and infertility through her own body. Marie Claire and Gretchen also describe the added difficulty of having invested emotionally in treatment only to feel betrayed by the rhythm and regularity of one's own body once again.

**Marie Claire:** *Every month. Every single month. I get a blast of energy and I'd say here we go, the injections are over and now and we've got this .... Until the end of the month and then obviously disappointment again. More tears. Tears and tantrums. Very disappointed. Here's the tears. (Sighing) Very tough...*

**Gretchen:** *It is so hard to focus on anything else. You are so scared that you might miss out on that window of opportunity. After treatment.... When you get your period. You have no other choice but to cry your eyes out. For me it is more important that you are healthy and well.*

**Lydia:** *So we did the treatment anyways in the Rotunda in Dublin. And they kind of build you up, you know, that such a small percentage of it works. Anyways I thought it was a protection to say 'oh maybe it won't work'. Anyways it didn't work. And it's amazing when you do IVF and it doesn't work.... And at that time when I got my period. It didn't work and of course we had said if it doesn't work we'll do it again. All the time that's there so you build yourself up, oh it probably won't work, be prepared if it doesn't work. So at that time it probably won't work and of course you hope it will work. It didn't work. But as I say when you do IVF there's almost a numb feeling. It's kind of a denial you know. It's when you get your period and it doesn't work it dulls your feeling. There's a delay in grief if you know what I mean. It's almost as if I couldn't cry. There's a complete numbness inside. It's like ... you're almost like ice inside because you've been building up to be so strong. But you know I think it's more so that you've been*

*mentally thinking it won't go, it may not work, it may not work and make yourself believe that. And you know I couldn't cry. And I wanted to cry and I couldn't. And it doesn't hit you until about 3 months after, really hit you, you know? So we did the next one I suppose, we waited a year I would say until the next one.*

Lydia describes the delayed reaction and grief she felt as she worked through her own denial both before and after IVF as a kind of protective cloak.

For many women there is the broad issue of the constraints of a biological clock - in terms of fertile years- as discussed in the last chapter. But for women who are challenged by infertility there is another intrinsic or internal clock that keeps ticking every month, reminding them when they are potentially fertile and definitively unsuccessful in conceiving for yet another month. With every monthly menstrual period comes a sense of loss, grief and anxiety as women now have to wait another two weeks for ovulation once again. Leah told me that now that she has given up trying to conceive, she has dispensed with her cycles altogether. She uses the birth control pill in a continuous cycle to refuse her periods. She no longer wants the monthly reminder. Her narrative begins with telling me how she felt compelled to try IVF. For Leah, as with many women in my study, this compulsion is part of the socially driven need to do everything possible. She later dispenses with biology altogether. She and her partner made the decision to stop IVF after 4 treatment cycles even though the clinic was encouraging them to try again. Having come to the realization that she had done everything she could to conceive she no longer needs or wants any awareness or reminders of the physiology of reproduction.

*Leah: I thought maybe I would feel that you didn't give it your all, you didn't give it your last shot but no regrets whatsoever. I really feel that was the thing to do and I feel comfortable. As I said I don't feel any more ... I don't have a period anymore because I'm on the pill and the reason I'm on the pill is because I still have such terrible periods.[...] I put up with so much for so many years and so much prodding around with my body and maybe that's why I feel maybe because I'm not menstruating that maybe I don't feel the loss as much psychologically. Because I do remember every time your period would come around, every time you see that period that was like was a slap in the face that you can't have children. That's nature's way and that's what it's all about. That's what you have a period for. I thought maybe eliminating that in my own body, for me it's a good thing.*

### 6.3 Conclusion

I began this chapter with the suggestion that the presence of absence creates a conceptual space in which people who experience an inability to conceive can perform a kind of grieving that legitimates their sensation of loss. As I described in the last chapter, many of the women I met used their experiences with infertility as sites of challenge to the woman/mother paradigm by pushing the limits of the meaning of motherhood and (in)fertility through their own efforts to become mothers. In the stories in this chapter, I have focused on how this paradigm is part of a life narrative which must be re-ordered in light of an inability to become a parent. Moreover, I suggest how even in the absence of *becoming* a mother some women still experience, subjectively, a sense of *being* that is motherhood.

The meanings of reproduction remain anchored to subjectivities powerfully inscribed on the gendered bodies of women and men. The reproductive body, particularly for infertile women, becomes a locus of experience for absence, disability and loss. Women experience the disorder of the reproductive body as a social failure in which

there is an interruption to life narratives. The kind of conflicted subjectivity in which women feel as if they are “always already” mothers creates a need for social validation of their conformity with social ideals. This embodiment of maternal ideals challenges the margins of motherhood as an identity that begins with conception.

The next chapter looks at the production of spaces where grief is performed and legitimacy created for the kinds of emotional loss people associate with infertility. I begin with an exploration of support networks.

## Chapter 7

### (In)Conceivable: Networks of Support

*Infertility – the inability to have a child – has the potential to dominate your life. It can bring great personal despair and suffering. The feelings experienced by infertile couples include disbelief, pain, isolation, exclusion, bitterness, anger, confusion, and depression. Unless addressed, the issues associated with infertility may encroach on your every waking moment, impinging on your self-esteem and sense of self – in short, infertility may cast a shadow over your creativity and leave you feeling utterly worthless as a human being. (NISIG website)<sup>1</sup>*

This chapter explores the places where expressions and enactments of grief and loss occur as Irish women and their partners search for ways to make sense of their reproductive identities and infertility experiences from spiritual, religious, medical and social perspectives. The chapter also looks at the use of a number of public and familiar contexts associated with grieving and emotional support to materialize loss and make visible the identities of both parents and children in an absence of conception. These include personal memorials, religious services, cemeteries, and support groups. From some of the stories in this chapter we see the ways that grief and loss are constituted as legitimate or illegitimate through professional and lay support systems, and some tensions that are evident in defining the nature and experience of loss. These stories highlight the way silence is sometimes sustained and sometimes bridged and broken when people use grief as a means of communicating the depth of meaning associated with a failure to conceive.

One of my first contacts in Ireland as I began my research was with a small group of women who had formed a national support network – the National Infertility Support

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<sup>1</sup> The National Infertility Support and Information Group (<http://www.nisig.ie/>)

and Information Group (NISIG). They were exceptionally devoted to their cause and were very supportive of my research as well. Their motto, which forms the basis for their mandate, is "Infertility can be an isolating experience. You are not alone". The network was organized by a group of women from Cork, some of whom have been left childless by infertility in spite of numerous attempts at IVF. Some of the people involved in the executive have not undergone any kind of infertility treatment. The group organizes meetings in a few cities and sponsors a telephone support line. While the meetings were reportedly sparsely attended at times, individual contact and support on the telephone have been the main focus and mandate of the group. In this section, I outline some of the contradictions and challenges of a support network and their role in legitimating grief.

My initial intention, after meeting some of the executive prior to beginning fieldwork, was to attend meetings of the support network. However, shortly after I began the research, my participation at NISIG group meetings was vetoed, after some sober second thought on the part of the executive, on the basis of maintaining privacy for people who might attend. Since it was not possible to predict who might attend any specific meeting there was apparently no formal way in which to ask permission from participants. One facilitator told me that she had conducted meetings where people did not say a word, but simply cried for two hours – a testament again to the need to create legitimate space for this kind of sorrow. People sometimes needed a safe place to express an embodied sensation that they found too powerful to articulate. I respected the executive for their desire to preserve this quality for people. At the same, the conflicted

place of secrecy, which perpetuates isolation, as well as a means of maintaining confidentiality is evident in both the motto and mandate of NISIG.

The members of the executive were adamant that their purpose had never been political action and advocacy, but rather the provision of support for individuals. Kate, one of the founding members, points out that in providing a listening ear to others she was also reaching out as a result of needing emotional support for herself, perhaps the motivation for her forming a support community.

*Kate: Now in hindsight looking back on NISIG, that three set it up and the three of us were embarking on infertility treatment. We used to facilitate the meetings all over Ireland and I'd have the helpline, mostly. So therefore I was there listening to everybody but there was nobody taking care of my needs. I didn't realize at the time, in hindsight when I look back. I realize I was still in the nursing role. You know that I'd be listening to people crying. And I'd say yes, I know exactly how you are feeling because I had failed treatment a month ago. So because they were in such pain they couldn't give me comfort.*

*J: No, no. Right and they were calling you in the context of needing your support.*

*K: And even if I say to them, I think that subconsciously I was reaching out. I didn't realize at the time. Looking back I think... I just don't know how I did it looking back. I really don't know how I did it. I suppose we all get an inner strength.*

Women who have been unable to conceive often draw on their experiences by organizing support networks or counselling others (Becker 1997; Franklin 1997).

Franklin puts this kind of project in the context of what is often thought of as "women's work" as nurturers and care givers, suggesting that for many, this involvement provides a "means of coming to terms with the end of treatment" (1997:123). Support networks provide a means for re-establishing a sense of order and continuity by giving meaning to shared experiences. Although continuity is viewed as a cultural ideal in American social life, Becker argues it is really disruption that is the "constant in human experience" (1997:190-92). Restoring continuity thus serves as an overarching objective for

overcoming the chaos and disruption. But the care giving associated with women's work and nurturing, as suggested by Franklin, incorporates a form of continuity for the volunteers' own narratives of isolation, loss and pain.

In the following narrative Elsa suggests that some women resist the idea, often suggested by friends and family, that they should move on, forgetting about infertility or grieving motherhood and unborn children. The support network provides social validation for the sensations and experiences of absence in their day-to-day lives.

*Elsa: That is actually something that half the people in the support group are really shocked about because they have this image of the alcoholics anonymous, you know, kind of support group. My mother asked me that... 'why do you still need that?' I just don't meet people who are in the same boat that I can talk to and get it all out and talk about it. And that's all we do but she couldn't understand that. I never questioned it that way.*

*J: Yes, if it was an ongoing presence in your life.*

*E: But it is a presence. And that's the way a childhood image works, that you know the absence of presence and that the burden if you only reverse it, it's constantly there. [...] That's how I feel about it anyways. It's always there and it's not necessarily that you can't come to terms with it.*

Elsa notes again, that acknowledging her sustained grief is not the same as not "coming to terms" with infertility. Becker's discussion of disruption explores the need to make sense of infertility as a discontinuity in a life plan derived from cultural models (1997:6). However, like Catherine in the last chapter, Elsa's story suggests that infertility itself comes to represent a continuity of sorts - one through which these women also re-affirm a commitment to the social values of motherhood and fertility. They are not simply making sense of disruption and "making efforts to understand and reconcile

disorder" (Becker 1997:65). For some women, there is a need to make sense of the social world in which being a woman is synonymous with being a mother.

As I suggested in the last chapter, grieving helps some people re-configure their infertility as the loss of children. But it also helps women reconfigure their infertility as a sustained identity. For some women, then, performing and validating the grief that results from the presence of absence in their lives offers a way of denying – to themselves and others – that a failure to conceive is a failure to embody the hetero-normative ideal and the subjectivity of woman/mother.

The support network also provides a context for dealing with relationships with family members and constituting a community of people who can be trusted to understand and legitimate one's feelings of loss, anger or resentment.

*Kelly: And the amazing thing is when we went to NISIG first, it was such a nice thing to see everybody else's bitterness. (Laughing) We all laugh. We'd give out about people but you could still sense that it hadn't fazed the person. There was no deep hate within the person for whatever off hand comment somebody had made. They tried to deal with it with humour by giving out about it. There were two couples in particular that would be the same as us in that way. And the whole thing is you are laughing about it but you felt it was okay to laugh.*

*Tara: We did actually even before people had children we did end up laughing. And it was good to laugh about it because you were laughing with people who understood, they were allowed to laugh.*

Being allowed to laugh indicates the feeling of legitimacy established by sharing the experiences of loss and absence. Such stories highlight people's need to find others who might validate the feelings and experiences that are often misunderstood by friends and family. Only someone who has experienced infertility can laugh at the situations that emerge from a lack of understanding by others (the fertiles as Lara constructed them).

### 7.1 Giving Absence a Presence: Legitimate Spaces for Grief

One of the most profound examples of NISIG's confirmation of the legitimacy of the presence of absence is an annual memorial service held to formalize – materialize even – the recognition of loss and sorrow for couples who have been unable to conceive. The idea of an event similar to the one Catherine organized for her own friends and family appealed to members of NISIG and the organization subsequently developed the interdenominational memorials that have been held annually since 2003.

*Kate: And we find now that at the interdenominational services that even people who have adopted still haven't laid to rest their grief over failed treatment. Or even if they didn't go for treatment, to be able to acknowledge the fact they have never become a mother within, as in a biological mother.*

*J: Right, the giving birth aspect and the pregnancy aspect.*

*K: Congratulations, you're part of society now.*

Kate points out what she sees as the importance of birth to her sense of social belonging, describing motherhood as an achieved status. In Kate's analysis becoming a mother 'within' is differentiated from other paths to motherhood. This kind of differentiation comes up again in a later chapter on adoption but it highlights here the grief some women have associated with a failure to conceive and thus a failure to achieve the ideal of motherhood.

I attended the *Memorial to Unforgotten Dreams* in May of 2005, held in a garden called the *Leanbh* Memorial behind St. Benedict's Priory at Cobh, Co. Cork.<sup>2</sup> In years past it had been held in a church and presided over by clergy from several denominations,

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<sup>2</sup> *Leanbh* means 'child' in the Irish language.

but when attendance began to fall the NISIG executive decided to make the event self-directed and the *Leanbh* seemed to be an ideal space for a memorial. Walled off from the rest of the cemetery, it is a peaceful garden where stillborn and miscarried children could be memorialized with flowers and shrubs. There were only three women in attendance, and like the others, I brought flowers and spent time in quiet reflection. Following some readings by the executive, people were encouraged to contribute personal thoughts or prayers to a book kept by NISIG for this purpose. Three other women had sent messages to the NISIG executive regretting that they could not attend but confirming their ongoing interest in the memorial; these were added to the book.

The diminishing numbers attending the memorial became a topic of discussion, raised independently by two couples I interviewed who had participated in the past. Carol Anne and Vince, and Louise and James, were ambivalent about the need to formalize the memorial but all acknowledged that it had been valuable to them when they participated. Carol Ann and Vince suggested that the energy might be better directed at political advocacy, something the members of the NISIG executive adamantly held was not their mandate. However, a kind of political advocacy was at work in securing a physical location for acknowledging grief as a legitimate emotional response to a complex sense of loss in infertility.

NISIG sought permission from the Church to utilize the garden as a place to remember children who were not conceived (in a material sense) or embryos lost after infertility treatment, asking that these "unforgotten dreams" be formally included in the

mandate of the *Leanbh*. This inclusion of the loss and grief associated with infertility was important to the membership of NISIG since, for the first time, it accorded not only a space of mourning for infertility but a public and institutionalized recognition that such loss could be tangible. It was a way of reconciling the duality of grief in infertility, providing a space where the absence of motherhood was recontextualized by the presence of children as “unforgotten dreams” – material recognition of what had been the intangible.<sup>3</sup> For some this might serve as a form of spiritual recognition and fills the gap experienced by many who feel their own church community offers little or no recognition of loss or legitimacy of grief for infertility.

Even as attendance at the formal memorial service was sparse the year I attended, the support for it seemed quite widespread. Several participants spoke of their past attendance or of their desire to participate in the memorial service in the future. A number of women I spoke to during the research talked about the personal things they had done to recognize or memorialize their “conceived of” children. Evelyn talked about nasturtiums in her garden being a constant reminder and described having transferred plants from one garden to another when she moved house as a symbol of the continuity of her grief. Gail was one of several women who gave names to embryos that failed to implant or implanted briefly and then were lost through early miscarriage.

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<sup>3</sup> Linda Layne (2004) describes the making of memories in the context of pregnancy loss and miscarriage in the US. She notes that this kind of “memory making is pro-active” in the context of consumer culture suggests that memories, in this case, are constructions rather than reconstructions (2004:129; see also Layne 2000).

In the next section I will look at how support networks can be domains of contestation as well as legitimization or affirmation.

## 7.2 Contested Support

The support network is made up of volunteers who bring an interest in helping others and making sense of infertility as a social phenomenon. The network unites people with sometimes disparate views, experiences and knowledge under the rubric of infertility, resulting in conflicting interests and contested notions of what support entails. Catherine describes how reluctant she was initially to get involved in a "support" group.

*Catherine: Couldn't handle it... So I remember ringing ... I would have rung a couple of different places and I'd ask 'do you know the infertility group.' No, no hadn't heard, never heard of one or anything. So then I rang the Rotunda where I would have had my surgery. And they said "yeah there's a group and it's in Cork". And so I rang and K. chatted for ages and ages and she did invite me to come up to the meeting but I didn't want to become part of a group. ... I thought I have enough. I don't need any more stigma now in my life. Going to meetings for an infertility group? Forget it. So I rang her, I think once or twice more after that and she still encouraged me. So I decided to join. Reluctantly I must admit because I had to get Kevin to sign it as well.*

*J: Oh, right. The application forms.*

*C: I hated to do that. I hated asking him to sign the infertility form because I felt I was the one who was infertile, here I go again ... And I wanted it just to be me but the partner's signature has to be signed ... not has to be signed but ... I wasn't told it would have to be signed but when the forms came in I saw it I thought I can't send it back now without the signatures and he signed it and I was thrilled with him. And uhm, so I went to the first meeting I never looked back. Never looked back, even though my husband was reluctant for me to go. He said 'what do you want to get involved with that for, now?' Because I had been through the year and a half of one to one counselling...*

Catherine initially found joining the group challenging because it meant acknowledging that infertility was something she shared with her husband. Up to that point she had taken on the emotional and physical responsibility herself, grieving her two

imagined children as part of an embodied motherhood identity. Among the challenges she identifies is the fact that she would have to share the burden of infertility with her partner in making a formal application, an aspect that represents the assumption that it is married couples who are “infertile”. NISIG thus upholds and participates in the heteronormative ideal of marriage and provides little space for legitimating the isolation of infertility among those who might not be part of this social convention.<sup>4</sup>

The climate of conservatism appears in the origin story of the group as well. This is partly a result of the politics of the bioethical debate around the “right to life” of the unborn. There is also an element of concern about not attracting the attention and provoking the ire of a vocal pro-life lobby in Ireland. The founders of the organization explained that they were initially reticent to speak in public or to even use their own addresses or phone numbers out of a concern that they might be picketed or targeted in some other way.<sup>5</sup> This concern seems to animate their desire to be apolitical in their approach as the group does not take an activist stance on issues and speaks to the media only on rare occasions. This tension between support and activism left several couples

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<sup>4</sup> I recall receiving a package of information from NISIG at the outset of my research and thought I would join the organization as a courtesy. However, a quick examination of the forms led me to change my mind as I could not legitimately ask my husband to join and the forms were clearly set up on the basis of an assumed marriage. It was not so much that I felt I couldn't join but that it was clear from the application forms that it was not an organization comprised of people with an interest in infertility. It was exclusively for “couples” who were infertile.

<sup>5</sup> The concern for safety and attracting the attention of an activist pro-life backlash may not have been unfounded. In late February, 2008, bullets and a fake bomb were mailed to several fertility clinics as well as the Minister of Health in Ireland. A group calling itself the Irish Citizens Defence Force claimed it was a protest against the freezing of embryos. No one was injured. See “Fertility clinics and ministers targeted in ‘live bullet’ campaign” by Eilish O'Regan et al in *Independent.ie* 11 March 2008.

frustrated that they had no voice or representation in the public domain through a network of people with similar challenges and experiences.

*Kate: And I read in the paper that there was an infertility talk going on in Dublin. So up I trotted to Dublin and a voice across the hall had questioned one of the consultants about the side effects of clomid. So I said that's a Cork accent. So after the talk I went over and introduced myself to her and I said 'how would you feel about setting up a support group in Cork?' And she said she would be quite interested. But I said you are going to have to do a lot of the work because I'm a nurse and I don't want to expose myself to a lot of the gynaecologists so you're going to have to go along to all of them and have a chat. And she said 'no problem, no problem', so we set up in Cork. We used her home address and we used both our private numbers. And then the freezing of embryos, surplus embryos or excess embryos was coming into Ireland and the fundamentalists would write in to medical journals saying they were going to picket these places. And we got very nervous because her personal address was on things. My husband wasn't very happy with my personal number going out to the general media. We'd no money at the time, no funding. So then we got a bit of funding and we got a box number. And then we changed our number to an 1890 number.<sup>6</sup>*

Kate's narrative about the founding of the organization is plotted against the politics of abortion and reproductive choice in Ireland at the moment when embryo freezing was the subject of contentious claims by both sides of the debate. Physicians proclaimed it a pro-life measure to preserve embryos while religious leaders from the Catholic Church, in particular, called it the antithesis of respect for life at conception.<sup>7</sup> Even Kate's concern with the implications of her potential 'exposure' in professional relationships plots the formation of the group as a kind of subversive risk taking. This has been a justification for group members to align themselves only with the function of

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<sup>6</sup> An 1890 number or "lo-call" number allows people to call from anywhere in the country for local rates.

<sup>7</sup> I will explore this in more detail in a later chapter but the introduction of embryo freezing in Ireland came on the heels of a contentious revelation in the media in 1999 that exposed the practice of placing "surplus" embryos in the cervix where they would not survive. Freezing was heralded as a way of preserving spare embryos for later treatment.

providing individual support rather than public advocacy, which might expose them to criticism by conservative pro-life groups who challenge the use of ART.

The executive of NISIG did ask for and were given a seat on the Commission for Assisted Human Reproduction (CAHR). A couple of the executive have also participated in iCSi (International Consumer Support for Infertility Network), an international forum aimed at “empowering” people in their use of assisted reproduction. Participation in conventions hosted by iCSi has been seen by some people as an opportunity for members of the executive to travel to other locations around Europe at NISIG’s expense. A couple of people lamented that the potential for advocacy that should have come from this kind of international collaboration has not been forthcoming.

Becker argues that groups like NISIG (and iCSi) form as part of an “identity politics and a means of struggling for power. Such movements are political because they involve refusing, diminishing, or displacing identities that others may impose on them” (2000:102). Frank Van Balen, citing numerous examples from North America and Europe, situates the formation of self help groups and telephone line counselling as mechanisms of empowerment and signs of a shift in the public profile of infertility away from secrecy and the unspoken (2002:92). Such is not the case with NISIG, I would argue, because the group has steadfastly distanced itself from this kind of public profile. Perhaps more importantly, such groups reflect the culture in which they emerged (Becker 1997) and NISIG has adopted a mandate that is both steeped in and responsive to the secrecy and overwhelming silence that attends infertility for many people in Ireland.

Their focus on one-to-one phone calls, individual support and closely controlled access to meetings is embedded in a culture of isolation in which the mandate and operation of the organization accommodate in rather than challenge the silence. This however, does not preclude its value as a service in a social context in which people want to sustain their anonymity.<sup>8</sup>

Several women I spoke to noted that their experiences with infertility would provide the focus for "helping others" and some contemplated a career change in this direction. Many of the women I spoke to, like those who started NISIG and another who has developed an internet forum for infertility support in Ireland, considered their own experience to be an asset that would give them valuable, and perhaps, lifelong insights as a result of infertility.

*Carol Ann: The only good thing I suppose, that has come out of it, is that it has helped me down the road if I don't get pregnant and maybe if I do.... I have made up my mind that I kind of want to change careers at some stage. I'd love to go into psychotherapy, counselling couples. [...]. And who better to counsel somebody that can't have children than somebody who's been through the thing themselves, who can identify with what the person is going through because you've been through it yourself. I definitely would like to do that.*

Stories like Carol Ann's shift the helping agenda beyond the volunteer support network. The capacity to turn the sensation of a presence of absence into productive energy by sharing the weight of stories of other women and their partners reflects a kind of "pragmatic" agency (Lock and Kaufert 1998). Women resist, on one hand, the domain of the "professional" counsellors who may not have shared such experiences, but on the

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<sup>8</sup> Letherby (1999) notes that women in her UK study described breaking the silence about their infertility as akin to "coming out" for gay and lesbian people.

other they might claim a professional legitimacy as an “experience expert” (Van Balen 2002). In fact, out of more than three dozen women I interviewed, six told me of their interest in carrying forward from the ambivalence of unrealized motherhood, employing the empathic sense of a presence of absence in their own lives by offering support as therapists or counsellors.

### **7.3 Identities Online: Fertility Support Websites**

As I mentioned in Chapter 2, internet websites provided a means for letting people know about my work. I regularly read the websites and noted the traffic on various topics. Although I didn't use the online forum as a source for data for this research, the sites were definitely a source of context and a number of my participants regularly visited the sites and shared in each others' stories. However, the limited scope of my use of the boards means I will pay attention here only to a small aspect of their place in the lives of people who spoke to me about infertility. The use of such boards warrants a study of its own in order to do justice to the meaning they hold for people .

Like the support network, websites are caught between the issue of maintaining privacy and confidentiality, generally through the use of pseudonyms, and the issue of sharing information and making infertility less secretive. More than half the participants in my study reported regularly checking into or posting on the two most popular websites identified. These were *Rollercoaster.ie*, which features a variety of bulletin boards on numerous topics to do with fertility, pregnancy, parenting and reproductive health in

general. The other popular website is *IVFconnections* which is international in scope and has pages of bulletin boards designated by country, topic and subtopic.

*Kristen: I know, I go onto... I don't know if you've seen it... Rollercoaster .ie. I have gone there for a support group really. I find it good sometimes you know, because it's anonymous and there's a thread on there with the same group who've been together for a year and a half now. So we just log on every now and then and catch up with everyone and ...they're all over the country like.*

People tended to participate in two ways. They often became part of a thread with perhaps a dozen or so people who have something in common such as a date for IVF treatment, a recent treatment failure, a particular clinic affiliation, or a particular treatment protocol like donor eggs or drug regimen. People also participated in general threads by answering each other's questions, posting experiences or debating issues of relevance. While people often became intimately familiar with the stories of other people on their thread, they rarely knew each other personally outside of the website.

*Kristen: I have to say I find the people that I relate to on it are great. There are three or four of us that have been there and we just.... I started the thread actually and now other people are coming in and joining. But I don't want them as much and it's just been people that were already in treatment and had babies now and you know. I'm genuinely happy for them which I have to say... which I find, when you talk about your identity I would always see myself as really quite a caring person. But what I don't like and the way this has changed me is I've become so cynical now when people get pregnant who are younger than me or have got married after me and it's terrible. It's a horrible but honestly that's how I feel. It's terrible.*

*J: I've been on Rollercoaster and IVFconnections. I think it was IVF Connections, a thread started by someone telling about dumping out all that negative feeling and it was a safe place to do that.*

*K: Yeah. It is. I do find that things like talking about your relationship with your husband and everything like that. You sometimes don't want to discuss that with the people that know you (laughing). [...] I think because it's the internet, it's faceless. And you know I'm not called Kristen there. You make up a name and nobody knows who you are and you release what level of detail you want to. I*

*mean I've looked at that [NISIG information] and in Dr. E.'s Clinic but because it is face to face I certainly wouldn't get the same confidence.*

There were a couple of exceptions to maintaining anonymity. Laura and Michael discovered that someone Laura was acquainted with online lived near to them. They met and became good friends and subsequently asked this woman and her partner to be Godparents to the son they conceived through IVF. In the spring of 2005, a group of women on one website decided to meet at a Dublin hotel for lunch in order to put faces to pseudonyms and stories, breaking the anonymity that some had shared for years. Reportedly, about a dozen women, some with babies in tow, showed up and met face to face for the first time. Two women I spoke to about this said they initially thought about going but then opted to remain at least somewhat invisible to the group under the guise of pseudonyms.

*Breda: I suppose the interesting thing about it is that when you are on line you sort of think 'oh these women are all like me' and then when you meet them you realize how different you are and how they are not really people that you would normally have anything to do with.*

*J: Right, something in common but not really. I wondered about that. Being able to share things on line....*

*B: The other thing about the online relationship is that it is very ... that there is not a whole lot of freedom about what you can say. I suppose you've noticed that. But you know ... it's very unchallenging. I think it has to be like that. It's about support and when something comes up that you don't agree with... I know there are one or two girls who tend to challenge things they don't agree with but I always stop short of... And while I would never say to anybody they don't have a right to feel that or whatever, equally I would never say I don't feel that because that would feel like a challenge to how they feel. So the supportive thing has to be kind of neutral.*

The important aspect of online support networks appears to be the legitimacy they offer for emotions and experiences of loss. When someone posts information about a

failed treatment it was not unusual for there to follow as many as 40 – 50 posts from other people expressing both condolences and support. In a study of an internet site dedicated to support for menopause Diane Goldstein describes such sites as creating “their own separate and distinct medical culture, a culture which gives primary importance to the role of subjective experience” (2000:313). Goldstein’s work focused on the creation of spaces for claiming alternatives to institutional medical knowledge, in the form of “subjugated knowledge” (Foucault 1980:81) and “vernacular health theory” (Goldstein 2000:314). Infertility support networks also provide a means for people to lay claim to grief, loss, sympathy and a sense of “subjugated experiences” of motherhood in the absence of children.

Not everyone found support on the internet. For some women the internet represented a kind of information overload that only added to their anxiety and was not supportive.

*Jane: You are filtering it through this massive amount of emotion and shock and confusion and fear. Huge levels of fear. And going on the internet to be honest, I recognized the limitations of that in an emotional state. Searching and surfing and grabbing bits and going on to email boards and... It's not helpful because it just reinforces the notion that you're not doing enough and you are ultimately to blame for this problem and therefore down the road if it doesn't happen it is because you didn't give up eating the pineapple or something.*

Breda also points out a disadvantage created by the boards when people make assumptions about the kind of support people are looking for or need. The boards themselves create a cultural context in which people anticipate and shape responses based on the thread or topic where a post appears. This can lock people into the discussion of

hope, for example, leaving little room for what Breda suggests here, is her need to engage with a new set of emotions and different kind of support.

*Breda: And for me the big thing now is some of the names like, they are moving on because you are not allowed to give up really. Anyway even in our last cycle, everything I had said indicated that this was my last cycle and that it was absolutely hopeless and that there was no sort of... and still the first post I got was "sorry it didn't work THIS TIME." In capitals and I thought okay that's not really what I want to hear. There's no space. I was saying to one of the girls on email recently that we should set up another graduates boards, you know there are graduates who got pregnant and we need another one for the ones who didn't.*

In this case, the only way to get the support she needs is for Breda to create a new board that signals to everyone else what kind of support she is looking for now. In this case the space for acknowledging grief has to be claimed on the boards just as it does elsewhere.

#### **7.4 Contested Institutional Domains for Legitimizing Loss**

Among the many avenues of support for people facing crises, loss or emotional difficulty, religious institutions are often at the forefront. For women and their partners struggling with infertility, a lack of recognition and social legitimation of their loss by the Catholic Church, in particular, is often seen as hypocritical in light their continued emphasis of the ideal of motherhood. Tom Inglis (1998[1987]) makes a case for a recent decline in the "moral monopoly" held by the Catholic Church in Ireland, but the narratives of people struggling to meet the ideal of motherhood suggest that such changes are perhaps unevenly experienced in day to day life. Some of my participants were clearly striving to make sense of infertility from within the ethos of the Church as practicing Catholics while others were struggling to make sense of what felt like betrayal. Their ambivalence is evidenced in a kind of post-Catholic context wherein Catholicism,

even in a positions of diminished authority, remains influential as a formative, if contested part of the social context in Ireland. As such, the Church remains a valid framework from which to make sense of grief and loss even if it is a benchmark for change or a site where people mark their own ability to question, contest, and re-organize former interpretations of values.

*Jill: You said those who are grieving a loss or an inability to have children don't get recognized in the church, that somehow not having children gets missed or that people don't really realize.*

*Louise: Oh yeah, big time!!*

*J: Have you been able to talk to your priest about that?*

*L: Our parish priest, I think he understands but I don't really talk to him about it. I haven't really discussed it with him but someday I will. But I have a friend who is a priest and NISIG has a little service every year for our unforgotten dreams and this priest actually does it. And I know him through going to Lourdes every year so he has a connection with me through Lourdes. And when I was in Lourdes last year he was there and I'd been for IVF and I had to do the test on Friday morning and of course my period came and the following Wed. I went to Lourdes and he was very supportive to me and saying 'are you going to try again?' And he asked 'why don't you go down to the grotto and pray to Our Lady?' and I said to him 'Our Lady is on my shit list at the minute'. And he was going 'oh no' (laughing and throwing her hands in the air). I was really angry and I love going to Lourdes and going to work as a helper with the sick and I love it. But I was really angry at the time.*

*Donna: But I think my anger against him (God) is diminishing a little bit now. That's happening now. I go to mass ... I wouldn't maybe go every Sunday but if I felt it would be a good mass I would go. I did have a problem with one Christmas .... I like to go to mass at Christmas and 2 years ago I went to mass and I got up and walked out. Christmas Day.*

*J: So it was just too painful?*

*D: Oh no. It was the priest. He was talking about the 'miracle of a child' and after the birth seeing the little fingers and little toes. And I'm there saying to myself it's all about being pregnant and birth. It was all about the child and the miracle and I just thought, oh god, you know, doesn't he think that there are people here who haven't buried a child or buried a baby, had a neonatal death, had a stillbirth, miscarriage, failed treatment. Do you know what I mean? [...] But yes I really was very angry. And very angry that they didn't support me, and*

*very angry that I couldn't go to them and ask them to pray for me. Very angry. And very angry that I couldn't go to mass and say that I'm having treatment and can mass be said for me. Because with infertility treatment I was a sinner. I couldn't ask. And I find that... they weren't there when I needed them. They weren't supportive of me when I needed them. Or if I was to ask them I'd have to word it in such a way as 'I'm trying to conceive. Would you please pray for me?' you know? And I couldn't say that either. Or, also I just think that it's better if they don't know everything. You want to tell them a little bit but you don't want to tell them you are sinning as well. In their eyes I was sinning. So I couldn't tell them anything. So I couldn't ask them to pray for me. And that's why I finally stopped going to mass. And well that was when I was so angry with them too. Because if I had.... If I had been successful would I have to leave my child inside the church to go to mass and I'd have to go outside? I was doing something which was against the Catholic Church. So how could I go up and receive Holy Communion? How could go I into confession and say I had IVF treatment and will you forgive me then? That's rubbish.*

***Maureen:** And this priest is fantastic, actually, because he makes a big deal, you know, of everything. Mother's Day... every Mother's Day in the church he has hundreds of daffodils up there – hundreds. He buys daffodils in this bunch and he goes through 'you're a mother, you're a daughter ....' He goes through everything. But he said, this really was important because before all of those things you are you. You're an individual. So the last time at the end I asked him about it, you know. Everyone was gone, and I just said 'look, Father James, would you just include women who aren't mothers and who would like to become mothers, you know, and all the mothers who had lost babies ... and through IVFs like ... failed IVF cycles, I said. And he said to me – oh my god, those are the people who weren't mentioned today. Motherhood that doesn't happen, he said 'I never thought of it from that point of view'. You know, and I really pictured that at the Mother's Day mass.*

While on one hand Maureen's narrative captures the issue of multi-subjectivity as women inhabit a number of social positions and relationships, what is missing in her search for legitimacy and recognition is "motherhood that doesn't happen". Narrating this missing component in the frame of acknowledgement suggests that the value of motherhood in a moral and religious context remains significant as a site of continuity (Becker 1997).

Some women, like those quoted above, sought support from within the formal institutions of their own churches, but there are a number of other professional domains where people seek validation of their experiences of grief and loss. Counselling plays a role in the shaping and legitimizing of grief and sometimes participates in constructing the kind of non-material sensation of motherhood that women like Catherine and Elsa described in the last chapter. However, its value is sometimes contested and many of the couples I spoke to felt that counselling had been rather formulaic and clinical, looking more at the problems related to treatment rather than meeting individual needs.

*Kelly: There was no engagement with them at all. And the counsellor, she's a nice person but you know, the counselling is there just as a service.*

*Tara: I thought the counselling was a bit of a joke because they send you in to see the doctor and the counsellor. And you see the counsellor first, and I have to say I was really nervous about saying the wrong thing. Because I thought if we don't get through the counselling session they are not going to send us on to the doctor. But literally we were with the counsellor for half an hour and the next thing the doctor came in and called us. But the counsellor didn't say anything.*

*K: No problem with that one. You are green lighted.*

*Breda: Yeah, I have thought about it and went to see the counsellor to talk about it. She was very interested in the donor issue... but I didn't get a whole lot out of the counselling side of it but I think that's probably more to do with me than her.*

Others tell stories in which their sense of empowerment or ability to find legitimate meaning for their feelings was enabled through a relationship with a counsellor. In such cases, the counsellors offer new interpretive frameworks, sometimes filling in the void left by the failure of the Church to meet the needs of people. Donna felt her own experience was positive as her counsellor was the first professional to acknowledge her sadness in a way that made sense – as grief.

**Donna:** *And then I remember when I went for counselling and I remember saying - and I think he got a crash course in 15 seconds about what infertility is - and then I just said 'you know really I'm an incredibly strong person but I just feel I'm not in control at the moment. I probably need to go on prozac or something like that and I'll be able to get my head around everything.' And he said 'no Donna, you're not depressed, you're grieving.' And I think that's the first time that word was used. It was the first time that it was acknowledged.*

**J:** *Right. The recognition of what was actually happening.*

**D:** *Right, the recognition that I was going through grief at the loss of motherhood. And it was incredibly powerful.*

**Jane:** *So he was quite helpful in kind of like exploring it as a journey. He wants to look at in a kind of spiritual way. He used a lot of kind of creative approaches and trying to ... not to take the focus off but trying to use it as a starting point for looking at it as journey even if the outcome is not what you want it to be. The journey will have been entirely useful.*

**Lorna:** *I went for counselling for a good while after the IVF. There was an huge sense of anger and 'why me' and you know 'why did I get this' and you know a lot of that and 'what ifs' and it's bereavement. It's such a silent bereavement. Nobody knows about it ... nobody can come up and lend a hand or assistance because I've told nobody. But then if I had told people how many are going to know what it's like if they haven't been there?*

For all of these women, professional counselling provided them with words or tools for acknowledging and working through the presence of absence as grief and as part of a process. They all express a sense of gratitude at having the bereavement or grieving validated as a legitimate emotion.

Some women seek to redefine the meaning of loss in relation to the experience of infertility treatment. When there is no conception after IVF, medical practitioners sometimes left women feeling that it was not the treatment that had failed, but rather the women themselves. This is especially difficult if the infertility resides with the male partner and successful conception still depends on the rigors of IVF for women.

*Leah: We couldn't understand if they're telling me I'm fine, they're telling me my womb was fine, they're telling me I should have no problem conceiving and yet, they're doing the job themselves with the little sperm. They're telling me that the cells, the division is happening, they're putting it back inside me after the divisions have happened. So I was like 'what's going wrong.' And their explanation to that was there's a huge amount of it goes on and the sperm is still very involved, that he's other roles to play and genetically he may not be able to play those roles. And other things in a woman's body that they really don't know about, why nature decides to expel it. And they basically really never gave me an answer except to say there really isn't an answer. [...] They initially said they recommended three times or whatever, and after that, after we'd done it they were actually dead keen to get me, us to do it again. They said you're still young enough and healthy... And on one hand I'm thinking this is just a money spinner. But I know statistically, I know biologically it isn't... it's there, you can look at the stats.*

Leah's treatment failure is framed in the discourse of statistics and science but in the end she holds "nature" to account as that which expels or fails to do its part. This merging of nature and science in the discourse of assisted reproduction is part of what Franklin (1997) describes as the construction of hope. In her work with women who were undertaking treatment with IVF Franklin describes how infertility operates to sustain the possibility of fulfilling the life narrative, forestalling the acknowledgment of disruption. This is achieved, in part, through rhetoric that suggests science can overcome the inconsistencies and flaws of nature (Franklin 1997). Moreover, it participates in the redefining of what is culturally constituted as natural (Strathern 1992a, 1992b). For couples who seek refuge in a medicalized explanation for their infertility, a failure that is situated and then reiterated in women's bodies does little to validate an identity so firmly attached to motherhood. In fact, some women refer to themselves immediately after IVF as "pregnant until proven otherwise", in an attempt to experience however briefly, the

sensation of being a mother, seeking the needed validation of that identity. The experience of having embryos inside their bodies is often balanced against the weight of grief after the embryos are deemed to be lost at the end of what is described by many as the longest two weeks of their lives – the two weeks between embryo transfer and the onset of a period or negative pregnancy test.

*Carol Ann: I suppose the first two times the treatment failed, I was feeling a failure as a woman. That you can't, A) have children naturally, and B) that you tried treatment and that even then you still failed to, you know, the embryo failed to implant.[...] Because if you believe in conception being the beginning of life then you have a life within you. A woman normally, the only way they know they're pregnant is if they miss a period or they start feeling sick. Whereas you know from the very beginning that there's an embryo in there that could turn into a human being and you feel like you're pregnant right from the start. So that when it fails it's like having a miscarriage because you feel there was something in there that was growing and it just died. So it's like bereavement.*

Carol Ann describes succinctly the convergent losses of both her embryo and her identity as a woman. While she feels she can contextualize the lost embryos as bereavement, it is more complex to work out her own lost identity. Carol Ann carefully re-defines her grief as the same as a miscarriage since with IVF women know there is an embryo placed into the uterus. The sheer visibility and materiality of embryo transfer constitutes a sensation of pregnancy.<sup>9</sup> The very idea of when pregnancy begins and how treatment is viewed in the context of success or failure is now re-defined in conjunction with the progressive successes involved in an IVF conception.

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<sup>9</sup> Embryos transfer (ET) is the process of inserting, via a fine plastic tube, one or more embryos into the uterus of a woman who has taken hormonal treatments in order to maximize the chance of the embryos "implanting" or adhering and beginning to grow.

Alexis describes her desire to just experience the sensation of a kind of material conception in order to have something on which to base both a feeling of motherhood and the grief of losing it.

*Alexis: What happens with us... what seems to be happening is the eggs look fine and the sperm looks fine and they do the ICSI and they look fine on day one. But then through day two they all died off. They didn't last until day three for the transfer. I've never had the embryos back. I've had the egg collection but I've never had the transfer. [...] They always do the day three transfer for ICSI and I was saying should we not do day two when they look so well on day two. And they were saying, 'well, your chances are pretty slim, like, because if they're going to die in the lab on day two the same is going to happen inside you.' But psychologically I'm expecting a miracle by having them inside me, whereas I've never had them inside me and I'm missing out on that bit. I know some of the girls would be on the IVF websites saying something about their embryos and I would be thinking god, you're so lucky to even have them inside. Like what do you feel like or do you feel anything. In some ways it's silly because there's nothing and I'm probably better off waiting the three days and then if they are gone, they're gone instead of waiting the two weeks. But the embryologist said if he had his way everybody would be a day three. You wouldn't have to wait the two weeks then because you'll know. And I was saying, 'surely, the best place for the embryos is your womb', and he said, 'no, the conditions in the lab are just as good, if not better.'*

Alexis found the sadness of never even contemplating the presence of embryos difficult to deal with emotionally. She tried to imagine the sensation of performing motherhood by housing and nurturing an embryo herself, however briefly. The embryologist assumed he was foreclosing grief for women by insisting that only embryos that survive *in vitro* until the third day get transferred to the womb of the mother. However, this also fails to acknowledge the significance of embodied motherhood as

both subjectivity and a social ideal.<sup>10</sup> The embryologist here dissociates the powerful subjective experience of nurturing in motherhood from the bodily function of providing an environment for an embryo when he suggests that the laboratory might be a better place for this process than the body of a woman/mother.

Feminist theorists have directed our attention to such accounts in which “scientific discourses have come to articulate the authoritative social theories of the feminine body” (Jacobus *et al.* 1990:1). Franklin draws on Foucault’s critique of power to point out that, in assisted conception, both the norms of practice and what constitutes legitimate knowledge become the purview of the clinicians (1997:145). Franklin describes the often contradictory and variable meaning attached to “achieved conception” in assisted reproduction as medical practitioners have a differing view of achievement than the women receiving the biomedical interventions (1997: 145). For women the meaning of achieving conception is embedded in the significance of becoming a mother. For practitioners, however, it is the scientific and biological accomplishment of having fertilization and implantation occur through the *craft* of medicine – an achievement in and of itself, distilled from the social meaning of conceiving a child. In stories like the one told by Alexis, the scientific measure of success or failure can leave women feeling external to the process of their own procreative events when they embody the social role

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<sup>10</sup> In the process of IVF, fertilized eggs are left to incubate in the lab for between two and five days before being returned to the womb or frozen. During this time they are often “graded” for quality and assessed for cell division progress or signs of “fragmentation” (Carr *et al.* 2005: 5680569).

without being able to embody the biology as well. This leaves them not only bereft but somehow unable to situate their grief.

Treatment failure, and the grief that accompanies it, can be difficult for some women to try to put into context that friends and family members will understand.

*Donna: After my last embryo transfer ... and it didn't work, and I had said to my siblings and quite a few close friends of mine that I'd been for infertility treatment. And when I said that it had failed, I didn't get much empathy from them. It was like it really didn't matter. Well I rang the Miscarriage Association and I asked their permission to say... could I say I had a miscarriage because then my needs might be taken care of if I did say it. And I felt the recognition of my baby would be... And they were absolutely brilliant (emphatic). They said "of course you can, of course you can, because you did have embryos inside you and you don't know, they might have implanted for a few days. You don't know. Of course you can say it but we do have to warn you about something". And they said "number one, the female is always to blame and number two they will ask you how many weeks you were". I said I didn't care. I went home to my hometown and I told my siblings and they got up and they hugged me and they cried. But I thought that was very sad that the grief of infertility was not ... that I had to say I'd had a miscarriage to get my needs met.*

Donna re-defines her experience as a miscarriage thus discursively creating the dimension in which people could empathize with her. It is interesting to note that Donna did not feel entitled to claim for herself the right to experience a miscarriage until she was given permission to call it a miscarriage by the appropriate support network. An alternative but authoritative, medicalized definition of what happened, allows Donna to shift the meaning from a domain of failure to a domain of loss. In other words, a pregnancy or a "baby" can be lost whereas an IVF treatment only fails. Again, the support network relies on the biological definitions of conception and implantation to assure her that her grief and her claim to motherhood are real experiences. As Foucault

(1977) suggests, the power to name gives disciplines like medicine the power to construct and shape experience. Donna finds satisfaction in this reinterpretation of her experience and is empowered by its endorsement by an official organization. At the same time this need to re-position her loss as a miscarriage re-affirms fertility as the norm.

The next section explores how claims to loss and grief are sometimes contested even among people who have dealt with infertility themselves.

### **7.5 The Limits of Empathy: The “Otherness” of Secondary Infertility**

As I have described above, the presence of absence defines, for many, the feeling of emptiness associated with the ongoing desire to fulfil the imagined and embodied sensation of parenthood, and especially motherhood. But the legitimacy of this sensation is contested, even challenged, for couples who are dealing with secondary infertility. These people have one or more children but find, often to their surprise, that they are unable to easily conceive a subsequent child. For these couples, the presence of absence obtains in spite of having achieved what many childless couples would see as the ultimate success.

Melissa Pashigian (2002) describes the liminal position of women with secondary infertility in Vietnam, where having a single child is not a social anomaly. She notes that women with secondary infertility can “pass” socially and “they are buffered from the social consequences of infertility” but are nonetheless saddened by their experiences. (2002:147). The meaning of secondary infertility differs from social context to social context, influenced by what people consider to be an ideal family size, gender mix of

children and age spread. The devastating impact of secondary infertility is thus often misrepresented by WHO in its application of universal standards and definitions (Sundby 2002; Inhorn and Van Balen 2002:12).

Many of the people I spoke to Ireland described the pressure of a dominant social norm that seemed to mandate more than one child since an only child is viewed as disadvantaged. And yet, women who use infertility treatment to meet their objectives are subjected to comments about “being grateful for what you have” or that “you have enough” or that you might be risking something in pursuing assisted reproduction in order to have another child.

*Tara: There were a lot of people now who have secondary infertility.*

*Kelly: And it is tough with secondary infertility because everybody's reaction when it's the first one is I don't want this child to grow up on their own.*

*T: And for us especially it really hit home when Kelly's Dad died because at the time his two brothers were home and everybody was there. And I remember coming home from the hospital one night and it was just great to have them all there. And I remember Kelly saying to me one night I don't want L. to face this on her own. And it wasn't a morbid thing to be saying. It was just a recognition.*

*Jenny: And people won't worry about asking you 'are you not going to have some more?' I remember one night we were in a restaurant and in the space of 15 minutes three people had asked us and that really bothered me. It was then that we started to prepare answers. My husband started to say 'I think we've lost the recipe.' That meant a whole lot of things. Did we want to lose the recipe? People just couldn't read into that. [...] My son is the only child in his class who is an only child out of 30 kids.*

Tara and Kelly also highlight a key issue for couples struggling with secondary infertility – the practical challenges of being an only child and the social perceptions of having an only child in a familistic society. Several couples who had succeeded in conceiving one child expressed anxiety about having more children because their own perception was

that it was difficult to be an only child. The recent trend in Ireland toward a decreasing family size has been documented statistically and discussed in sociological literature (Fahey and Field 2008). Demographic data in Ireland indicate that families with more than one child are still most common but the data also show that 62 percent of children live in small households of only one or two children. While growing less common, the number of families with three or more children remains higher in Ireland than in other EU nations (Fahey and Field 2008: 32-33).<sup>11</sup>

My participants all expressed a preference for more than one child. Mairead and James were a case in point. Their daughter was born following a number of attempts at treatment and although they were trying it again, they were also pursuing adoption. Three women told me that even if they succeeded with IVF they might consider adoption for a second child rather than endure subsequent treatment failures and risk not having a sibling for their first-born child.

*Mairead: You've probably read things about that and seeing as I'm an only child when it came to our own situation you know I was very conscious of wanting a child and secondly wanting more than one because of my family circumstances.*

People with secondary infertility experience a double stigma in trying to legitimize their own grief since other people do not understand their loss in light of the presence of a child or children in their lives. Their stories are seldom perceived as disrupted life narratives and the discontinuity or disorder they feel themselves is apparently not widely

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<sup>11</sup> According to Fahey and Field the 2006 census data indicate that for every one hundred first-born children, there were eleven fifth-born children. This contrasts with data from 1960 when for every hundred first-born children there would have been 150 fifth-born or higher in Ireland (2008:31-32).

understood by others. However, as Marie Claire notes, she still felt there was an unborn baby out there to whom she was already a mother.

*Marie Claire: My sister I did tell, but again, she was very unsupportive and when I went in for the surgery she said I was doing a very foolish thing. She said I can't afford to let anything happen to me because of the children. And she said I really should stop thinking about myself and stop being selfish and you know, think of the children and to be more of a mother to the kids I have. Which is very difficult because I was trying to be good to the children but I wanted to be a mother to this unborn baby somewhere that we hadn't even conceived. So I haven't discussed our treatment with her at all. I have a fear of anaesthetic and then somebody comes along and says that's not a good idea. I question am I doing the right thing. But I knew that I had to ..... there was another one out there for me. Like it was a spiritual baby waiting to come into our world. And I think everyone's got a right to life and I think that's a personal decision. If you've got 10 children and you want to extend your family, if you can do it financially and if you're physically able then I think that's okay. [...] When you get married it's like 'when are you starting a family?' When you have one it's like 'when are you going for another one?' If you have 2 girls it's like 'are you going to try for a boy?' If you have 2 boys 'are you going to try for a girl?' There's this pressure from people. Outside influences. Pain... even though it might be worse for primary sufferers who have no kids, it's on a... it's like the emotions are the same.*

Marie Claire and her husband had two children in quick succession and found the demands of parenting difficult. After a few years' hiatus they tried to have another child and found they could not conceive. Marie Claire, a devout practicing Catholic, admitted to me that she turned to alcohol as a crutch for the disappointment she felt in not being able to have a third child. She sensed that people in her situation, suffering with secondary infertility, experienced the least empathy not only their search for support in the community, generally, but also among other people who have dealt with infertility.

*Marie Claire: People make judgments, like you can compare [it] to unemployment only it's worse with infertile couples. It's not something you can say like 'oh did you know I have no job – did you know I can't have children or I have a problem?' Because people go, 'well what could be wrong with you then'?*

*And people assume you shouldn't want anything else.... At what point should you feel then your family is complete?*

The comparison Marie Claire makes between infertility and unemployment highlights the stigma and sense of personal inadequacy that is often associated with both issues. It is hard to talk about because people make assumptions about the circumstances without knowing the details.

*Jenny: I just think people are totally ... like they kind of despise the fact that you are so sensitive about it. They are almost saying 'what are you complaining about?' I think if they were in my situation they would feel differently. These are people who have two and three children. Everybody is guilty of it. I think the only people who are really understanding are people who don't have children themselves. I mean even down to the medical point of view, even some of the receptionists who are lovely but I get the feeling they don't understand. There is a massive amount of 'Oh come on. You're so lucky. Your son is so healthy and you are so healthy'. So? You wanted more. And it is so easy for them to say 'I don't think I would have cared.' You would have cared.*

*Marie Claire: With infertility it is pushed under the mat. I mean people go off the rails because they've got this problem and there's no one, there's no one to turn to.*

Marie Claire lamented that there was no organizational support network for people in her situation. When I pointed out there was, in fact, a national support network that had been in place for ten years she said they had nothing to offer her in her particular circumstances. People who want to expand an already existing family, describe a large measure of censure and are sometimes even chastised by family, friends and even strangers, for seeming ungrateful for what they have.

In terms of intra-community support by others who also suffer infertility, Marie Claire felt like she was silenced by a lack of representation and little understanding of the

particularities of her experiences. Additionally, she felt that rather than a shared sense of understanding, there might, in fact, be resentment given that she did have two children already. As we were discussing what Marie Claire felt was a dearth of information and support for those with secondary infertility in particular, she suggests that there needs to be a wider mechanism for disseminating information on the national level. When I asked her about the presence of NISIG as a nation-wide network she explained that even in this forum she felt a need to protect her own emotional interests.

*Marie Claire: No, you can't go to meetings. The organizers said that it wouldn't really benefit me and I would probably feel like a fish out of water if I went because I couldn't give any input. It's only about primary and because I don't know what that feels like. ... And I would feel very much like I was rubbing it in their faces, you know? Why are you here. You have two, you don't belong here. Took me months.... Before I told anybody... before I thought maybe it might be okay if I tell somebody.... People say is there something wrong with you... why in the world would you want another one? And then you're left there like a fish.... not allowed to think for yourself...*

Kelly and Tara described their own reticence to return to NISIG meetings after the birth of their first child: they recalled asking themselves "do we even belong here?" Jenny also spoke about her concern about becoming involved in a local support group in her community as she was wary of being thought of as not belonging.

*Jenny: I am quite sort of wary, although the girl who is running it is lovely, but I could go in there and say well this is my story and people could say well she has a child. She doesn't need to be here. Maybe they won't but because you get so much of that reaction you really need to catch yourself.*

In Catherine's story, she relates her frustration at discovering that a relative has used IVF to treat secondary infertility after having had two children. This story illustrates the kind of resentment that emerges when people assume there should be a distinction

between the emotional impact of primary infertility and that of someone who desires more children.

*Catherine: I found that really difficult because ...I thought in Ireland in particular that, and I don't know where that came from I just presumed that IVF was for people who had no children or were coming back for subsequent children (after IVF). And that time some of us were being bombarded by all the pro-lifers for the fact that we were barbaric using IVF. And here was my sister-in-law, happily out, nobody knowing that she was using IVF treatment at all. Every kind of article that I could ever see to do with IVF was for childless couples. And that Christmas, I was told that she had a miscarriage. And I felt desperately sorry for her. I went and comforted her only to discover that it was a failed treatment. I couldn't handle the deception of it. Say what it is or shut up. Or keep it to yourself. But she, like, needed the empathy so they fraudulently took it without ever giving me a word of empathy. I had huge issues with that. See I was very, very bitter over it actually. Because of all the other couples looking for their first child and here was she having her third child.*

Empathy is a powerful currency in Catherine's narrative but equally powerful is the role of silence in shaping Catherine's feelings about her sister in law's situation. The fact that they kept their use of IVF a secret contributes to Catherine's lack of empathy. At the same time she is incredibly empathetic towards others who have not been able to have a child at all. Catherine might have tremendous empathy for someone like Donna, who also reshaped her IVF failure as a miscarriage, because Donna has not had any children. And yet for someone who has secondary infertility, Catherine perceives the re-definition as a counterfeit reason for grief or sensitivity. Empathy, like grief, shapes and is shaped by the meaning of infertility in a number of contexts.

## 7.6 Conclusion

I have also suggested that the stories of grieving in this chapter present opportunities for bridging a divide created by silence. Since silence is sometimes a

response to what infertile people felt was a lack of understanding, grieving in public contexts was a way of appropriating emotions in a way that could convey the depth of the experience. Women and their partners find a variety of conventional institutional supports for grieving but often employ them in pragmatic or strategic ways to meet their needs. They also use motifs of grief and loss in order to validate and legitimate emotions and identities from within established norms, often reiterating the gendered roles that limit alternative ways of being a family.

The need for 'public' acknowledgement of suffering and emotional pain or loss is met through the ability to participate in discussions and receive support from other people who post on such sites as *Rollercoaster.ie* and *IVFConnections.com*. But more importantly, the need is met by the networks of support that people draw upon to legitimate their sense of loss. These networks, however, operate within a social complex that sustains silence and more solitary ways of managing feelings. Here I have argued that NISIG's emphasis on one-to-one counselling and closed meetings supports this contention. Moreover, some of my participants described experiences in which they perceived that the space for empathy, even within the support network, is very narrow indeed and often extended only to those who have no children.

In the next three chapters, I shift the focus to explore the challenges posed by infertility treatment, looking closely at the work that is done by individuals, institutions and political actors to overcome dissonance, contradiction and ethical obstacles.

## Chapter 8

### Eggs, Sperm and Conceptions of a Moral Nature

***Mairead:** I suppose the religious thing wouldn't have been as strong as ... I mean my parents were very religious. They were Catholic to the core. But you know I wouldn't be as bothered by IVF. More in our family, if it gets the job done, get the job done. They wouldn't have cared as much as James's family would. And again, other friends have been through it and I know they've actually said that their family was just worried about, almost, the soul of the baby. But you know, then the baby is there and it's the best thing ever so it doesn't really matter. I suppose I can justify that to myself but maybe you can't justify... that the end justifies the means.*

***James:** I think my problems with IVF aren't so much religious. I think it's more just pumping your body with drugs and stimulating it and I just think it's unnatural.*

***James:** (reading from a report from their fertility specialist) "The chances of a sperm meeting an oocyte in the fallopian tube are the same as a blind man finding a football in Cork railway station after the shops, obstacles and other buildings have all been removed". This is the letter of medical recommendation from our doctor.*

***Niamh:** Now you have to send thank you cards to the clinic if you get pregnant. (laughing)*

Infertility treatment has provoked a re-examination of the role of procreation in shaping the meanings of gender, sexuality, kinship, and family. But at the same time, as I have suggested in previous chapters, the heterosexual family, marriage and reproduction of family (biological and social) are sites in which morality, social responsibility and gender roles have been defined and contained in Ireland. This containment has meant that the heterosexual family in turn, shapes the meaning of procreation and assisted reproduction technologies (ART). The moral and social dilemmas posed by ART are thus related to a number of issues including the way eggs and sperm are obtained, the production of new meanings associated with procreation and sex, and a re-defining of natural, biological,

genetic and social bases for kinship identities and relationships. But as James and Mairead suggest in the epigraphs above, there is a kind of collision of discourses in which 'getting the job done' means dismissing nature as inefficient or inadequate and religious ethos as obstructive. Medicalization is thus positioned in a new moral/normative light as a logical way to achieve a family. And since creating a family is a moral objective, medicalization of procreation gains a moral appeal for some people.

In the next three chapters, I will examine the ways that assisted reproduction engenders moral, ethical, normative and social challenges and how people talk about and work through those challenges. But at the same time, assisted reproduction operates within and sustains paradigms of gender difference and associations between sexual reproduction and structures of moral meaning. People who consider IVF as a means of dealing with infertility must work out new frameworks for establishing the margins of acceptability for both reproductive choices and potential procreative outcomes. The use of ART challenges an imagined and idealized link between nature and sexual reproduction – the basis for claims to hetero-normative morality in family formation.

As I discussed in the introduction, relations of power are often "naturalized" by incorporating gender difference and reproduction into the socially constituted rationale for patriarchal institutions and gendered political domains (Yanagisako and Delaney 1995). But nature and 'natural laws' have been central to debates about the significance of gender difference in emotionally charged, ethical decision-making and the presumption of logical arguments for marriage and the family as political or legal

arrangements (Oliver 1996; Stevens 1999; see also Ortner 1981).<sup>1</sup> It is precisely the ambivalence around what is 'natural' about sex, sexuality, gender, kinship and family that makes nature a useful pivot around which to re-define moral and social foundations as people accommodate new ways of being procreative. However, if the definition of nature itself is fluid and culturally constituted (Franklin 1999, 2001; Lock 1995, 2002; Strathern 1992), it calls into question any 'natural' basis for social arrangements such as family and marriage. Also subject to challenge then, are 'natural laws' as a basis for determining what is moral.

In Ireland a re-ordering of frameworks for making moral decisions has been precipitated, at least in part, by the recent waning of the 'moral monopoly' held by the Catholic Church and challenges to the dominant ethos on which procreative meanings have been based. In Chapters 1 and 2, I described a kind of post-Catholic Ireland in which the residue of Catholic Church teaching remains influential if contested. The Church is now one institutional voice among many others, rather than predominant in its authority (Inglis 1998[1987]). In a post-Catholic context, I have described how the Catholic Church often serves as the benchmark against which people reflect on social change in reproductive and family mores, values and practices. In a post-Catholic social

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<sup>1</sup> Oliver (1996) argues, for example, that Hegel's theoretical use of the family depends on a binary construction in which women and the feminine are the keepers of irrational nature, thus allowing men to be associated with rational and ethical consciousness. In this light then, the family can be seen as a site where ethical and conscious political actions are formulated while still being the locus for natural determinacy. She cites Hegel's construction in which, she argues, "the family then, is in the paradoxical position of both challenging rational moral judgments and giving birth to rational moral judgements, challenging the nation and giving birth to the nation" (1996:70). Stevens (1999) points out that Hegel's contradictory reliance on marriage as both natural and contractual is a necessary basis for his arguments about state formation and citizenship.

context people can, at once, acknowledge and challenge the tenets and regulatory frames established by the Church without necessarily reifying or dismissing them as the basis for their reproductive decisions. The church's loss of authority is often cited in narratives as a backdrop to processes of their own decision-making with regard to assisted reproduction.

Taking again, Jarrett Zigon's (2008) differentiation between morality as an unconscious moment in decision-making and ethics as the moment when we must consciously think about choices, I will explore in the following three chapters, how the loss of moral authority of the Catholic Church in Ireland contributes to that movement from unconsciousness to awareness in making decisions around assisted reproduction.

This chapter explores what new frameworks for procreative decision-making are evident and how other institutional discourses might be absorbed or reworked as part of this process. In order to explore points of disjuncture between social ideals and the procreative choices available I also discuss the reanimation of a Catholic Church ethos in the current regulatory vacuum. Chapter 7 discusses the issues associated with donor gametes and Chapter 8 moves to moral challenges posed by an indeterminate social and legal status for embryos created in the process of IVF in Ireland.

In this chapter I build on a body of literature that addresses how new medical meanings articulate with existing religious and moral perspectives on procreation in a variety of cultural contexts (Bhardadwaj 2006; Inhorn 2005, 2006; Khan 2000, 2006; Layne 2006; Thompson 2006). Particularly relevant is Paxson's (2006) discussion of how recent changes to legislation are shaped to fit the views of the Orthodox Church in

Greece. She describes how people work to smooth over contradictions between the meanings of procreation and motherhood and the availability of ART, reshaping the gendered meaning of ethical responsibility for women in order to accommodate new ways of being a mother.

There are elements of contradiction in many of the stories I collected. People often uncoupled their own reticence about assisted reproduction from the position of the Catholic Church even as they acknowledged that the Church had shaped much of their perspective in the past. Many of the people in my study could not totally distance themselves from the church teaching that has underwritten much of the meaning of reproduction and family building in Ireland.<sup>2</sup> However, as the narrative excerpts in the epigraphs above suggest, people can sometimes accommodate their own ethical misgivings through recourse to nature and science, merging religious and secular values.

The social dimension of ART has been widely discussed in feminist social science literature. As I noted in Chapter 4, criticism has been focused on the medicalization of infertility and exploitation of women's reproductive bodies. Some feminists have charged that the increasing normalization of reproductive technologies further entrenches a reproductive imperative, discouraging rather than fostering expanded notions of reproductive choice as women feel compelled to try ART (Franklin 1997; Pfeffer 1993;

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<sup>2</sup> This kind of simultaneous accommodation and resistance to the formal views of the Roman Catholic Church resonates with anti-clericalism in Europe (Badone 1990; Brettell 1990). Examples such as the use of contraceptive practices such as 'coitus interruptus', which contravenes Catholic Church teaching, has long been practiced among Catholics in rural Italy. This is framed as a pragmatic choice that is often ignored by clerics who do not wish to lose their parishioners (Schneider and Schneider 1995).

Raymond 1993; Sandelowski 1991). Other studies have addressed ART in relation to social and political meanings associated with kinship (Franklin 1997; 1999; 2001; Strathern 1992a, 1992b, 1999). Others still, have explored the impact of reproductive technology on achieving mandated social ideals and status associated with reproduction and parenthood in different communities (Becker 2000; Inhorn 1996; Kahn 2002; Pashigan 2002; Paxson 2004). I examine narratives about ART experiences through which people challenge, redefine or reaffirm political, social and moral categories and meanings in Ireland with respect to sex and sexuality, reproduction, family and gender. Since the Catholic Church in Ireland has been instrumental in developing the current moral/normative discourse, the next section briefly explores the most recent refrain from the Church hierarchy through which it seeks to sustain a hetero-normative definition of procreative morality. This definition emphasizes a 'natural' unity between social and biological parenthood, one that has been perpetuated through gender and family politics in the past.

### **8.1 The Struggle for Renewed Moral Authority in the Regulatory Debate**

The Catholic Church has been vocal about its position on assisted reproduction technologies in Ireland for some time. In a speech to the Life Society of St. Patrick's College, Maynooth on March 2, 1999, marking the 30<sup>th</sup> anniversary of the Papal encyclical *Humanae Vitae* the Archbishop of Dublin, Dr. Desmond Connell used assisted reproduction as a theme. His speech, quoted in part below, drew a firestorm of public protest that was, at the time, described as a sign of the inability of the Catholic Church

hierarchy to speak authoritatively on morality and reproductive choice in Ireland

(McDonnell 2001; McDonnell and Allison 2006).

The wanted child is the child that is planned; the child produced by the decision of the parents begins to look more and more like a technological product. This is clear in the case of *in vitro* fertilization, surrogate motherhood, genetic engineering, cloning; but it may not be altogether absent in the practice of family planning. [..] A profound alteration in the relationship between parent and child may result when the child is no longer welcomed as a gift but produced as it were to order. Parental attitudes would thereby be affected, creating a sense of consumer ownership as well as a new anxiety to win and retain the child's affection. The child no longer belongs to the family in a personal sense if it is radically a product rather than a person (Extract from the full text of the Archbishop's speech published in the *Irish Times*, March 8, 1999).

This excerpt pinpoints the Catholic Church's objection to ART. It centers on the tight nexus that has contained and constrained sex, sexuality, procreation and marriage within the specifically defined heterosexual family – the very institution in which the Church's moral monopoly was centered (Conrad 2004; Hug 1999; Inglis 1998[1987]). Any separation, interference or re-interpretation of the basis for this tightly woven connection threatens the foundation for the Church's authority over family relations. Nature is invoked as the obvious link between sex and marriage.

Human sexuality is designed in such a way that the coming together of man and woman *as one flesh* is both an expression of intimacy *and* self-giving and the privileged context in which new life begins. This is not simply a statement of religious belief. It is evident from any realistic reflection on the facts of biology, physiology, and human psychology (Irish Catholic Bishops' Conference 2003[2000]).

Much of the hierarchy's objection is thus rhetorically framed as common sense support for the naturalizing of marriage as a procreative unit established for the purpose of receiving children from God.

As Lydia points out below, the church also conflates nature and morality in unassisted conception in the same way that it promotes nature and morality in its prohibition of contraception.

*Lydia: But I mean the churches come on so much ... and that's the other thing about the church, I remember going to work one morning and hearing the Cardinal on the radio condemning people. I'm not sure what way he worded it but this is the way I interpreted it.... People who did IVF were out to create a baby rather than ... they were creating this baby rather than letting nature take its course. And I remember thinking ... actually that was the point when I stopped going to mass. I got so angry. I remember thinking 'stop preaching; don't tell me what to do, don't tell me what to do.'*

*J: Hmm, was this Desmond Connell in Dublin?*

*L: Yes. I remember I was going to work that morning and I remember thinking 'you don't understand.' People who go through all of this really want a baby. And what about people who have 10 children and who don't want them, or only wanted one. I can't accept the whole Catholic Church point you see, that whole thing. I had a huge issue on that. And, you know, people who have as many babies as God... you know.... I think they should be able to look after a baby. There has to be some thought. But I just feel you know having all these children and people can't look after them and encouraging children, I mean, where's the logic there?*

In spite of the popular protest, and individual reactions like Lydia's, engendered by Dr. Connell's speech, the hierarchy of the Church has continued in its quest to exert influence in the drafting of legislation to govern the use of assisted reproduction technologies.<sup>3</sup> The Church's concerns relating to the creation and use of embryos will be explored in detail in a subsequent chapter. However, the Irish Catholic Bishops Conference on Bioethics has also produced position papers that reiterate the importance of the relationship between procreation and heterosexual marriage, particularly in reference to the doctrinal

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<sup>3</sup> Orla McDonnell (2001) describes a large number of calls to popular radio talk shows, letters to the editors of national newspapers, and calls to support groups in protest against the Archbishop's remarks.

position on both IVF and gamete donation.<sup>4</sup> In framing the rationale for their arguments against assisted reproduction, they begin by stating that

The Catholic Church has a particular vision of human sexuality, which is rooted in the understanding of the human person found in the Scriptures, as well as in the natural law. [T]here will be many who, although they may not be religious, will share the belief (which traces its roots to the philosophy of ancient Greece) that our human reason enables us to discern a law written in nature itself, which leads us to recognize what is good (Irish Catholic Bishops Conference 2006:5).

A similar recourse to ideas about 'nature' and 'natural law' as a basis for both marriage and hetero-normative sexuality is a recurrent theme in Church documents.<sup>5</sup> This was problematic for Donna, who felt her marriage was subject to censure because it was not "procreative".

*Donna: And that goes back to the Catholic Church right? When they say that how can a child be loved ...that it's not created through love. We don't want... we don't want a Petri dish. We didn't ask for a Petri dish. And that's very insulting to us. To say that we cannot love our child. How many children are conceived through marital rape? Or an unloved relationship or rape in general or any unloved relationship. They say that Harold and I shouldn't be making love now because we can't procreate. Oh sure because my tubes were blocked of course. Good God, we're the greatest sinners, so... (laughing).*

The seeming equation between natural as right creates works here when nature is defined in a particular way. The Catholic Church's focus on sex in a discourse of sin and morality is sustained by an emphasis on its procreative, and therefore natural, purpose.

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<sup>4</sup> The Irish Catholic Bishops' Committee for Bioethics originally formed in 1996 as a sub-committee of the Irish Catholic Bishops' Joint Healthcare Commission. In 2007 it became the Irish Catholic Bishops Consultative Group.

<sup>5</sup> The Papal Encyclical (letter) *Humane Vitae* was issued by Pope Paul VI on July 25, 1968, to re-affirm the Catholic Church's position on the meaning of conjugal love, parental responsibility and its disapproval of artificial means of contraception. It emphasizes instead the "fundamental nature of the marriage act, while uniting husband and wife in the closest intimacy, also renders them capable of generating new life—and this as a result of laws written into the actual nature of man and of woman" (*Humane Vitae* [http://www.vatican.va/holy\\_father/paul\\_vi/encyclicals/documents/hf\\_p-vi\\_enc\\_25071968\\_humanae-vitae\\_en.html](http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae_en.html))

Conception becomes a more potent symbol in this context whereas in Greek Orthodoxy for example, the greater moral association lies with birth and the quest for motherhood. Paxson argues that for women in Greece who adhere to an Orthodox Church ethos, the use of IVF is morally unproblematic; how conception takes place is seen as less significant than the birth itself (Paxson 2004:227). Donna also challenges the naturalized link between sex and love that is presumed to be part of procreation noting that it is often a fictional construct.

Speaking on behalf of the Irish Catholic Bishops, Fr. Kevin Doran met with me on two occasions, once before, and again after the release of the Commission on Assisted Human Reproduction (CAHR) report. He explained that the Catholic Church's concerns with assisted reproduction, and the CAHR report itself, all stem from what the Church sees as challenges to the primacy of heterosexual marriage, the marital family unit as natural and the importance of sexual procreation to sustaining the structure of both marriage and family. The document drafted in response to the CAHR report contains the following clause.

The Church does not ask or expect the civil authority to legislate in accordance with her teaching, but hopes that legislators and all those who have an influence in the formation of public policy will recognize that the common good, which is their specific responsibility, can only be achieved when the rights of every human individual and the rights of the family are fully respected (Irish Catholic Bishops Conference 2006[2005]).

The possibility that the rights of individuals and the rights of the family, as a unit, might contradict one another is sidestepped by the implied assumption that the family naturally has "rights". This is of course, already naturalized in Article 41 of the Irish

Constitution, as discussed in Chapter 3, where prescribed rights include protection from interference in education, social and marital relationships and privacy. Moreover, the document quoted above implies that in developing legislation, the state will be obligated by the ethical and moral interpretation of rights and the common good, as these have been defined by the Catholic Church.

Fr. Vincent Toomey, an academic theologian at Maynooth College, was careful to point out in an interview that the Church had to deal with the fact the people “simply didn’t know that IVF was not a moral choice” and even students of theology “had to be told, had to be taught that this was the case.” He suggested that physicians bore the responsibility for having normalized the opportunity for moral corruption through the ministrations of medical care in fertility medicine. Assisted reproduction thus poses a problem from the standpoint of Catholic Church ethos since physicians, while enabling people to meet a family ideal encouraged by Church doctrine, offer a competing discourse on the nature and meaning of procreation.<sup>6</sup> The Bishops’ Conference documents convey a sense that offering such opportunities as IVF to couples in the guise of medical treatment will effectively weaken the Church’s influence over reproductive decision-making by providing alternative ethical frameworks for couples.

Even among the people in my study who were practising Catholics, there were people who took issue with the position that medical practice was at odds with religious

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<sup>6</sup> This stance is reminiscent of the response by the hierarchy to Mother and Child Scheme six decades earlier wherein providing care to women and children was feared for its potential to encourage behaviour regarded as immoral by the Church, such as the use of contraception (Hug 1999:84; see also Browne 1986; Whyte 1980).

values and the position of the Church.

*Marie Claire: I decided to seek some spiritual help. So I went to a very nice priest and I explained very briefly the situation. I just wanted him to help me. I didn't know what to do. I didn't know how to pray anymore. But he was quite young and he did say, 'you know, you understand our position on IVF - the Church's standing on IVF.' And I just thought you haven't got a clue. And I just thought if God had blessed these people, the fertility specialists, with special gifts to use so why would it be wrong? IVF? So this was a very tricky angle for me.*

*J: So when you left that particular day how did you feel about your relationship with the Church?*

*M: Well, I just thought that's his opinion. I have mine. So I'm not giving up. That was always the motto. Never say die; it's not over until the fat lady sings. I was disappointed but with this whole issue you have to step into the person's shoes to really understand. It's like bereavement. If you lose somebody, a loss.*

*J: For a priest whose viewpoint is drawn so closely from the regulations of the Church... maybe it's difficult to do that.*

*M: There's a way to say things. I felt very alone again... I went back to church that day for help....*

*J: Have you continued to go to church?*

*M: Oh, absolutely yes.*

Marie Claire's solution to the priest's expression of disapproval about IVF, while resisting his strict application of Church doctrine, suggests a kind of pragmatic 'anti-clericalism' in which she upholds spiritual values but rejects the authority invested in the hierarchy of the Church (Badone 1990; Brettell 1990; Schneider and Schneider 1995). Like Lawrence Taylor's (1995) discussion of a tacit respect for and accommodation of "the drunken priest" in his research in Donegal, Marie Claire finds a way to get around the priest's admonitions and still maintain her respect for the Church. Pragmatic solutions such as this were not uncommon for people who were faced with dilemmas of faith. In chapter 4, I discussed how some couples saw the use of IVF as a pivotal moment that distinguished their relationship with Catholicism from that of their parents' generation. But for some people like Marie Claire, the Catholic Church remained an important part of

daily life and they sought compromises that accommodated different perspectives. For others, the Catholic Church's position on IVF presented an obstacle.

*J: So is religion important to you?*

*Gail: I converted. I was ...we were both raised Catholic and after the first cycle of IVF, when it didn't work, on one hand I was very angry with God for doing that to me. And then on the other hand I needed Him. I needed to know that there was a reason for all of that. Before we moved here I had been thinking about attending somewhere because I had been non-practising. So I decided to go to the Church of Ireland first and see how I got on and if it didn't work out I would go next week to the Presbyterian one. And I was welcomed the first day with open arms and I thought I could stay.*

*Martin: And the way they dealt with the IVF compared to the Catholic Church.*

*G: A big reason for me moving was that I could never have my child, if we ever did have a child, put in a situation where there was even a vague possibility that somebody in school would turn around to that child and say that the way you were conceived was a sin.*

*J: And you felt that was something that the Catholic Church might convey?*

*G: Well because I intended to be honest with the child. And when he gets to 15 or 16 and he's sitting in a religion class or in a social studies class and he says my mommy and daddy did IVF to make me and there's a kind of (gasping sound) reaction. Even if it's only a deep intake of breath. So I met with the Canon and explained the process. I asked if he could say the appropriate prayers... only if it doesn't go against beliefs. He told me later that he spent hours on his knees on the [embryo] transfer day... Daniel has since been baptized in the Church of Ireland.*

Gail and Martin were one of two couples among my research participants who told me they left the Catholic Church and joined another Christian denomination.<sup>7</sup>

With the exception of two men and two women, all of my participants received their education under a school system that was influenced by the institutional hierarchy of the Church. Given the reach of the moral monopoly and the impact of Church policies on

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<sup>7</sup> The other couple, Paul and Lara, had joined an Evangelical Christian Church but did not cite their infertility problems or treatment issues as having precipitated this shift.

reproductive education in the past, it is not surprising that the Church's arguments against IVF and the use of donor gametes remain part of the ethical landscape that must be negotiated by people who are considering assisted reproduction in Ireland. The relationship between sex and procreation, the importance of clarity in the nature of identities and kin relationships arise as problems in people's narratives about making decisions. Perhaps more importantly however, the hierarchy of the Catholic Church has re-animated its ethos in ways that constitute particular kinds of social persons within families, both as parents and children, and as women and men. In conjunction with these rigidly defined gender roles, the Church also confines the moral conditions and obligations associated with procreation to the conjugal relationship in marriage, and conflates identity with genealogy. This has implications for shaping both experience and subjectivity in relation to infertility treatment for people who practice the Catholic faith. At present the Catholic Church occupies a rather uncomfortable position as it promotes the ideal of motherhood and family but, at the same time, associates its position with a broader and perhaps more appealing bioethics rhetoric to promote its position for more restrictive regulation of assisted reproduction in the changing Irish state.

What follows is an outline of the biological, medical, and technological processes involved in ART that are both gendered and rendered as social in the Irish context through the stories of people negotiating choices and alternative ethical frameworks.

## **8.2 Gendering Morality - Medicalizing Conception**

As people seek ways to overcome some of the biological roadblocks that have frustrated their procreative desire they must re-think and redefine the nature of intimacy

and reproduction. Where gender, nature and morality intersect in assisted reproduction there are stories of alienated bodies and bodily elements, challenges to the meaning of sex and sexuality in procreation and the experience of having to absorb unknown "others" into the procreative process. The processes involved in assisted reproduction engender a number of moral and conceptual problems for people. In this section I will show that many of these challenges arise where medical and religious institutions compete for a moral high ground rooted in the ability to claim nature as the dominant foundation of their respective definitions of procreation.

Nature must be appropriated in medical interventions in ART. During the process of *in vitro* fertilization, acquiring the ova or "eggs" from a woman does require a medical intervention that is not without risk, discomfort (many would argue pain) and an investment by practitioners in medical equipment and skills. Women are generally given a regimen of drugs which first suppress ovulation, usually using the same drugs used as oral contraceptives, an irony not lost on many of the women who undertake this process to overcome a difficulty in conceiving. Once this process - known as "down regulation" - is accomplished, the women are given a series of hormones by injection or by nasal spray to stimulate "superovulation" in which their ovaries produce multiple ova rather than the normal one or two eggs regularly released each month. The process is closely monitored by ultrasound and when the follicles (the site where individual eggs develop) of the ovaries are maturing, women are given what people refer to as the hormonal "trigger

shot” of hCG (human chorionic gonadatropin) to promote the release of the eggs or ova.<sup>8</sup> The eggs are then collected, much like vacuuming, through a needle and suction tube inserted with the guidance of ultrasound into the woman’s pelvic cavity. The eggs are collected into a dish and counted under the watchful eye (and microscope) of an embryologist and are mixed with the sperm that is intended to fertilize and create the embryos.

The experiences of infertility and the use of *in vitro* fertilization sharpen the focus on the biological elements involved in conceiving a child. The body and its boundaries are challenged and reconfigured in new contexts whereby biomedical science creates extracorporeal body spaces in the lab that are merged back into the reproductive body once an embryo is returned. Donna Haraway describes the merging of technology and the body as a “cyborg myth about transgressed boundaries, potent fusions, and dangerous possibilities” in which the body becomes a contested site that no longer represents the distinction between nature and technology (1991:154). In a similar challenge the Petri dish in the lab becomes a technological extension of the womb. The boundaries between body and technology are both crossed and obscured by a relationship to the gametes that are at play in the process of IVF. In medical discourse the eggs and sperm facilitate a merger between the reproductive body and laboratory precisely because they themselves merge biologically or “naturally” in the Petri dish. In reality, however, the use of IVF ties women and their partners to the Petri dish, permanently merging their reproductive

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<sup>8</sup> This description is a synthesis of information from *Essential Reproductive Medicine* (Carr et al. 2005), detailed participant descriptions of treatment, information given to me by fertility medicine practitioners in clinics and brief descriptions in the CAHR (2005) report and the HFEA (2005) patient information guide.

bodies with this bit of technology in an effort to achieve a “natural” outcome.

*Anne: And when you're pregnant it's not 'woo-hoo, I can forget about my infertility.' You do meet a lot of people who are like that. 'Yeah, I can forget about infertility.' And then you want to meet somebody that's done donor egg. At the start of my pregnancy, something came about and I got so frightened I didn't know what I was doing. I rang the wrong people and they said to me well you're not infertile; not any more. Only that, I was so confused at the time because, actually ... but there's nobody to ring then when you get pregnant from IVF. You don't know where to go, who to call, how to talk. None of that. There's nowhere to go, and that's a huge thing. To me... I still consider myself infertile. To me, infertility is there and you need something outside to fix it.*

As Anne argues, infertility is part of one's reproductive identity because the technology is part of the reproductive body. For people who undergo infertility treatment, conception itself is perceived as a highly technical process experienced as quality control assessments that constitute their bodies as spaces in which success and failure are mapped and described. Eggs, sperm, embryos, fallopian tubes, ovaries, wombs, testes, and hormones are all components that can be evaluated, graded and found wanting, both qualitatively and quantitatively (Becker 2000:133). In addition, ovulation, spermatogenesis, ejaculation, fertilization and implantation are all mechanical events to which success or failure can (although not always) be attributed.

The drug regimen, regular scans and invasive process for collecting eggs place women into a medicalized realm that not only manages and “enhances” their fertility but virtually takes control of their reproductive rhythm and sets their clocks on clinic time. While Sarah Franklin (1997) describes the sensation of IVF taking over in women's lives in terms of life management, there is also a sense that bodies are taken over and functions appropriated by clinics. Several people spoke about losing their bodily rhythm to the

clinic schedule and suggested it was all about maximizing clinic efficiency and resources (making money) rather than about doing what was best for patients. Lara described this as "batch cycling". For women, this was particularly acute as their natural rhythms were appropriated and altered to suit a technological agenda, thus challenging the medical discourse that has constituted itself as giving nature a hand (Franklin 1997).

*Niamh: Yeah with the clinics you fall in with their thing and you do, you do. Because they totally control you. They slam you into menopause with the sniffer, first of all. And they tell you when to sniff. And then they keep you sniffing until... now this is my take on it and it might be totally nothing... they may do egg collections on Wednesday. So they organize it so your eggs are ripe on Wednesday. Now if I wanted to say I prefer if my eggs were ripe on the Monday they could organize that if they wanted to, probably, or the Thursday or ... but basically they completely control you to get you to the Wednesday because that's the day when they do 10 egg collections. Now maybe I'm wrong but I see that there's a certain amount of, you know, 11 days or 12 days and they fit you into their slot. But then you couldn't have us calling the shots. It's not fair. You couldn't organize a clinic around emotional women on drugs saying when they want to do things. You are at their mercy in a way. But I don't see that it could be done any other way.*

As Niamh points out, there would be few alternatives to the highly organized aspects of clinic regimes. With IVF offered in clinics in Cork City, Galway, Dublin and area, and Kilkenny, people often have to travel several hours in each direction to get access to treatment. Coordinating treatment to maximize efficiency means that the body is both medicalized and mechanized to function as part of a larger process.

The treatment regimes for *in vitro* fertilization are the same for women even if the problem in conceiving resides with a male partner (or perhaps with not having a male partner). The contributing male factor in infertility (usually identified in about 30% of cases) can result from the number, shape (*morphology*), or activity (*motility*) of sperm

and IVF can improve a man's chances of reproductive success by concentrating, washing and choosing the best actors or "swimmers" in the process.<sup>9</sup> The procedure known as ICSI (intracytoplasmic sperm injection) is an advanced form of IVF often used for male factor infertility. Embryologists insert a single sperm (of their choosing) into the ovum effecting a deliberate fertilization under microscope. For a small number of people the issue of over-riding nature was problematic with ICSI because the process interrupted the natural aspect of fertilization.

*Kristen: I have concerns about natural selection, that you're bypassing natural selection. Especially because with ICSI – we have to go through ICSI because of male factor – so it's not even that you're letting the best one through in the Petri dish. It's actually physically picking one out. We talked to the embryologist about it and they actually put them through what Rick would call a cryptofactor obstacle course. To get the best ones you know. They wash them and then pick the ones off the top because they're faster and so I have a bit of a problem with that.*

One embryologist told me he originally had some issues himself about "playing God" in this technique since he was choosing the sperm to inject in each ovum. His said his traditional Catholic upbringing had left him with some nagging questions about the ethics of IVF in general and certainly in his role working directly with embryos. In the end, however, in almost cliché fashion, he did what many Irish men do when faced with a problem – he asked his mother. She reassured him that what he was doing was of benefit to people and her response assuaged his religious and moral misgivings. The embryologist seemed able to rationalize his practice though an interchange of religious

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<sup>9</sup> A less invasive procedure known as intrauterine insemination (IUI) involves taking collected sperm, washing out the less desirable ones and concentrating the remainder, and inserting this optimum sperm directly into the uterus with a plastic catheter. It is much less costly, does not always necessitate the use of hormonal support for the woman and can sometimes overcome male factor infertility problems, forestalling the need for IVF.

and scientific discourses.

Another form of moral dissonance is evident in the process of obtaining gametes or sperm from the male participant. The process is not complex or medically invasive as it is for women and can be undertaken by the man himself with self stimulation and ejaculation into a collection cup. This was referred to ubiquitously as obtaining "the sperm sample" – a reference that suggests the medicalization of the *product* even as it fails to medicalize fully an act that, for many men and some women, carries serious moral baggage.

*Jill: So did you have infertility investigations?*

*Catherine: Yeah. I suppose I was definitely heading for 28, 29 before they really.... They wanted a sperm sample and I had huge objections to that because I was the one that was in pain. I felt it had nothing to do with him. Actually at one point they said if I was going to try again I need to know because I feel 'tis me. And I had huge objections to that [sperm collection] and they kept saying, which is right I know but, the investigations of women are very invasive.... So perhaps that was it but they weren't listening anyway. So eventually we had to. Well the sperm sample it was hilarious, an absolutely hilarious moment that we were trying to ... it was just ... [searching for words here] trying to be together. You know, doing this. It was just... well you couldn't even go there. Well we ended up trying. I was so mad and we had a big huge fight you know, trying to 'whatever'. And then it ended up really hilarious in the finish and ... well we had the whole bottle turned upside down. For the love of God. (Laughter) So it was just brilliant fun, do you know what I mean? But very sad too, for what it looked like. So then I thought I'm not going there. Forget it. Not going there. It took so much ... I didn't want that anger in our relationship. The only challenge that I had with IVF was producing the sperm sample. I would have done natural medication, wouldn't have bothered me at all. I felt if there was a machine that could produce the sperm sample I would have gone ahead with it. The fact that he was on his own and I was on my own I couldn't go there. Because he is quite a shy person and as much as I wanted a baby I wouldn't want his mother to know that he would have had to produce a sperm sample. And the fact that if we'd have been put in the room together to do the old sperm sample and have a bit of a laugh then we would have been together again. That it would have been shared and then it wouldn't be so .... I mean the person, the man coming up and having to present the sperm sample... I'm not happy with that. I mean they could have produced the*

*sample before she would have been sedated. Surely, it lasts for 72 hours.... And yet, you know, you get sperm on the internet and it can be delivered to your door. I think you leave your dignity outside the door for any of the tests but you get over all of that. But the moment of conception... and I mean I don't know what that is. For me personally I would feel it is at that moment. It is a beautiful connection. Even in the film when I saw the sperm penetrating the egg...*

**Gretchen:** *Even if you wanted to have treatment it was not going to happen. And to have specific times to hand in semen and all that. My partner said I'm not comfortable with that anyway. In that way he is Catholic. Besides a lot of other things he is still like that.*

In both these stories, the issue of masturbation comes up as a roadblock to procreation with assisted technology. For Catherine in particular, the issue crosses into the relationship she and her husband have with other family members. If she gives in to her desire to be a mother by using IVF, she worries that she will be betraying a trust that her mother-in-law has given her to behave in a morally circumscribed manner within her marriage. She sees the moral transgressions associated with IVF as a potential threat to this tacit understanding that she is somehow the arbiter of values. Such gendered moral responsibilities have been described in broader terms by Angela Martin (2000) who argues that women have borne an unequal burden of responsibility for the image of a moral Irish nation. Similarly, Paxson notes that Greek Orthodox iconography contributes to "motherhood as an idiom of morality" (2004:14). She describes gender as "a system of virtues" into which are appropriated social, religious, and biological meanings of motherhood (2004:15). Women are thus held to account for the moral meanings of their procreative choices but the medicalization of infertility has mediated this to an extent.

The moral/normative implications of procuring sperm through masturbation have been widely described in the literature on donor sperm (Edwards 1999[1993]; Haimes 1993; Nachtigall 1993; Nachtigall, Becker and Wozny 1992; Price 1999[1993]). Evidence of social and institutional perception of deviance associated with donor sperm has been noted in the Warnock Report issued in the UK (Haimes 1993). Erica Haimes highlights how “assumptions about gender and reproduction lead to egg donation being seen in a familial, clinical and asexual context whereas semen donation is seen in an individualistic, unregulated context of dubious sexual connotations” (1993:85; see also Becker 2000). These differences relate to both the social perception of the means of acquiring sperm and the people who donate. With egg donations, the donor is “doing the ‘work’ of a patient despite not being perceived as one” (Price 1999:56).

In the stories above, however, the issue is not about gamete donation but rather, about the process of procuring the gametes for treatment, even from within a marital relationship. Similarities arise in the gendered distinctions in the meanings associated with the process. For men the process is “sexualized” and carries connotations of sexual deviance amplified by the presence of pornographic magazines as an aid to masturbation in most clinics. On the other hand, for women the process of egg collection is completely medicalized and devoid of sexual connotation, carrying in addition an attendant notion of risk and sacrifice (Becker 2000; Paxson 2004).

Beyond the moral reticence to engage in masturbation necessary to produce the “sample” there seemed to be a general sense of resentment about the seemingly callous, unprofessional and very un-medical perspective associated with the collection of sperm.

However, my access to men's complaints in this regard was filtered through women's stories that convey the sense of imbalance in the process even as women try to be sympathetic to what often seems like a trivial concern to them. Kristen talks about feeling completely exposed and invaded by the process which she contrasts with her husband's complaints.

*Kristen: Sure I've no dignity left at all. Even the whole process itself is just intrusive on you as woman. It's just so intrusive, you know. There's nothing left. Absolutely nothing left. And I do think ...when Nick had to give his sperm sample, oh my god, it was just this dark little cubicle. I did say to him, 'just give it up. I'm here every month getting poked and prodded' and I suppose it wasn't very supportive of me but I just thought 'oh get stuffed.'*

Maeve described how her husband Patrick felt threatened by the lack of privacy and potential disruption to his act of producing his own sperm. She is somewhat more sympathetic to the issues but nonetheless finds the worries trivial.

*Maeve: Well he did go on about the fact that it's the toilet, like. It's the only male toilet in the unit. And I thought it was, at the start he made it sound so traumatic, I thought it was one of those things with cubicles. But it's actually not and you can actually lock the door and nobody else can come in (laughing). But I think he always has this panicky notion in his head that somebody might be dying to get into the toilet. It's just a most uncomfortable place to try and do it and then you have to try and make sure you don't spill anything or lose it or anything, there's all these added things anyways you know. Initially when we were going in for testing and stuff we used to bring it in. We'd stay over night and we'd bring it in but you can't really do that when it comes to IVF. They want it to be fresh. Ah, he jokes about it and stuff so he can't find it too bad but I know it can't be very nice and it's a kind of pressurized thing, you know. You have to have it now.*

These gendered differences are aligned with normative roles in conception and even sexual activity in which women/eggs are constituted as passive and men/sperm are constituted as naturally active and aggressive (Martin 1991). Men are expected to concede to the demand to *perform* and *produce* while women are expected to *submit* to

the rigors of treatment even as both processes seem degrading and humiliating. Lisa's story begins with their more general feelings of apprehension and ambivalence about returning for another round of treatment after a miscarriage.

*Lisa: Actually, it was quite emotional going back and so my husband could see that I was happy that we had dealt with the issues. But, yeah, he was – he doesn't like going back. He never will, you know. And he hates the whole clinic thing itself, and the IUI thing – I just know he's going to make a big fuss about it but...*

*Jill: Which part of that – is it the medical aspect?*

*Lisa: The donation of the sperm at the clinic – going into a room – you know, the porn. I think he thinks it's horrible – you know, it's hard and it's not natural and it's not right and... (trailing off) He finds it distasteful. It's not something that he would relate to. [...] Now, the last time he donated was... he actually had a fit and I just stood there and said I was upstairs having ice-cold stuff sprayed over my cervix, having saline inserted into my vagina. Like I mean, come on!*

Aside from the 'distasteful' aspects of producing sperm, Lisa also flags the issue of the "nature" of sexual procreation as opposed to the clinical process of treatment and the disappointment that her husband might feel if they couldn't conceive through their sexual relationship. She suggests that self-stimulation is not 'natural' and 'not right'. Obviously the presence of pornography as an aide does little to undo this construction. Much of the distinction between natural/unnatural is based on a gold standard of sexual procreation as natural in opposition to medical interventions. The importance of the link between sex and procreation is not expressed in terms of religious values in this case but in terms of norms and relational values inherent in their performance.

*Lisa: He finds it all very distasteful and I think he'd be delighted if we conceived, yes, but he would be disappointed, if you know that meant, that it wasn't something like lovemaking as such. Part of a natural process.*

*Jill: Right, and do you feel that way too? Or is this something that you deal with differently?*

*Lisa: I'm actually okay. (laughing) I just say that I don't care and, of course, I would prefer that – of course. It's just... it's something that I feel that I have to do*

*to get the outcome, so I'll just deal with it. I think women are a little bit more kind of pragmatic about it. And after awhile... I mean the last time I was in the clinic having number twelve scan because I was ovulating, and I hopped up in the chair and I said – do you want me to do it myself? - (laughing) You know, because you just get so used to it. In the beginning it's a very distasteful thing and you're kind of going ooh, but then it becomes standard, you know.*

Lisa's narrative medicalizes and de-sexualizes the process of intrauterine insemination using her husband's sperm to the point where the loss of sexual intimacy reduces him to a "sperm donor". This becomes the basis for his own sense of social deviance. The equation of sex and nature continues to be the basis for a moralizing discourse with respect to ART generally (Letherby and Earle 2003:53). Lisa's pragmatism is a part of a willingness to sacrifice "the natural" for the necessary. This sentiment was expressed by several of my participants, including Mairead in the epigraph at the beginning of this chapter. Other studies have noted that ART is often described by recipients and clinicians as giving nature a helping hand (Franklin 1997) or as redefining the natural (Strathern 1992a, 1992b). In this case Lisa normalizes, even naturalizes, the experience of the treatment itself as just part of her reproductive routine. However, she does not necessarily blur the boundaries between nature and technology.

Some men, like John, felt clearly extraneous to the process and "in the way" once they had handed over their sperm. Again, the gendered shift to the woman's body tends to medicalize women while leaving men feeling at least socially, if not organically, excluded from the procreative events that might result in their own child.

*John: Neither consultant was particularly embracing of us really as individuals or as a couple. They were very much typical consultants, standoffish and going through a process. Focusing on treatment and what was happening in Breda's body. So I was seen to be... and they kept saying right, your sperm count is fine so*

*just go over and sit over there (laughing). Now you've done your bit.*

While for some people reconciling the meaning of nature, procreative 'biology' and treatment seemed challenging, re-ascribing nature as the reason for treatment outcomes was less problematic.

*Carol Anne: There are trials and errors as in nature. A lot of it is just ...*

*Vince: It's all down to nature*

*CA: It is. You could have all the medical intervention in the world and whatever, at the end of the day it's down to nature. And then once it goes into your womb it may not implant. And nobody can tell you anything. They can tell you blastocysts will increase, this will increase, that will increase but at the end of the day when it goes in it's down to nature whether it actually...*

Carol Anne and Vince insinuated nature back into the process, suggesting that, in the end, there are inherently natural forces at work whether the conception is technological or not.

As a means of explaining the success or failure of ART, nature becomes a powerful trope. But nature is also a useful trope within treatment regimes, giving some medical practitioners the scope in which to promote an adherence to Catholic values on procreation while still incorporating biomedical practices that "enhance" fertility. The next section explores this merging of medical and religious discourses in the construction of nature in NaPro technology.

### **8.3 NaPro Technology: Conceiving a Moral ART**

A number of attempts have been made to accommodate the Catholic Church's difficulty with ART. Various treatment approaches have bridged the fundamental challenge posed by separation of the sexual act from the procreative event of conception. Such processes as gamete intrafallopian transfer (GIFT) have been adjusted to incorporate "unprotected" intercourse into the process. In GIFT, the eggs and sperm are

retrieved in the same manner as in IVF and then transferred directly to the fallopian tube of the women by an invasive surgical procedure that uses laparoscopy.<sup>10</sup> This simulates what might happen following intercourse. While the Catholic Church has sanctioned the use of GIFT procedures, the expectation is that the sperm will be collected during sexual intercourse in a condom that has been perforated to ensure that the sexual act could result in a pregnancy.<sup>11</sup> Nobody in my study had used this procedure, but it is theoretically offered at one clinic in Ireland (CAHR Report 2005).

Five couples who participated in my research had used a method of assisted reproduction that is endorsed by the Roman Catholic Church. Called NaPro or Natural Procreative Technology, it is an offshoot of the Billings Method of rhythm contraception.<sup>12</sup> There were two medical practitioners in Ireland who provided the treatment along with a number of support counsellors in communities to assist people in the sometimes arduous charting and self-surveillance required.<sup>13</sup> The treatment uses fertility drugs to super-ovulate and then tracks using ultrasound and blood hormone levels in conjunction with rigorous temperature graphs and a requirement for women to monitor the consistency of mucous from their own cervix on a regular basis. In keeping with the

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<sup>10</sup> GIFT is useful in cases of one blocked fallopian tube or where fertilization rates have been high but embryos have failed to implant during regular IVF. It is also useful where there has been difficulty transferring embryos to the womb following IVF (Carr et al. 2005:535).

<sup>11</sup> Sperm can also be recovered from the vagina after intercourse and subsequently inserted into the fallopian tube by laparoscopy (Schenker 2000:85).

<sup>12</sup> NaPro originated in the USA and has been available in Ireland since 1998. Its practitioners claim its efficacy in treating a variety of gynaecological and reproductive problems including infertility, recurrent miscarriage, and a number of menstrual problems ( <http://www.fertilitycare.ie/>).

<sup>13</sup> At the time of writing, the number of practitioners of NaPro has apparently increased to four and a fifth person is currently in training (See "Party time as miracle 500 enjoy birthday" by Brian McDonald in *Irish Independent* 21 April, 2008).

link between sex and procreative morality, the process is designed to alert couples to the optimum moment for them to have sexual intercourse in order to conceive. As a treatment, it is viewed with scepticism in the medical community but for some people the emphasis on its, purportedly, more "natural" attributes makes it more attractive. All five of the couples I spoke with about NaPro appreciated that it was endorsed by the Catholic Church but most denied that this was their sole motivation for trying it. Mairead and James had a child after having tried both IUI in a standard fertility clinic and NaPro.

*Mairead: And we put our name down for a program called NaPro, a kind of natural reproduction... so we were on the waiting list for that. And then we also did the tests here with the gynecologist. So the middle of March and we would have done a series of treatments right through the summer and then from there we went to the NaPro clinic and started doing the treatment there.*

*James: But the NaPro clinic, as well, is doing the injections and treatment. It's really following the Billings method and in Ireland in general and albeit drawn from the religion, yes. But here it was and it worked for us. One thing, it pays very close attention to the body and to the natural as opposed to the chemical.*

I visited the clinic of one well-known NaPro practitioner who was mentioned by many of the participants in my research. I was surprised to find his waiting room and office decorated almost entirely with religious icons such as statuettes of the Virgin Mary and crucifixes.<sup>14</sup> His waiting room also featured a large poster board covered with baby photos from his "success stories". James, who had considered the priesthood as a young man and spent two years in a seminary followed by two years of medical school, noted that he was somewhat put off by both these displays. As a practicing Catholic himself, James appreciated the physician's obvious conviction to his religious beliefs but, as he

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<sup>14</sup> I was also rather shocked to have been confronted by a very large, bloodied figure of Jesus on a cross, mounted on the wall in the staircase that led to the medical library at the UCC Hospital in Cork. Nobody ascending or descending that staircase could fail to notice the imposing figure looming over them.

explains below, felt this overt material display seemed over-done and out of place in the milieu of a medical practice.

*James: But also going there, you are confronted right away with statues of Our Lady and which, ordinarily, I would respect but not necessarily in the context of a medical practice. It was a little unusual.*

*Mairead: Yes and again we found that interesting because I'd have been very Catholic at the time, if you look at the website it's not as ... Was it Pope Pius?*

*James: Pope Paul VI.*

*M: Pope Paul VI. One of the interesting things about that is that at one stage you might have been requested to give a sample and in the Catholic religion that's not allowed... You tell that story...*

*James: It's a bit crazy really because ... yeah masturbation is frowned upon so therefore they gave us a condom which was also marked as ... not lubricant free but it doesn't have a spermicide.*

*Jill: And they usually have a hole in it too, don't they?*

*James: (laughing). Yes probably microscopic so nothing gets through but yeah (laughing). And the instructions reading around that, it's just funny.*

In a letter to their GP, a portion of which is quoted in the epigraph for this chapter, the fertility specialist had suggested that their child could not have been a result of the NaPro treatment but rather a latent effect of his earlier ministrations. This statement made both James and Mairead laugh since they were inclined to think their daughter had been a result of neither technology and they had in fact, "done it themselves". Marie Claire did seek out the NaPro program with an interest in its Catholic origins but was nonetheless disappointed when it did not produce the result she wanted.

*Marie Claire: I am very ... my religion would be extremely important so I'd say my faith is very strong. So I did pray for guidance. It's combined in the program... The Pope developed the program. I presume the doctor would understand how we felt. So here we are two years later back to square one. It is very much that you take six steps forward and 26 steps back ....*

Niamh also described feeling that she must make a choice and move along a different path since NaPro had failed to help her produce that child she wants.

*Niamh: Oh yeah, you'd be sitting around for the first couple of months because you think it's going to work. And then after years... you're going 'I don't want to go to bed tonight....' (laughing) 'Oh no we have to do it... do we have to do it tonight?' (laughing) But you do it, but then you're kind of going oh jeeze.*

*J: And then you get into the IVF and sex is completely out of the equation altogether.*

*N: Gone. Completely put aside. Yeah it's funny because I mean I know our NaPro doctor is completely anti-IVF but then it's a way of having a baby. I'd be very ... It's easy to be that way if you're in the situation where there's no other choice. What do you do? Do you take the moral high ground or do you go with what might give you, you know, a new life. I think it's very difficult and I think that only ... I suppose it's age as well but you really get to a point in your life where you really ... you have to see things from other people's side of the road and until you can see things from other people's side of the road you can't make a judgment on it*

Niamh's comments point out how moral dissonance emerges in relation to the place of sexual intimacy within competing discourses on assisted reproduction. The importance of sustaining a sexual relationship in conjunction with treatment, as advocated by NaPro practitioners, is contradicted with IVF. However, as Niamh argues, there comes a point when you decide that you have little choice but to try everything available in order to achieve your objective. This becomes part of the construction of choice or no choice discussed in Chapter 5 (see also Franklin 1997). The next section explores the changing moral and functional meaning of sexual intimacy for couples who experience infertility.

#### **8.4 Conceiving of Sex as Irrelevant**

At the first conference meeting of the newly formed Irish Fertility Society, one of the speakers was a councillor from the HARI Unit at the Rotunda. Caroline Harrison, who also had a seat on the CAHR, told the crowd of clinicians, nurses, pharmaceutical representatives and veterinary medicine practitioners that one of the first questions she

asks couples who come to her for counselling regarding infertility is “are you having sex?”<sup>15</sup> She pointed out that while it seemed rudimentary, in her experience many Irish couples who had been married for some time had lapsed into a kind of fraternal relationship in which they were disinclined to be intimate with one another. This was obviously a barrier to conceiving a child. It might also be contextualized against the historical repression of sex in Ireland and past discussions in the literature on high rates of celibacy and patterns of family relations that meant marriage and romantic love, sexual intimacy and tenderness were discouraged and effectively absent in Irish social life until well into the twentieth century (Inglis 2003: 144-46). None of my participants described themselves as “sexually repressed” or described moral reticence or a lack of sexual sophistication as important to their inability to conceive. However, many people spoke of emotional distress and conflicted feelings about trying to maintain some measure of sexual intimacy while attempting to conceive a child through assisted reproduction, whether IVF, NaPro, or other forms of treatment.

Infertility poses challenges to relationships on a number of levels. Most of the people I spoke with about infertility described their relationships as having endured challenges that were strengthening and had brought them closer together. One couple described infertility as having been a huge difficulty in their marriage and I spoke with two women who blamed the ultimate failure of their marriages on infertility, and more

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<sup>15</sup> The presence of veterinary medicine practitioners at this conference is symbolic of the complexity of the issues around science, nature and morality with respect to assisted reproduction. Much of the “science” and many of the cutting edge developments come from the realm of agricultural practice where controlling and enhancing fertility and reproduction are important aspects of agricultural production.

specifically on IVF. Most of the people who told me about having used assisted reproduction also related the impact of treatment on their sexual relationships.

Sex had become routine or unpleasant and for many, like Gail and Martin below, an exercise that seemed to be without purpose in their endeavour to have a child. Gail is pragmatic about the fact that Martin has a very low sperm count. She says "certainly when you're trying to make a baby, sex is how you make a baby. But if you know nothing is going to work it just nukes sex out of the water." When I asked Gail and Martin if their sexual intimacy might be something to reclaim, both laughed and said almost simultaneously "no, leave it on the shelf..." Gail went on to explain that until IVF was no longer in the picture, they would continue to leave sex out of the picture as well.

*Gail: Leave it on the shelf until next year. And I suppose normal people with a five month old baby would be returning to normality or thinking about making another baby or all of that. For us there is no sex involved in making another baby so there isn't that rush to return to the normal husband wife relationship. And I think also if having another IVF cycle ... When the future state of IVF is removed... we just ideally would turn back into normal people.*

For other people the ongoing importance of intimacy in their relationship is disrupted by the regimental aspects of treatment and the need to abandon spontaneity. The medicalization of their infertility also produces a medicalization of their sexual relationship. As Inhorn and van Balen (2002) note, the medicalization of infertility also constitutes a sense of sexual failure and contributes to a stigmatization and reticence to talk about infertility. I found, in addition to this concern, an overwhelming sense of interference and pressure on couples who were striving to maintain a marital relationship in light of their difficulty in producing an idealized family.

*Leslie: What you do is you take your injections and that increases the egg production and then you are administered a final injection that releases the egg within a particular time, I think it's a 12 hour period. So they can actually pinpoint and they would tell you okay tomorrow at 8 o'clock. Invariably I think with all of this in the last four or five months, it's the taking the spontaneity out of your love life. It's the worst part. For me anyways. It's the last thing you want to do is have sex with somebody when you have to. I won't go so far as to say it's like rape or anything like that. But it's that type of thing - you do not want to. The whole thing has brought us closer together but I definitely think that ... I've been cruel to my husband. It's not like in a lot instances the woman just has to lie there and go 'I'm here'. It's difficult enough when you are helping but when you're not helping. This is not helping at all. I think for me that has been one of the worst aspects. Having to do it to a timer. It's difficult because I find that I'm tired. When we started the infertility treatment at the outset I can remember a doctor saying to us, one of the consultants we have to ask the questions now that you are actually having sex. Because it's very basic but he said you know we'd recommend 3 times a week but to be honest even keeping to that, it might sound terrible in some ways but you know.... You become a bit ... but I'd have to say it's on average twice a week and then if we're on holidays maybe. But I mean on normal working week, my husband works on Saturday so the Saturday morning lie in and cuddle is gone for us. I'd be ashamed if I had to go back to the consultant and chart our procreative matters alright because he'd be saying (laughing) go back to ... I suppose what it does is just puts a spotlight on your sex life and it makes you feel inadequate and that you are not doing enough. And then you know people don't talk about their sex life obviously that much so with your girlfriends you might kind of say you know, are at it every night because we're not. We don't have the energy. I was promoted last year and have a much more demanding job and I suppose in the next couple of years I have to put the hours in and I definitely ... and then you get into rows as a couple about setting priorities ... So then especially when you've only got one window and if you have a row that night or you're not in the mood and then you miss it and that's a whole other month. So it's just, you know we've talked about it and it has been so medically oriented and so written down and 'what day is it today? ...' You kind of lose the 'woo me' and the romance and you know the caring and whatever. There have been times when we have had sex and I remember saying afterwards, I hope we didn't conceive a child there because it was one of those times when we both didn't want to do it and it was just ... and I love my husband very much and he's a fantastic guy but sometimes I think, you know, having to have sex you start feeling, you start hating each other and going 'this is horrible and it just can't be worth it.'*

In this narrative Leslie points out the stress that makes sex and intimacy a kind of

chore in their relationship. Her story is evidence of the perception of sexual failure in the medicalization of their sexual lives. The invasion of medical discourse, experienced as a kind of surveillance, is also apparent in Leslie's fear that a "record" of their sex lives would lead physicians to see them as uncooperative, inadequate or failing to do what they need to do in order to conceive on their own or with minimal medical intervention. Leslie points out the medicalization of their sexual lives and the 'production' of their sexual inadequacy, reflected in the inability to confirm what is "normal" among peers since sexual discourse has largely confined to the realm of reproductive health in their case. At the same time there is also an intense desire for intimacy and love in a procreative act that might result in the conception of a child. These stories present another facet to the stories above where people spoke about natural conception through spontaneous sex, confirming the moral and normative value associated with sex as natural. In this case, sex is equated with marital intimacy and love which is lost in the clinical regulation of procreation in treatment.

My findings around this kind of loss of intimacy and imposition of a regimented sexual relationship are not unlike those mentioned briefly by Becker (2000) in her study of American couples. However, there is not a great deal of attention paid to this aspect of infertility treatment in the literature. Since moral/normative ideals have tended to link sex and procreation in Ireland, and since it came up as a concern in so many of the interviews, it is an important aspect of the infertility experience.

*Lisa: And I'll tell you another one of the frustrating things is actually when you have to have sex a certain time of the month. I don't know if anyone else has mentioned that – that can be... that is frustrating because it's so by rote and it's*

*so... it's difficult to get going, I suppose, for want of a better word. It makes your sex lives a lot more mechanical ... a lot more emotional, actually, in a different way to what it would normally be, as in it's awkward and it's uncomfortable sometimes. And you feel like... You know, we have to do this! And it's almost like putting the laundry out or something – you know, hanging out the wash and then I have to go do that. That can be difficult and it causes a lot of tension, I think. And particularly, with my husband again – back to the same issue about the donation and the clinic. He finds anything, where it's not just spontaneous, he doesn't like it, actually. So what I try to do is I warn him maybe a week in advance and say – in a about week's time we're coming up to that time – and I won't say anything else. I'll leave it up to him because he's so difficult.*

*Jill: Right, he can put it on his calendar instead of you having it on yours?*

*L: Yeah. Exactly, yeah.*

*Marie Claire: Pressure starts coming in... you've got 2 days and maybe my husband and I might have an argument...that was tough because at home if you don't cooperate it means another month. So low and behold, on the 2 days when we had to be... nice to each other we'd end up having an argument.*

*J: So there was a lot of stress on your relationship?*

*MC Very stressful. Very, very stressful. The whole love side goes out the window. It's a function.*

*J: It becomes kind of mechanical?*

*MC: Yes, mechanical actually. Romance aside completely.*

The loss of spontaneity and the mechanical and 'functional' aspects of sex in the midst of both medical treatment and methods of tracking fertility at home add to the difficulty in sustaining the cooperative elements of the hetero-normative ideal. These stories show clearly that sex, intimacy and love are not necessarily integrated in the 'natural' reproduction of children.

Anne also notes the difficulty posed by the treatments themselves as hormones, the natural regulators of sexual desire and 'biological function' are the targets of ART and create conditions that are often not conducive to sexual relationships.

*Jill: Can you tell me a little bit about what this does to your marital relationship? Does it alter your whole perception of intimacy at some point?*

*Anne : It did at the start because it meant we always made love and all of a sudden you're saying 'but I can't ever get pregnant. I'm less of a woman.' And then having so many hormone drugs that you... The last 2 or 3 weeks if he even kissed me my skin crawled and I'd say 'go away.' Because that's what the hormone is after doing to me. I absolutely adore my husband and he's actually very much kissy and cuddly and so am I, but all of a sudden I'm like - no. It changes your whole hormones, your sex drive goes completely with it and I just, I feel nauseous the whole time. And I was reading something on TESA<sup>16</sup> the other day and one of the things is that every three days you have to make love. And my husband was like 'whoo hoo'. And I was like, hmmm, you could do it yourself. (laughing)*

Again, as part of treatment, sex seems like a chore for Anne while she maintains that her partner is still participating in the stereotypical role of an always ready male. Unlike many of the stories above, the regimentation and lack of spontaneity is not an issue when sustaining a masculine ideal is part of the process. For Anne's partner it seems that reclaiming the meaning of an intimate relationship is more important in overcoming the medical construction their sexual failure. Sexual inadequacy or failure in this case, is construed as a result of the treatment rather than the reason for treatment.

### 8.5 Conclusion

As I note in previous chapters motherhood and fertility are naturalized as foundations of social and political life but infertility disrupts the "nature" and consistency of these foundations, challenging their hetero-normative basis. In this chapter I have pointed to the ways that some people in Ireland make sense of choices about infertility treatment in a maze of moral and medical discourses that rely on "nature" as the foundation of their authority. In the process of making choices, however, people also

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<sup>16</sup> Trans-epididymal sperm aspiration in which sperm are taken surgically from the testicles in cases where very few sperm are produced.

challenge and/or re-iterate the links between morality and social responsibility associated with procreation, sexuality and gender roles.

Assisted reproduction is part of a dialectic in which new ways of reproducing, that include technology, can be naturalized in the service of reshaping the moral discourse. However, this naturalization is often at the expense of reinforcing gender difference in sexual mores and increasing the medicalization of women's reproductive functions. Keeping the collection of sperm, for example, on the margins of the medical domain leaves men with no access to this new moral discourse as their contribution remains in the realm of sexual deviance. And for some people moral concerns are expressed not as religious ones but as an inability to dissociate the meaning of natural procreation from sexual intimacy. For some the clinical encounter cannot be easily articulated with definitions of what constitutes the natural. In this case, alternative "technologies" such as NaPro might offer an opportunity to sustain a moral framework that tries to articulate nature and treatment. However, framing NaPro as "treatment" draws it into a paradigm in which nature and sexual reproduction are still appropriated and clinically managed in opposition to, or outside of, what is perceived by many as natural reproduction.

Beyond the making of political persons in a legislative framework, the next chapter explores how new questions arise when people work through meanings of parenthood, kinship and family or offspring identities in relation to donor eggs and sperm (gametes). I will look at how people are working through new ideas about fertility, substance, donor gametes and morality in the constitution of family and kinship.

**Chapter 9**  
**Conceptions of Contention:**  
**Donor Challenge to the Dimensions of Relatedness**

*Gail: And how I got over... well my own faith issues surrounding using donor sperm was when I was in the shower one day and I suddenly realized that Jesus was the ultimate "donor baby". And you know I thought if Mary and Joseph could raise a baby that not only wasn't his but was also the Messiah... Well you know I wasn't going to have to deal with the Messiah bit! So that really was the last hurdle for me to overcome.*

*Lara: Well, the scriptures talk about the two shall become one. [...] I've always kind of understood that to mean the sexual act and possibly even the produce of the sexual act which would be a child. [...]. That has kind of always been my understanding of it. The produce - the fertilized egg - being the one. [...] And I know somebody did suggest to me that, you know, Jesus himself was a result of donor eggs. Well, I don't know whether he was or not but, a surrogate maybe. [...] And it certainly does transcend my comfort zone - the use of donor eggs. You know, I'm not comfortable with it. My husband isn't comfortable with it. I almost wish he were and that he would talk me into it because it makes so much scientific sense, and I wish I was prepared to. But it just ... it just doesn't sit well with me at all.*

In this chapter I will examine how the use of donor eggs and sperm (gametes) relate to wider social and political discourses on gender, morality, kinship and family responsibility. This chapter looks closely at the use of assisted reproduction and donor gametes in relation to social, gendered and sexual identities that depend upon procreation or the reproductive body in some way. I explore how the exchange of gametes conveys social identities for producers, recipients, and the children that are produced in the exchange, whether in assisted clinical reproduction or sexual reproduction. The importance of the making of relationships in these processes is central to the moral and ethical choices people make, and the sometimes contradictory issues they raise when considering using or providing donor gametes.

As the stories above illustrate there can be a collision between faith based morality and medical practices associated with donor conception, as people like Gail and Lara juxtapose elements of infertility treatment with familiar religious meanings given to conception and reproduction. Lara clearly struggles, for example, with the idea of a 'scientific sense' which is still at odds with her own moral understanding of the meaning of procreation and its components. Substituting a biomedical or scientific discourse for a religious one does not provide her with a basis for working out dilemmas of faith, challenges to parental identities or concepts of relatedness posed by the use of donated eggs, for example. This chapter also explores the contradictory use of science and nature in institutional discourses and individual narratives on reproductive bodies and the use of egg and sperm donors in Ireland.

The stories in this chapter point to the often contested material meanings of gametes, as body parts or objectified commodities, gifts or natural resources. As objects that are "of the body", with embodied meanings, and yet necessarily disembodied, donor gametes are part of a complex of moral and ethical considerations for those who need them in order to reproduce. Rhonda Shaw argues that ethics, in relation to a complex issue like egg donation, can only be understood in terms of embodiment if it is moved from the dimension of the theoretical to the practices grounded in everyday life (2008:12; see also Nagl 2005; Shildrick 2005). Feminists like Carol Gilligan (1982, 1998) have argued for an analysis of ethics that accounts for both gender and social relationships; others have recently argued for the centrality of the body and embodiment to

understanding the meaning of gender in ethics (Shildrick 1997). Many of the issues raised in this chapter reflect the confusion that arises when moral responsibility is constituted in relation to identity, as in parenthood. I explore how people make sense of such questions in the context of new kinds of relationships, particularly ones mediated in a scientific and disembodied context (Nagl 2005:167).

I seek to explore the contested space of contradiction, ambivalence and affirmation in which people have no firm answers. The difficulties are most evident in the kinds of questions people ask of themselves in the context of their grounded experiences with donor conceptions; questions related to the confirmation and contestation of a maternal or paternal identity in the absence of genetic connection; the moral meanings of relationships constructed through the use of donor gametes; commodity exchanges or resource recovery strategies as moral discourses; the importance accorded to the sharing of symbolic elements of "substance" such as blood or genetics;<sup>1</sup> and the question of a child's identity in "relation" to genetic, biological or social parents.

### **9.1 Bodies of Truth: Discourses on Moral Limits**

The issue of donor gametes came up in about half of my forty interviews (with thirty seven women/couples with infertility and three egg donors). Among the infertile people, some were willing to consider donor eggs; others had at least worked through the complex moral dilemma in the decision-making process and some had undergone the

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<sup>1</sup> I use the term "substance" here to indicate, following David Schneider (1980) the importance accorded to "biogenetic" material, such as blood, constituted as "natural substance" that is a symbol of kinship connections that endure.

treatment. But the only people who had used donor sperm were women without male partners. At the time of writing there were only two clinics in Ireland providing IVF with donor eggs. The waiting lists are long and many people wait several years for an opportunity or go abroad - Spain, Greece and more recently, the Ukraine were the popular places among people I spoke with about using donor eggs. One clinic centered their clinical practice on a service in donor sperm and a couple of clinics offered the service but it was not used frequently.

In an attempt to determine the moral meanings associated with reproductive bodies, the Catholic Church in Ireland remains an insistent, if not influential, voice in the public debate and personal negotiation of the limits of acceptability in assisted reproduction. Through the writings and press releases of the Irish Catholic Bishops' Conference on Bioethics in response to the CAHR, the Church flags in particular, a gap in "parental responsibility" where the conception of a child through donor insemination or egg donation separates the contributors from any social relationship with that child (Irish Catholic Bishops' Conference 2006[2005]).<sup>2</sup> Their position paper on the CAHR report states that "the *nature* of human sexuality is such that it is the *norm* for a child to be born into a family where he/she has a mother and father who are in a stable relationship with another. This is why marriage is so fundamental to the well being of children and society" (2006[2005]:23 emphasis added). In past documents they suggests that, based on the claims of a natural law, any separation of biological parenting from

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<sup>2</sup> The Irish Catholic Bishops' Conference paper titled *Toward a Creative Response to Infertility* was first issued as a statement in response to the CAHR report in 2005 and re-published as a document in 2006.

social parenting will potentially “introduce a lack of clarity into the identity of the child” (Irish Catholic Bishops’ Conference 2001). This suggests an irreconcilable gap between scientific possibility and moral logic dictated by nature.

The challenge for many people who contemplated ART was the issue of deciding between scientific ‘sense’, as Lara puts it, and competing ideas on the limits of acceptability. Niamh, whom I introduced in an earlier chapter, was in the midst of her fourth cycle of IVF. As we sat at her kitchen table with a box of tissues between us, the pile of used ones mounted in her lap with the emotional intensity of her narrative. She spoke about the imaginary scenario that, for her, represents the moral boundaries of a biomedical solution to her infertility.

*Jill: Has anyone ever suggested that you think about egg donation? Is that something you would think about?*

*Niamh: (hesitating)... No. I wouldn't. And even my sister, you know. She said Niamh do you want me to carry a baby for you? And I was thinking now that's way too weird for me (laughing...and crying...).*

*J: That's amazing that she would consider that.*

*Niamh: She did offer and she was very genuine in her offer, but... (sighing). She's really healthy so it would be a really healthy child. She just lives way too clean and healthy and a perfect mother and allows the children to do whatever they want and make up their own mind. But I couldn't do that. I would find it very difficult to do that. Like I would want it to be mine and Tommy's baby. And the only way it's going to be mine and Tommy's baby is if it is our bits that make it or if it's a child we go out and get together somewhere else in the world. And for my sister.... (sighing)...*

*J: Even if it's your bits?*

*Niamh: Even if it's our bits that are in there I would still think it would be too weird. I mean how badly do I want it? I don't think my father would ever be able to come to terms with that (laughing). Ah, now he would. He'd be very good but I would have difficulty watching that baby growing in my sister.*

*J: So it's your baby but you're not experiencing the pregnancy.*

*Niamh: And then she's going to give birth and have to give me the child. I could just see way too much head wrecking stuff there.*

Niamh finds her sister's offer to be a surrogate mother totally disconcerting. Even as she has allowed a kind of loosening of the boundary between her body and technology in the process of IVF, she relies on what seems like a clear border marked by the process of gestation in order to confirm the biological 'truth' of motherhood. In her story we can trace the competing meanings of motherhood, maternal bodies and gametes as an ethical dilemma that must now be rethought in relation to medical possibility. Niamh is concerned that even if the genetic "bits" or gametes originate with her and her husband, having a child grow in her sister would create too much blurring of the boundaries between social and biological parenthood. The moral ambivalence comes through as Niamh tries to imagine how she might explain to her own father this porosity of bodily boundaries and sharing of body parts. She struggles with this new image of the relationship between a mother's body and motherhood, the relationship between the gametes or "bits" that constitute both the child and the kinship link, and the possibility of watching her own pregnancy happening in someone else's body.

The limits on the meaning of motherhood and the relationship between maternal bodies and the children they produce are tested and affirmed when women like Niamh consider how far they are willing to go in order to conceive a child and conceive of themselves as that child's mother. Marilyn Strathern notes "[i]t is a long established supposition in the Euro-American cultural repertoire that the institutions of kinship and family 'regulate' biological processes for social ends" (1999[1993]:175). Niamh's reticence to employ her sister's body to become a mother herself points out how current

concepts of kinship and family relations work normatively, making it difficult to accommodate new biological possibilities. Thus as new contexts emerge – for example, the possibility of there being two biological mothers, *genetic* and *gestational*, neither of whom is necessarily in an ongoing social relationship as “mother” to a child – how will prior notions of kin relations be adjusted? What kinds of discursive shifts will be necessary if kinship institutions are to continue to fulfill such a regulatory role? Such questions revolve around the need to “give cultural form to the preservation of past biological truths” (Konrad 2005:241), particularly as these truths are now challenged by new possibilities in assisted reproduction.

The kind of surrogacy described above, for example, exposes the need for new definitions of motherhood that can reconfirm the biological truth of pregnancy in relation to both gestational and genetic maternal bodies and yet still accommodate the social relationship implied by motherhood. Moreover, an uncomplicated conception that occurs following sex eclipses not only the embodied social and moral value of gametes but the fact that they are objects or body parts with material value as well. Assisted reproduction creates the possibility of offering eggs, sperm and wombs for use by others in a new market designed for such an exchange. But more importantly, when disembodied, the components of sexual reproduction can be traded, sold, given away or lent/borrowed without the necessity of a sexual relationship. This shift has implications not only for the moral and normative complex of behaviours around sexual relationships and reproduction but for the meaning of biological substance in constituting relationships. How does

infertility treatment encourage people to consider meanings associated with their own eggs and sperm, sexual relationships, and concepts of relatedness and family?

As Becker suggests, when people consider using donor eggs or sperm, it poses a challenge to the procreative enactment of gender “when one of the key functions of biological reproduction is being enacted for a person by someone else” (2000:133). Of course this standpoint reflects the culturally constituted meaning of biological conception as a social enactment of gender roles and reflects the emphasis placed on conception, rather than birth, as the defining event in procreation. The next section will explore the construction of particular kinds of sexual, gendered and moral identities for people who consider becoming parents with donor gametes.

## **9.2 Constituting Sexual and Gender Identities**

Eggs and sperm have particular kinds of value with the capacity to make social persons or parental identities. My interview with Lara took place in her living room over many cups of strong coffee. Lara described her very modern living space filled with glass tables and breakable objects as distinctly child unfriendly – a kind of aesthetic resistance to the role she longed to play but had yet to achieve. She noted that if she could not have kids she was not going to trouble herself with a child friendly home. I have introduced Lara in previous chapters through her description of what she thought were “traditional” gender roles in her family and how her own infertility had set her apart from the family norm of a kind of hyper-fertility. In the following narrative she reflects on the options available to someone who is contemplating IVF at nearly forty years of age.

*Lara: Now the donor eggs... and the difficulty I have with that is I'm unable to see eggs as a collection of cells, as merely you know, an egg, as merely an ingredient. For me an egg... using another woman's egg... and it's not an ego thing. It's not that I think my eggs... it's not that I think I'm so wonderful that my kids should have me in them. [...] With me it's probably religious scruples. I don't have the religious things all worked out. I'm not a Catholic either. I'm a non-denominational Christian and not a very strong one but I don't have the thing worked out. But I just have these niggling scruples that there may be something more to an egg than merely an ingredient – a useful ingredient. And how am I going to explain to my kid in 20 years time or 10 years time, or 5 years, whenever it is I start trying to explain to them – and I do feel that your kids are entitled to know where they came from? For medical reasons, they need to know where their DNA is from. I think... how am I going to tell them that I've used another woman for eggs but by the way, we don't want you to have adultery ever? It's morally wrong. It just kind of slips them into the grey zone. Everything is black and white when you don't have to depart from it. [...] The use of another woman's eggs has metaphysical implications of a sort of dubious nature. [...] I just feel that if I'm explaining to my kid in 20 years time about, you know, what... 'you're from'... 'I'm not your mother, really. I'm not your biological mother'. I'm afraid that the kid is going to have her mind opened to all sorts of grey areas. She might be prompted to sort of embark on an exploration of sort of grey areas that I don't want her to... like, for example, well, maybe... okay, I always heard of one man and one woman – you know, the two shall become one – so maybe that's not true. So let's see what else is not true. Well, maybe it's okay to have multiple partners. That it's going to blur the boundaries between right and wrong for the kids and that this sort of... somehow may be morally corrupting for them. I mean that's the way I feel about it. [...]. I also think it trivializes... I do not speak for anyone else or judge anyone else for doing it. I'm very happy to hear of other women doing donor eggs or donor sperm because I know that they're going to get a child out of it, and I'm very happy to see successes. But for me it's no trivial matter and introducing someone else's sperm, someone else's egg, and even if I didn't have Christian ethical reservations about this, I might have other sort of ethical reservations about it because for me it's not just cells. It's a whole sort of moral and ethical, you know, and it sort of almost devalues the meaning of that contribution. I don't even know how to articulate it. There is... it's a devaluing that takes place of that sort of union – marital union.*

*J: Right. It sort of introduces a commodity in a sense...*

*L: Correct – it makes a commodity out of eggs, an ingredient out of eggs. To me there's something more to eggs than that. There's something more to sperm than just a commodity, than just a cell or just something like a blood transfusion or... you know, or if you need glasses you wear glasses. You know, you get an aid. For me using somebody else's eggs and sperm has a whole load of social and moral*

*connotations around it. An egg is a complete blueprint – a genetic blueprint. It's the whole canvas of things.*

*J: That's a very good way to put it, actually – very descriptive – the idea of being a canvas.*

*L: And I think even in society there's a whole sort of ... all these ethics surrounding anything to do with reproduction, in all societies across all times, you know, and all these ethics around reproduction and effectively if you're reproducing with someone who's not your spouse ... I mean, okay, it's not a date; you're not meeting up directly. There's no kind of scandal involved. But you're essentially copulating.*

Lara frames her discomfort by talking about the cellular activities involved in fertilization and conception as if they metaphorically embody the social meanings attached to sex in a relationship. Moral detachment is not an option in her story. Lara is concerned with the social and moral message implied by blurring the link between biological and genetic parenthood as it relates to issues of marital fidelity. Her story raises what Monica Konrad calls “the perceived threat of conjugal chaos [...], the fear of being held to account” where there is a donor involved in the assisted conception as people fear they will be criticized for their introduction of a third party into a procreative partnership (2005:241). This concern is similar to findings in other studies in the UK in which people are uncomfortable with new kinds of marital infidelity or “test tube adultery” arising from the use of gamete donors in ART (Hirsch 1999 [1993]:106; see also Edwards 1999, 2004). The significance of fidelity links to concerns with containing the family in Ireland, like Katherine's Conrad's (2004) description of the importance of the “family cell” as a site for keeping foreign matter out.

I had the opportunity to ask Lara's husband Paul how he felt about egg and sperm donation. He concurred and used the same phrase as his wife, saying it felt like he would

be “effectively copulating with another woman” if they used donor eggs. He could not thus consider using donor sperm either. He referenced the same biblical passage as his wife, suggesting that the “two shall become one” might refer not only to the marital relationship but also to the biological moment of conception. Since they were interviewed separately he and Lara had probably discussed this point in the past and had developed a shared interpretive and moral framework for understanding this issue based on a religious or biblical perspective.

Lara’s story points to the depth of the meanings some people employ as they question whether their gametes (sperm and egg) are merely objects in a biological chain of events called sexual reproduction. In questioning the moral neutrality of mixing sperm and eggs, even in a Petri dish, Lara suggests that particular kinds of identities are produced for both donors and recipients in the generation and exchange of gametes. Konrad (2005) draws on Strathern’s discussion of the potential constitutive power of bodies to shape the social identities of others.<sup>3</sup> Konrad challenges the possibility that social relationships between gamete donors and recipients can be eclipsed or erased, even by legalized anonymity. She argues that part of the social self is constituted in the very act of the exchange and that body parts convey meanings to others in social interactions.

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<sup>3</sup> As Strathern (1988) argues in her work on “partible” bodies in Melanesia, it is through social action - what one does with the body - that meanings and social identities such as gender emerge. The body is not the locus of immutable social difference or a discrete object constitutive of a singular personhood. Rather the body in Melanesian terms, is exchangeable and interactive, with parts that can be detached and absorbed in the making of self and others by virtue of social interaction between and among bodies. Strathern argues that the use of the body, like the giving of gifts, conveys and enacts social relations that make up the social person or enable persons to make themselves.

From this perspective, donor and recipient “each configure the other” (Price 1999[1993]:56; see also Shaw 2008). How these identities for donors and recipients are configured is variable and complex, reflecting a number of strategies for confirming the importance of marital fidelity, family continence and parental commitment in reconfigured possibilities for parenthood. As Lara’s narrative suggests body parts, such as gametes, thus have both representative power and exchange value in the constitution of relationships and identities. Lara and Paul interpret a biological relationship as a social and sexual exchange when gametes from someone else might be passed between them. Such an action would constitute an immoral relationship framed within the ideal of moral monogamy.

Lara also describes her discomfort with materializing or objectifying the gametes employed in assisted reproduction with a donor. Reminiscent of the rhetorical constructions in Dr. Connell’s speech discussed in Chapter 8, Lara argues that a kind of trade in gametes as products in and of themselves reduces the process to a transaction separate and apart from the “procreative” commitment she feels should be part of having a child. While her perspective was an extreme example, it nonetheless represents part of a spectrum of issues related to the making of identities in procreative relationships. For many people I spoke to about either the use or donation of gametes, the issues associated with the making of identities in the exchange of gametes, understood largely as parts of bodies, were based on the constitution of their own identities in relation to a child. They were concerned with how donor gametes might make or “unmake” them as parents of the

child that is conceived in the process.

An example of the use of donor gametes in making identities is evident in Gail and Martin's story. Faced with the implications of Martin's very low sperm count, they decided that a transactional relationship would ensure against any future dispute over the meaning of a biological investment to the personhood, identity and kinship connection of the child they might have with donor sperm.

*Gail: When the fresh IVF cycle didn't work we thought we'd fill in the adoption forms... Then we thought 'why do this when we can adopt sperm rather than adopting a baby...?'*

*Jill: Interesting...you were more comfortable with donor sperm.*

*Martin: It was the guilt factor... I would do anything to facilitate. The day I got the news [that he had almost no sperm] we sat down and I said 'we'll do whatever it takes to make a baby'.*

*G: So my child is the child that I raise and that's what we decided with the donor sperm - that Martin would be the Daddy. We know any man can be a father. It takes a great man to be a Daddy. Martin had said right from the beginning that we would consider donor sperm and I said no way. Because I never wanted, in the heat of an argument, for him to say 'take your child'. So what he said was that he would buy the sperm and then it would be his and he would do with it as he chose.*

*J: So a contract sort of.*

*G: Right, we had an agreement that if we ever got that far that we would ask that payment be done in two billings, that he would be billed for the sperm and we would be billed for the process.*

The perspectives expressed by both of these couples might be seen as two ends of a spectrum of possibilities in which eggs and sperm are linked to the moral and social responsibility of parenthood. At one end of the spectrum, Paul and Lara eschew the material and transactional aspects of gamete exchange. They want to imagine the conception of their child as symbolic and performative, synonymous with the procreative ideal that links marriage with having children. Gail and Martin offer an alternative

framework for making sense of this issue when they create a distinction between a biological relationship as a “father” and the social relationship of a “Daddy”. For Gail and Martin the taking of ethical and moral responsibility as a parent overrides any moral misgivings about perceived “conjugal chaos”. In the absence of a genetic link, a social relationship is negotiated through what becomes a pragmatic monetary transaction. In this case, the “Daddy” actually *owns* the sperm even if he has not produced it. The potential threat to family integrity posed by the presence of a third party in the procreative process may still exist in conceptual terms (Hirsch 1999[1993] ; Price 1999 [1993]). However, owning sperm literally “makes” Martin both a father and a Daddy and helps to detach and exclude the genetic father from the family picture.

### **9.3 “Making” a Mother: The Salvaged Egg**

Gametes are constituted as items of exchange in other ways as well. The theme of a natural resource that is there to be recovered, exploited or utilized in some kind of transaction is apparent in stories about donor eggs. In many cases this theme of recovery is constituted as means of over-riding or at least compensating for what are construed as nature’s inefficiencies. In Anne’s story, typical of several on the use of donors, the donated egg is constituted as a ‘salvaged’ resource, destined to be otherwise wasted by normal bodily processes. In this case the egg is not necessarily a link between the woman who produced it and a child. The detachment is effected by this concept of gametes as discarded or wasted material as opposed to a commodity that is bought and paid for, as in Martin’s story above.

*Anne: I mean like people said to me – 'would you consider the other woman to be the biological mother?' and I said, 'no'. I said, 'no, absolutely not.' Because to me she was ovulating and she didn't want to get pregnant and so those eggs would dissolve. And the baby would never have been born. But instead of taking the pill and letting them dissolve she's giving them to me; but that's not making a biological mother. Or any kind of mother.*

Anne takes this formulation somewhat further in challenging the discursive domain of genetics to determine who is the 'mother'. Like Gail and Martin, Anne argues that the gift of an egg *makes* her the mother. Anne does not see an egg donation as configuring a motherhood identity for the donor, and certainly not one that must be accounted for as part of the family construction in an imagined or real way.

Unlike the metaphorically constituted images of the "active" production of sperm there is a powerful sense of passivity, lack of control, and waste in the inevitable loss of an egg during menstruation (Martin 1991; Nagl 2005)).<sup>4</sup> Moreover, men can actively engage in the recovery of their gametes and any "waste" is, by and large, perceived as something they control. Women, on the other hand, must be assisted, by a technological investment, in the recovery of their resource. In this light, egg donation can also be constructed as compensating for nature, recouping a resource that is otherwise lost in natural processes.

For many of the people I spoke to about donor eggs, this inevitability and wastefulness provided a framework through which they could disconnect the egg from its producer, decontextualize the maternal relationship and relocate maternal connections in

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<sup>4</sup> This contrasts significantly also with the image of the active and purposeful production of sperm, as described in the last chapter, that contributes to associations between sperm donation and sexual deviance (Edwards 1999[1993]; Haimes 1993)

the recipient's body. For Naimh, who I quoted earlier, the meaning of gestation and birth is complex and subject to moral and ethical re-evaluation in relation to the making of a motherhood identity. For most people who spoke to me about this issue, donor eggs were the basis for an imagined child once they are associated with a maternal body, carefully delineated from the donor body. More importantly, in line with Konrad's (2005) findings in her UK study, this way of thinking about eggs as something that can be completely dissociated from the donor's body effectively eclipses any potential parental relationship to a resulting offspring.

A similar perspective was narrated in stories of people who have donated eggs. Alicia, an altruistic egg donor who describes herself as "fascinated with fertility and infertility" heard about the need for donor eggs on a popular Irish radio talk show one afternoon. She called the clinic mentioned in the program and set up an appointment. I asked her about her "relationship" to the egg she had donated.

*Alicia: What did I feel the egg was to me? For me, it's a piece of tissue that I don't need right now. I don't see it as an egg. I see it as a piece of tissue that I've absolutely no use for and somebody else could have a use for it. The counsellor asked me would I think that the baby is my child, biologically. And I said no, never because for me the biological mother - I don't know from a legal point of view but from my point of view - the biological mother is the person who gives birth to this child and feeds the child while it's in the womb and looks after the health and well being while it's growing in the womb. So for me that's the mother. I don't feel, ever, that I'm the mother of some baby out there somewhere. It's just... people think differently but my thinking is it's not a baby I gave away. It was a piece of tissue that made a baby for somebody else.*

Alicia sees herself as having no part of the family life of a recipient couple. Nor was she being made a mother by virtue of the donation. In the exchange of a donor

process, gametes are described as resources to be recovered or purchased, and ultimately owned as material property. Such transactions do not reduce the potential power of the gametes to make social persons. However, for many of the people I spoke with about donor egg reproduction any claim to a parental identity seemed more easily severed when the process was discussed using the metaphoric frame of economics or resource management. The next section will explore how gestation and birth shape the meanings of a decontextualized genetic-parent link when donor gametes are used. In the absence of a regulatory framework in Ireland for determining otherwise, birth remains the defining link that “makes” women biological mothers even if they are recipients of donor eggs.

#### **9.4 Maternity and Gestation: Conceptions of Becoming**

The emphasis in stories like Donna’s below, is on motherhood and nurturance as being part of the child’s “becoming”. The child that becomes a child only “but for the mother” – because a woman provides a womb – is also part of the narratives that posit biological or gestational over genetic motherhood as the ‘real’ or significant identity. The woman who provides the nurturance and performs the act of giving birth is thus the real mother. Much like Niamh’s concern for the making of a motherhood identity through surrogacy above, the motherhood role and the kinship rules that determine it, are constituted in the nature of birth. These stories also point to the importance of relationships as a determinant of ethical choice (Nagl 2005; Shaw 2008). Women shape their stories around the formation of a relational possibility between themselves and a child that might come from otherwise wasted eggs.

*Jill: With the donor egg route would that have caused any conflict for you to think about the genetics of it?*

*Donna: No, no. Well I think the very fact of, what I feel about donor is that like if the pregnancy does occur, number one it would be a 50% genetic link whether it's donor egg or donor sperm and also number two, you're nurturing this baby. This baby wouldn't be growing only for you.*

*J: Right, exactly. Or that you're the biological or gestational mother.*

*D: Gestational mother. You know like you still could deliver the child first, deliver and then breastfeed the child. That was a hugely important issue in my life.*

As Donna suggests here, without the connection to the gestational mother the realization of life is not possible. Becker (2000) refers to this as one strategy in normalizing egg donation. It provides continuity in the narrative about conception and birth. Alicia, a practicing Catholic, adds another layer of spiritual complexity suggesting that not only is the recipient gestational mother necessary for the conception, pregnancy and birth, but so is the intervention of God necessary to the process.

*Alicia: I wouldn't be over religious, but the baby would never have been made or formed if God didn't want it to. I figured as well that if I was doing something incredibly wrong she wouldn't become pregnant. She wouldn't have the chance to have this baby if I was doing something really ethically and morally wrong.*

*J: So you were guided by a sense of an overall faith....*

*A: Right. If I wasn't supposed to be there to give that egg then I'd be somewhere else. So I believe in fate. I do believe you can kind of move it around a little bit but I do believe that if you're meant to be somewhere or you are meant to do something then it happens. So I figured since I got that far it was meant to be.*

As in Gail's story in the opening of this chapter, religion is co-opted and shaped while sustaining the dominant assumption that conception, pregnancy and birth confirm a motherhood identity. The next section will explore how this conceptual advantage for women in the use of donor eggs is established as a contrast to the use of donor sperm. In many of these stories the use of donor eggs participates in a reaffirmation of women's

roles as biological mothers in ways that the use of donor sperm cannot do for men, whose gendered identities can be threatened by the lack of biological parenthood.

### 9.5 Gendered Donor Practices

As I mentioned above, among the people I spoke with the only people who had used donor sperm were Aoife and Cara, and Joan Marie. No one in a heterosexual relationship had used donor sperm. Only Gail and Martin had even considered it. This apparent distinction along gender lines suggests that a lack of shared genetic connection or “substance”, as gametes, might be more challenging for men. As I discussed above, women can still participate in the sharing of substances by gestating and even feeding a child conceived with donor gametes. There is no similar opportunity for men. Such differences are not unique to Ireland and have been evident in the work of other scholars on the issue of donor gametes and kinship (Inhorn 2006; Kahn 2006; Konrad 2005).

Bridget and David were confronted with the issue of male infertility and in spite feeling compelled to make an initial visit to a fertility clinic, they had been in agreement from the beginning that their approach would be adoption.

*Jill: And did you ever consider a sperm donor in any of this or the option of artificial insemination?*

*Bridget: I think we kind of felt that at the time if it wasn't going to belong to David we'd prefer that it didn't belong to either of us, you know. It's either related to both of us or we'd go for an adoption.*

*David: Yeah. (nodding his head but not looking up at me)*

*Jill: Yes, yes.*

*Bridget: And I think because we'd had relations who had such a great success with the adoption that we felt that was the way to go.*

As discussed above, the production and transmission of gametes sexually and the

obtaining of gametes clinically often reiterates stereotypical images of masculinity and femininity. This gender differentiation is part of a social construction in which the need for a sperm donor poses challenges to notions of masculinity, sexual prowess and potency or performance. Many of the women I spoke to felt that even though women are often burdened with the assumption that they are biologically and/or socially responsible for a couple's childlessness, it was necessary to shield their male partner from the greater stigma associated with male infertility.<sup>5</sup>

*Anne: We wanted to keep some genetic link and men have a such a hard time and people saying 'oh you're shooting blanks' or 'oh, you couldn't even have kids' or 'you can't get it up' and smart comments like that. So that we'd never told anybody, even people in the infertility group, and his mother, and my mother. That's it. Nobody else knows because I wanted to shield him from the pain of that. It's terrible so that's why we wouldn't say that it was donor sperm which hopefully we won't have to use now anyways. Yeah, so there's the double standard. You can talk about donor eggs but the woman has still got the link because she's giving birth. But if you say you've used donor sperm you've all that.... Women, we internalize the questioning and you beat yourself up over it whereas with donor sperm, or male infertility, the outside world beats the men up and as well as the men doing it themselves. So they've got it twice as bad. And it's not the same with donor eggs. It is still is a stigma [for men].*

Anne's summation of the difficulty and stigma associated with public perceptions of male infertility is not unique to Ireland (Becker 2000, 2002; Van Balen & Trimbos-Kemper 1994). For Bridget and David, an unequal material investment seemed threatening and unbalanced. This sense that gamete donation, particularly sperm donation, creates an unequal relationship is often expressed as the child being "someone

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<sup>5</sup> Becker also suggests that such assumptions influence the secrecy involved in sperm donation in the US, where patriarchy underpins social norms that tend to emphasize the importance of genetic parentage (Becker 2000:134; see also Stevens 2005)

else's", a construct that draws an outside 'other' into the family. Alexis and Ciaran were faced with numerous challenges to conceiving as she struggled with endometriosis. They discovered when beginning medical consultations for their infertility, much to their surprise, that he had virtually no sperm. Like Bridgett and David, they were extremely reticent to use donor sperm.

*Alexis: No, definitely not. No, because even when we were talking about if the IVF doesn't work, ... like we were saying about ... we'll go down the adoption route and we have no problem with that, and we both agreed and that's fine; but the doctor in the other clinic actually said to us would we not go with a donor. Ciaran's whole attitude was – oh no, you're not going to be carrying someone else's child. It has to be mine or adoption. So adoption was his route. When I was saying – 'but why? Because it'll be half mine or half yours, whichever half I don't mind'. I said, 'what if it's with his sperm and somebody else's egg?' 'You'd still get to carry it,' he said, so. Yeah. If it's not his sperm; it's not his child, you know, that's it.*

Alexis's story points out that, in a case of donor eggs, women have access to the experience of pregnancy and birth which might augment their sense of biological relatedness. The fact remains that, for Ciaran at least, gametes convey a prior social and kinship relation as well as a genetic relationship. The biological processes of conception and birth operate to favour the relational claims or "blood ties" of women over men when donor gametes are used.<sup>6</sup> The opportunity for women to create biological relatedness through pregnancy even if they used donor eggs was cited as an advantage by several couples.

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<sup>6</sup> This emphasis on the overriding investment of pregnancy and birth for women who use donor eggs was identified in Becker's (2000) study of couples in the US. Paxson also describes the importance of the "blood, a biologizable idiom of relatedness" in Greece as something that is attributed to the gestational period and therefore more strongly influenced by the mother (2003:1862).

*Leah: And yes, I know that I could go through a donor sperm if I wanted. And I did think about that obviously. It just did not appeal to me at all but I know if somebody else wants to do that I absolutely say yeah, fair play to ye, clap, clap. But I just didn't feel it was for me. I didn't like that fact that, even though I'm adopting a child and I do not know who their parents are ... do not know their parents' origin or will not know because they're likely to have been abandoned, but the thought of carrying around somebody else's child that I did not know was too much to get my head around. My husband had no problem accepting it.*

*J: That's interesting.*

*L: Yeah, no problem. No problem if I wanted to do it. He would have stood by my side on it but I had a problem. I definitely had a problem. I just didn't like the idea at all. I didn't believe, I don't believe in the clinic. Maybe I'm totally wrong. You probably know more about this than I do but I always have this image, and they tell you like, about the father of the sperm or whatever and they're not that at all, you know.*

The use of donor sperm in the US has declined since the advent of intracytoplasmic sperm injection (ICSI) techniques (Becker 2000, 2002).<sup>7</sup> This technique enables men with even minimal sperm counts to father children. Of the 23 couples I spoke with who had used IVF, ICSI had been used by eight of them (approximately 35%) and had been recommended to at least four of the couples who had not used IVF. Its use was deeply embedded in the rhetoric of "having a child of one's own". For Gail and Martin, there was an additional spin-off in re-validating Martin's masculinity.

*Gail: Especially because in that sort of two week period between fertilization and when my period arrived, Martin was sort of re-given his ...*

*Martin: Manhood.*

*G: Manhood yes, because we had 90% fertilization. Of the 10 [eggs] they could inject, nine fertilized and his sperm did their job and you know he was happy.*

As Gail says, that interim period of waiting after the embryos are transferred back

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<sup>7</sup> See also Inhorn (2002) for a discussion on the use of ICSI in Egypt where sperm donation is not culturally accepted, and Kahn (2002) for a description of the issues of donor sperm among Orthodox Jews in Israel where the emphasis is on maternal transmission of ethnic heritage. Jewish men are prohibited from being donors but women can use donor sperm from non-Jewish donors.

to her afforded her partner, who had a very low sperm count, a chance to relish his own fertility. This confirmation of his potency and fertility was demonstrated not by a positive pregnancy test but the scene under a microscope enacted and witnessed by an embryologist and reported back to Gail and Martin by the clinic.<sup>8</sup> I will explore this point again in the next chapter in relation to the visibility of embryos, but the exposure of gametes and conception to the view of clinic staff and participants plays two key roles here. First, it is an important component in normalizing the processes of IVF as scientific common sense (Becker 2000; Franklin 1997). But more importantly, it reconfirms gender stereotypes associated with gametes in heterosexual performance through what Emily Martin (1991) has described as the imaginary “romance” between eggs and sperm. In this case both the romance and the gender roles are enacted under a microscope in a clinic. This confirmation of gender roles is important in order to offset potential social conceptions of sexual inadequacy that might emerge from the need for IVF (Paxson 2003). As Lara suggested in her narrative on donor eggs above, sex is, in fact, happening in a dish. And given Gail and Martin’s admission that sex was temporarily “on the shelf” this is the only place in which there is confirmation of Martin’s sexual capability.

The next section will examine the issues related to legal confirmation of parenthood when genetic or biological parenthood is complicated by donor gametes.

## **9.6 Conceptual Dilemmas of Donor Regulation**

The need for and risks of new regulatory and normative frameworks in the

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<sup>8</sup> For a more detailed discussion on the importance of the “witness” in the making of scientific truth, see Donna Haraway’s (1997) *Modest\_Witness@Second\_Millennium.FemaleMan©\_Meets\_OncoMouse*<sup>TM</sup>.

practices of IVF and ART are perhaps understood most deeply by those who are treading on new ground in the formation of biological families through donor conceptions. I include a lengthy narrative from Carol Anne and Vince here because it expresses some ambivalence on a range of issues relating to the use of donor eggs from abroad. They also point out that, in spite of longing for clarity, they recognize the complexity and range of issues that could become legal impediments in their case. Carol Ann was diagnosed with unexplained early menopause in her mid 30s and donor eggs offered the only realistic hope of conceiving.

*Jill: So was the counselling more focused on your decision to do the egg donation and the issues?*

*Carol Ann: Yeah, these are the issues. It was really to do with whether you have thought through the legality of it. I think in England because they have, you know, very strict guidelines, legally you would be the parent and there was no issue about that. But unfortunately in Ireland the CAHR still hasn't presented its findings and as far as I know if there is a problem...say I do get a donor and I do conceive... I don't know here if the legality of all that has been sorted. So I have the additional worry of will the child be legally mine here in Ireland. And I actually don't know.*

*Vince: And the thing is though, if you conceive in a country outside of Ireland they could have no say in that. Because you've got papers to represent the fact that the child was conceived in Spain and under Spanish law so what's Ireland going to say on that.*

*CA: Yeah, because under Spanish law and under English law when we went to the clinic in England they did spell that out. [...] It's just with this day and age with marriage break-up and whatever I just had it in my mind that what if our marriage was to break up and I had given birth to a child. Could the court turn around and say that child is legally Vince's because he is the legal father but that child isn't legally yours and I could lose a custody battle on that basis. ... It is a worry and it's something that I know even if I do conceive a child, all those issues won't go away. And nobody, no matter who I talk to, nobody can give you a solution. Because there's no law here in Ireland so I come back here, give birth to a baby and just literally hope that the baby will be able to go through life without any issues because I wouldn't know how to deal with it. So what does anybody do except literally hope....*

*V: There's no law so that means you can do anything you want.*

*J: Yes some people's perception is that no law is more protection than a legal structure which creates too many barriers.*

*V: Yeah, if you've no law you can't do anything about it. I mean if you're registering a child there would be nothing on it saying 'are you the genetic mother?' And even so you could say 'I hereby declare I am the genetic parent of this child.'*

*CA: It's a complete minefield really, isn't it?*

*V: They have to decide really.*

*CA: Normal IVF is difficult enough for couples but at least they know it's ...*

*V: It's their own genetics.*

*CA: There's no issues whereas for donor couples it's a huge issue and I'm sure for any donor couple they find the same problem is that it's always ahead of you. So as I said to Vince I'm nervous that the treatment won't work but I'm also nervous that the treatment will work... And that's following us also but it's just that if I did get pregnant you've all these issues that are out of my control, that weren't of my making and yet they could confront me through my life at any stage and there's no handbook there telling you this is what you do. You just have to go along, rear a child as best you can, love it and be its parent and hope that's enough.*

While answering my questions about the aims of counselling in the use of donor eggs, Carol Ann's most prominent recollection is about the legal issues. Her concern about the unequal claim to relatedness in a case such as theirs, in which she would have no genetic link to the child she might gestate, highlights a kind of disjuncture between birth and blood as the basis for kinship codified in law. Konrad (2005) describes the difficulty in analytical models of parenthood that seek to combine, in various ways, biological, social/emotional and legal definitions. Using Ward Goodenough's (1970) work as an example she argues that "jural rights are produced by a biological frame that naturalizes these rights as causal relations for the ascription of an essentially sexed parenthood" (2005:104). This, she argues, conceals the extent to which legal definitions depend upon and are products of biological or emotional definitions of parenthood roles.

The biological and emotional definitions of parenthood are thus posited as given in nature and unproblematic even as the terms are legally constructed. At the same time, the authority for legal definition rests on presumptions about the 'nature' of parenthood but are nonetheless presumed to be socially constituted and in need of constant attention and re-defining.

Carol Ann suggests that the complex issues regarding motherhood and identity that accompany a donor egg conception can also be reshaped as legal problems solved through regulatory discourses. Her case is an example in which the definition of "biological mother" based on birth, while presumed to be natural, might not be adequate for the ascription of a legal definition of motherhood. Franklin (1999[1993]) problematizes the attribution of social meaning to biological "facts", arguing that such meanings as kin relationships are based on equally socially constituted meanings of nature and biology. Carol Ann further problematizes the simplicity of this construction. She points out that while the social meaning of motherhood will be attributed to the biological fact of her gestating and giving birth, there is a need to attribute new legal meanings as well. Her concern speaks to the current uncertainty in Ireland that the social relationship – as the mother of a child to whom she gives birth – will also be legally recognized.<sup>9</sup> In fact the current laws in Ireland offer little protection since they are based on a biological family and have not incorporated the social family. Acknowledging that

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<sup>9</sup> See also Stevens (1999) for a discussion on the mechanisms through which naturalized meanings of birth are legally codified in the process of determining what constitutes families and membership in political society.

the law must be changed, the CAHR recommendations suggest that the gestational mother be recognized as the legal mother in the case of gamete donation (2005:46-47). However, at the time of writing legislation has not yet been drafted in Ireland.<sup>10</sup>

Another issue of concern to people who use donor gametes is the question of anonymity and how this might protect recipient claims to parental identity. The implications of the removal of donor anonymity in regulations engenders ambivalence and uncertainty for recipients. Anne is concerned that infertility is being constituted as different from other medical conditions and gamete donation constructed as ethically and legally distinct from other organ donor programs.

*Anne: But people have donated something huge like a kidney or a liver. It's still anonymous. Now because we're getting an egg – or a sperm (emphatically). So why is it all of a sudden, and the reason is because we are the infertiles, they're not dealing with us the same way and that is it. I've had many an argument with the likes of people who insist and I'll disagree with you, when they say the children have the right to know. I said, 'no, we have the right to decide whether they ought to know.' [...] I think it should still be up to the parent. I think it should be anonymous if you want it anonymous and open if you want it open. What they wouldn't do to kidney or liver patients, why are they doing it to us because they are now making decisions in our lives and our families? Now, we're going to tell our child – sure. It's just... you know, we're allowed to do that because that's our decision.*

*Jill: How interesting. I hadn't thought about that – that kind of, as you say, giving them a sense that they are very important in a child's life.*

*Anne: Yeah. And then putting that idea into the child's head. All of sudden it's 'oh this person is my real parent'. It's an emotional obligation. But for HFEA to turn around and be saying that this person is going to be so important in their life. That is just literally putting us right down on the totem pole again. And it feels absolutely terrible when in actual fact we are the parents – the biological*

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<sup>10</sup> Many countries have regulations that ensure some information on donors will be available to a child produced with donor gametes. The UK, Sweden, Canada, Austria, the Netherlands and New Zealand have laws providing some measure of access to information or identity for offspring of donor gametes. (Shanley 2001; Shaw 2008; Van den Akker 2005)

*parents – because I'll be the one giving birth to it. You know? So it's... it's a hard decision, but it's... I think it's taking the decision totally away from us.*

As her narrative suggests, Anne is concerned by recent changes in the UK to the Human Fertilization and Embryology Act (HFEA), mandating that information about donors be available to children conceived with donor gametes.<sup>11</sup> Although no such regulation currently exists in Ireland the CAHR recommends a similar opportunity for children of donor gametes to have access to limited contact information, effectively eliminating anonymity for donors (CAHR 2005).<sup>12</sup> This focus on the rights of a child to gain access to information on the donors that contribute to their conception – the genetic parents – suggests a shift of rights away from the privileged family unit, as currently understood in Ireland, since contact with a donor threatens the integrity of the family based in marriage.<sup>13</sup> As discussed above, research in the UK (Hirsch 1999[1993]; Price 1999[1993]) suggests that sperm donation is associated with a threat to the integrity of the idealized nuclear family. The perceived threat comes from the insinuation of an outside other into the procreative relationship - a relationship that should ideally constitute two parents, not three. However, while donor practices have been seen as

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<sup>11</sup> HFEA regulations changed on April 1, 2005, while I was in Ireland, and now require that some "identifying information" about gamete donors will be available, if requested, to any children who are born as a result of their donation. Donors are protected from any financial responsibility to offspring. (HFEA <http://www.hfea.gov.uk/en/368.html>).

<sup>12</sup> Based on the CAHR report The Department of Health and Children recommended to the *Oireachtas* in December 2006 with respect to gamete donors that "the legal parents of children born through donor programmes to be the gestational mother and her partner; the child born through the use of donated gametes to be entitled to know, on reaching maturity, the identity of the donor(s) involved in his or her conception." (<http://debates.oireachtas.ie/DDebate.aspx?F=HEJ20050721.xml&Ex=All&Page=2>)

<sup>13</sup> Again this can be seen as an issue from the perspective of the "family cell" and the need to guard against foreign or outside intrusion (Conrad 2004).

challenges to ideals of marriage and fidelity, many people in the UK study were uncomfortable with the notion of total anonymity in receiving or providing donor gametes (Hirsch 1999[1993] ;Price 1999[1993]). In Ireland where the rights of the family are protected by constitutional law, the removal of anonymity inserts a privileged 'other' into the family unit threatening the integrity of the parent-child relationship as Anne suggests. The constitutionally ascribed rights of the family in Ireland are based on assumptions about birth and biology. The difficulties associated with this in relation to adoption will be discussed in a Chapter 11, but with regard to defining family relationships, new relationships must now be taken into account as a birth mother may not be the only person with a biological claim.

A legislative framework that privileges the genetic connection might serve to diminish the importance and recognition of the commitment of social motherhood. Marilyn Strathern notes that motherhood is a "process of recognition and construction. In itself motherhood stands for the social construction of natural facts" (1992:151).<sup>14</sup> For people like Anne and Carol Anne, the implications of possible legislative and regulatory constructions are threatening to their own legitimacy as mothers of a child to whom they are not genetically related. And while the egg donor can be eclipsed from the social and emotional construction of the procreative relationship as described above, any legal recognition of a donor's right to claim status as a parent, even in the distant future is uncomfortable to women like Anne and Carol Ann. The natural facts could be socially

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<sup>14</sup> See also Stevens (2005) and Cornell (2005) for discussions on the implications of privileging genetic and biological motherhood in law.

and legally constructed in ways that work against them. As Strathern suggests, new technologies alter, not only the biological processes that underpin kinship and family, but the meanings of these social formations themselves.

### **9.7 Contesting the Body of Reproductive Ideals**

While the use of donor gametes can participate in the process of redefining and building new social formations that constitute family on one hand, their use also demonstrates how access to “assisted reproduction” as a reproductive strategy is legitimated in normative and regulatory terms. Debates about access to treatment by lesbian couples for example, can disrupt the hetero-normative model of reproduction by redefining (in)fertility to include a wider set of sexual and procreative norms. What is apparent in the political and medical discourses on ART is a reaffirmation of the gendering associated with reproduction and definitions dependent upon sexed bodies (Butler 1990, 1993).

A brief public dialogue on access to assisted reproduction by lesbians was facilitated on RTE radio in the fall of 2004 by an interview with a lesbian couple on Marion Finucane’s daily morning program.<sup>15</sup> Any attempt to normalize lesbian relationships as families with reproductive potential was undone, however, by another participant in the interview, the founder of an internet based sperm donor service called

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<sup>15</sup> The radio program aired on the morning of November 10, 2004 and for several days following there were calls and emails regarding the program, many of them negative and condemning of lesbian relationships and/or assisted reproduction.

ManNotIncluded.com (MNI).<sup>16</sup> The discussion on the use of this service by lesbians was framed not as one possible strategy for reproduction but rather as a titillating exposé on two women producing a child together. My field notes in subsequent days describe the response to RTE, in the form of open line callers and emails, as primarily negative. People expressed religious objections to either the use of donor sperm or same sex relationships (or both), often backed with biblical references.

While the discussion on the radio program was intended to raise awareness of a new kind of reproduction, it quickly became a forum for many people to discuss the importance of the social nexus of hetero-normative marriage and family as the site for morally acceptable reproductive activity. What emerges again, is concern with the moral and social fallout of separating sex and procreation (Cornell 2005), and the challenge it would pose to hetero-normativity (Butler 2002). Thus, in addition to the social and political difficulties equal access to treatment might pose, the idea of same-sex procreation disrupts the meaning of biology as a basis for confirming gendered identities and the social meanings attributed to biological "facts".

Public debates that re-affirm the hetero-norms of reproduction do little to enable a dissociation between reproductive organs, reproduction as performance and embodied

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<sup>16</sup> With this service, conducted on the internet, the donor is paid "expenses" amounting to around €100 or €200 euros but the service costs the recipient about €5,000 or more. The company originated in the UK. Women can contract for a "donor" and have a vial of fresh semen delivered to their home within two hours of its collection. This necessarily implies the donor will be someone from within a fairly small radius and possibly someone a woman might know. In contrast, all donor sperm used at fertility clinics in Ireland is obtained from abroad. The service is primarily used by lesbian couples who need sperm in order to procreate within their relationship. However, the health implications are obvious in that, while the donors are initially screened for any health risks, no ongoing monitoring of donors can be assured.

femininity for infertile women or women in lesbian relationships. I draw here on the feminist and queer challenges to the way, for example, the location of cancer in the breasts of lesbian women confronts them with the construction of femininity more so than the presence of breasts themselves (Jain 2007; Kohlman 1995; Lorde 1997[1980]). The body is not necessarily the site of gender and sexual identities since having breasts does not determine whether someone is feminine. Deconstructing the categorical differences that confine the “problem” of an inability to conceive within heteronormative and marital relationships also deconstructs a naturalized association between a sexed body, condensed as a reproductive body, and a gendered identity. The need for donor gametes creates an odd juxtaposition wherein women who rely on donor eggs and lesbian women who rely on donor sperm are both problematizing the direct correlation between reproduction, sex, and gender. Their circumstances expose the constructedness of the mandate to embody a gender that is associated with sexual characteristics through heterosexual reproduction. Rather than contradict the relationship between body and subjectivity (Biehl, Good and Kleinman 2007) described in Chapter 1, such examples point to the role of the body in making subjects, even in the refusal of certain relations between body, gender and sex. Reproductive bodies thus contribute to women’s subjectivity in a variety of ways, and are not necessarily determinant of gender identities.

Some months after the radio program, on April 28<sup>th</sup>, 2005, I attended a lecture at University College Hospital in Cork in which Dr. Deirdre Madden, a well known medical legal expert and academic at UCC College of Law, spoke about the need for practitioners

of assisted reproduction services to respect the laws established by the Equal Status Act. Noting that no clinics in Ireland at that time were providing services to lesbian couples, she suggested that this violation of the Equality Act was ripe for a legal challenge. However, in a climate of legal uncertainty it seems that most same sex couples have quietly gone abroad to undertake assisted reproduction, as Aoife and Cara, the only lesbian couple in my study, had done. Through their story and frequent updates, I learned of two other lesbian couples who had gone to the UK for treatment and subsequently gave birth in Irish hospitals.

In a debate of the Oireachtas Committee for Health and Children in 2006, Mr. Fergal Goodman, a representative of the Department of Health and Children, presented a report to the Committee. The members of the Oireachtas Committee were anticipating a presentation of draft legislation in response to the CAHR report. The report presented by the officer representing the Department for Health and Children failed to meet this expectation on the part of the Committee. In addition, his statements on the Equal Status Act were less than reassuring.

*With regard to other legislation that might be impacted, Mr. McCormack referred to the issue of parentage and adoption, which would be a crucial issue in any discussion of donor programmes. [...] Similarly, the Equal Status Acts are discussed in the report. We talk colloquially about couples and so on but there are different understandings of what a "couple" might be in present day society. We must consider where we would go with this issue vis-à-vis equal status legislation and whether it is appropriate, depending on the policy direction the Government would wish to take, to ask what legislative measures, if any, might be needed in this area.<sup>17</sup>*

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<sup>17</sup> Mr. Fergal Goodman was principal officer in the Department of Health and Children and spoke before the Committee of Health and Children in debate December 12, 2006. See Debates

Here the representative suggests that, while the CAHR recommended that access to treatment must not discriminate based on sexual orientation, it might be up to the legislature or the state to determine who can legitimately be considered a “couple” with access to assisted reproduction. This suggests that equal status might conflict with other constitutional protections, such as marriage and the heterosexual family, necessitating a kind of shoring up with additional legislation to contain assisted reproduction in closely defined social contexts. For couples dubiously distinguished as “colloquial” in the rhetoric of the state, the prospect of any legislation forthcoming that will assure their equality and rights in reproduction appears uncertain.

The next section examines the tension around the identity of products of donor conceptions, real or imagined, and the biological, moral and ethical discourses in which people engage while working out such relationships with potential children

### **9.8 Donated Relations: The New Substance of Kinship**

In the previous section Anne was adamant that her own identity as a biological, gestational mother took precedence over any social claims to motherhood by the egg donor as a genetic mother. Bridget and David described the idea that relatedness was differentiated by an unequal biological investment in the use of donor sperm. For many women and their partners, these were conceptual problems in relation to the meaning and significance accorded to the notion of gametes as “substance” in the making of kinship or

family relations. For some it emerges as an imagined identity gap for the children produced through gamete donation. As I have argued throughout this chapter, for many people the use of donor sperm or eggs pose real and complex conceptual problems with respect to the issue of relatedness and potential for contact between children and gamete donors in the future. Most people who were considering using or had already used donor eggs were concerned with the perspective of the child who might have an embodied sense of the unknown or a missing piece of their own identity. The child conceived with donor gametes comes with an unknown set of connections that must be accounted for in the process of determining who and what makes us “related” and how this is meaningful for families.

Given that family relationships are widely seen as sites for the formation of individual identity, social relations and stability, using donor gametes requires that people re-imagine the importance of biological relationships in families. The use of donor gametes also invites a re-examination of the role of genetics and birth in determining who is kin (McKinnon and Silverman 2005:133; see also Franklin 1997, 2001; Stevens 1999; Strathern 1992,1999[1993]). Perhaps more importantly, dilemmas of relatedness posed by infertility and its treatment are embedded in the social value accorded to kin and family relations (Weston 2001). In addition, the rhetoric of the Catholic Church quoted above, asserts that notions of relatedness and parental responsibility are embedded in the gametes themselves. These dilemmas present opportunities to explore both change and continuity in how kinship relations are defined as people rely on existing Euro-American

models and ideals to work through their own scenarios.

In trying to make sense of donor gametes, the meanings associated with biology have given way, for example, to meanings associated with genetics. In many of the stories about donor gametes in Ireland, people incorporated the concept of "nature" as the basis for family relationships. However, in some stories "biology" as an idiom that defines a particular kind of natural connection – as in "biological" mother or child for example – is contrasted with biology as a scientific practice that might alter or enhance nature (Strathern 1992a).<sup>18</sup> It is important to recognize again the malleability and constructedness of the concept of "nature" itself (Franklin 1997; Haraway 1991; Konrad 2005; Strathern 1992), particularly where it becomes the foundation for other constructed "social facts" (Franklin 1999[1993]) and legal definitions of social relationships (Konrad 2005; Stevens 1999).

The importance of biological facts, rooted in the idiom of nature, are powerful constitutive symbols in the construction of Euro-American kinship systems. David Schneider (1968; 1984) describes the importance of "blood" as such a symbol and, on this basis, he challenges assumptions that kinship relations are given or natural. Contemporary studies of kinship now incorporate the impact of assisted reproduction on the meanings accorded to nature, biology and substance (Carsten 2001; Edwards 1999[1993]; Franklin 1993; Franklin and McKinnon 2001; Hirsch 1999[1993]; Strathern 1992a, 1992b, 1999[1993]; Weston 2001). However, the new emphasis placed on

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<sup>18</sup> Franklin (2001) describes how biology has become both a cultural system and the set of facts that are constituted by, and at the same time, sustain the system.

genetics in relation to identity has served to emphasize continuity and individuality in ways that constitute challenges to previous assumptions about family relationships. Beyond a connection established by shared substance, for some of my participants the power and symbolism of genetics contained in a gamete constituted an identity for a child that seemed immutable, trumping their sense of kinship or relationship as parents.

Breda and John have had several courses of IVF without success and are now considering adoption. They have been told that donor eggs would be a worthwhile option since their difficulty with IVF has been attributed to "egg quality". The biggest hurdle for Breda is the risk of a conflicted identity for the child who might be produced through donor eggs. What are the implications for a child if genetic kin and biological kin are in fact, not the same?

*Breda: So I suppose there is still the other big open question which is donor eggs. I suppose John, he'd do it tomorrow. He's very into it and I suppose I would be as well if I didn't have to face the child... (laughing).*

*Jill: Hmm, from what perspective?*

*Breda: Just identity you know. It's a very powerful thing and very big thing to do and I just...*

*J: So taking on the genetic origins of somebody else.*

*Breda: Yeah, and they'll be a person and they'll have to grow up with it. It's not me that will have to live with it. Well obviously I'll live with it in a different way but you'll be creating a whole new person who would have to ... I suppose if it was the UK and if the donor didn't have the right to anonymity I might consider it. As I say I'm still considering it but I would have a lot of questions. I would worry that your child would think... that there would be such a gap in the child's life and I don't know. I just don't know whether I'm prepared to do that. And if I was guaranteed that I could have twins maybe because then they could be each other's genetic link (laughing).*

*J: What about if you knew the donor?*

*Breda: I couldn't do that. My friend who was four years trying said to me that she would give me an egg but I don't think Dr. W. would accept her (laughing). She's 38 and she just gave up smoking. But I mean we could go to Spain. I would have*

*no problem doing that either or the Czech Republic or wherever. That's not really an issue for me. It's deciding whether I **should** do that. I've done a lot of reading about it and maybe I need to go back. It's a big thing really because it means I'm denying John as well. I'd be denying him the chance to have his own genetic child and I'd love to have John's child and everything and I'd love it for us. But for the child I have some problems. But then I sort of think well then the child becomes their own person like anybody and they'd be grateful to be alive and I wouldn't change that. And people do it all the time so maybe I just need more time to think about it. But we're going for the adoption anyway and I'd like to concentrate on the assessment process for now and see how realistic our chances are. But I'd say probably the adoption is John's second choice. I shouldn't be speaking for him, but I think he'd probably prefer to go for the donor if I could get my head around it. Well we don't fight about it or anything but it's just ... he can understand where I'm coming from.*

*J: So if the tables had been turned to a certain extent would John have been as accepting of the idea of sperm donors do you think?*

*Breda: Hmmm, I never asked him but I'd say so. He's a scientist you know so he'd be looking for the solution.*

*J: And how would you feel about it then?*

*Breda: No I'd have the same questions because it's not to do with...well obviously for me it's a loss because I wouldn't have my own genetic child but I mean it's a big thing to make up for it if I could carry a child and have a child. That would be fantastic but it's the child's identity and how they would grow up is my big question about it.*

*Jill: Breda and I were talking about using donor eggs as another opportunity to do the genetic thing and she was saying that you were fairly comfortable with that idea but she was having a bit of trouble getting her mind around it.*

*John: Yeah sure, I know for her it's difficult when we think of the genetic identity of the child and it's a grey area in terms of contact with the genetic mother. So it is a little difficult and I appreciate that. Like I can see that ... it is awkward. Not an easy sort of thing whereas adoption has been... has been there for so long that people are dealing with the circumstances around adoption.*

Breda's narrative is full of contradictions. She is at once is concerned that part of a child's identity might come from the egg donor but is also willing to concede that "the child becomes their own person like anybody else". She is concerned by the potential significance of a genetic identity for a child produced with a donor egg but is willing to

consider adoption without seeming to question the same issues. This duality ultimately becomes a source of ambivalence when women think about the identity embodied in the different genetics (nature) of a child that is nonetheless nurtured biologically by them. Breda is also, in contrast to some of the other people quoted above, comforted by the notion that a child produced with donor gametes would have access to information on their genetic parent. In this case, we see the locus of concern centered on the child's identity rather than on potential challenges to the parental identity of the recipient parent.

As Schneider argued that American kinship is based on a logic that assumes "kinship is defined as biogenetic. This definition says that kinship is whatever the biogenetic relationship is. If science discovers new facts about the biogenetic relationship, then that is what kinship is and was all along" (1980:23). While pregnancy has, in the past been the basis of a biogenetic relationship, the genetic link encapsulated in the gametes now defines the biogenetic limits of parenthood even as it fails to define the meaning of biological motherhood for a woman who gestates offspring from donor eggs. For Breda then, the biogenetic relationship leans more heavily toward to producer of the gamete, rather than the recipient, even if the recipient gestates the products of a conception and gives birth.

Anne, who had already conceived with donor eggs, finds another way to re-shape the biogenetic relationship. In her narrative above, she challenges the idea of genetics over gestation as the strongest link to a child and the greater claim on "biological" motherhood. In the following I suggested that half of the genetic complement was her

partner's and she immediately incorporated her own body into the process as a genetic contributor.

*Anne: And that's it, at the best it's a third because, I mean how much of the DNA is actually made when it got into your body, when your blood is flowing through it?*

*Jill: Yeah. So I suppose, yeah, there are all sorts of interactions with it because of the social and the environmental things.*

*A: But it's getting heart, lungs and a brain stem. That's all happening in your body. It's your blood flowing around. That's my way of thinking about it. So it's not just two people that made this baby. Do you know? There's three people's genetics in this – not two.*

*J: That's such an interesting way to look at that, yeah.*

*A: That's the way I handle the people and they said, oh, you have a child with the genetics of the donor. No. That's not the way it is. It shouldn't be that way.*

An important element in this story is the differentiation of the meaning of shared substance and kinship. Anne's idea of the "formation" of an identity, even a genetic one, is based on maternity rather than conception. Her narrative disrupts the construct of genetics as fixed and encapsulated in a gamete by questioning the immutability of biology in identity formation. Claris Thompson describes a similar "underdeterminacy of biogenetic ways of determining kinship" in her work in California fertility clinics (2001:175). In her study, one of her participants described her gestational activity as "nourishing" with her blood, providing another conception of the sharing of blood as a substance that is more important than genetics (2001:180). Both stories suggest that blood has a greater association with growth, nurture and development in constituting at least a mother and child relationship, if not wider kinship relations.

For Sarah, whom I spoke of in an earlier chapter, biogenetics held little meaning once she considered her options as a woman embarking on motherhood without a partner.

After some careful consideration of the meaning of using donor gametes, she ultimately made the decision to abandon her original plan of using ART to conceive in favour of adoption.

*Sarah: I began to think this isn't a good idea. This isn't going to work. What I'm really doing is adopting before birth. What's the difference? Adopting before birth or adopting after birth. Creating a child when there are so many children out there who are available. It didn't make sense to me. It was the ethical consideration that made me think 'go for a child that is already there'. Creating a child, it's an artificial thing. I suppose it felt like a kind of like a selfishness there. It just made me think what's the point. And I thought 'no, I'll look into adoption.' That was the turning point and I didn't go back to the fertility clinic.*

Sarah decided that using both donor egg and donor sperm meant she was effectively “adopting” both the eggs and the sperm. Her sense of having a kin or blood relationship to a child conceived with both donor egg and sperm is the same as it would be if the child was born to another woman. She does not see her own gestational input as over-riding the ultimate genetic heritage of a child created with donated gametes, not capable of infusing the child with a kind of blood relationship that would supersede the biological disconnection. But neither does she see this disconnection as impeding her ability to be a child's mother.

These stories point out, on one hand, the reshaping of genetics as substance which might determine kinship connections (McKinnon 2001; Stevens 2005; Thompson 2001 Weston 2001). But on the other hand, they also illustrate people's willingness to re-order the meaning of substance as a determinant of kinship or relatedness, putting genetics in a less important position among substances in constituting relationships. There is evidence of pragmatism as women re-evaluate the power of their own maternity in shaping

concepts of shared substance and kinship. They also re-evaluate the meaning of their maternity in the constitution of an identity for a child.<sup>19</sup>

Sarah also suggests that the creation of a child with donor eggs and donor sperm would be “artificial” in its separation from any natural, or “genetic” link to her or a partner. The meaning of the “artificial” in this context is equally embedded in the social construction of a natural order in which the concept of nature itself is culturally determined and mediated (Franklin 1997; Haraway 1991; Konrad 2005; Strathern 1992a). Sarah is ultimately influenced in her decision by pragmatism and logistics since, as a woman in her late forties, her age complicated the chance of success with donor IVF.

Gamete donors also provide interesting stories in which to explore the collision between what is socially constituted as kinship and what is seen as biologically meaningful. Laura, another altruistic egg donor who responded to a post on the *Rollercoaster.ie* website, explains her view of the meaning of the donation or “gift”.

*Laura: Yeah. Now I remember clearly when I first said it to my husband and he said 'well what exactly does it involve?' And I said 'they would be getting my eggs and she'd carry the baby herself and all of that.' So he said 'how do you feel about that?' And I said, 'fine'. And he said 'would you not kind of feel that is was partly your baby?' And I said 'no. I genuinely wouldn't.' So he said 'well if you're okay with it I'm okay with it. Doesn't affect me at all.' To me I would liken it to giving blood. If I'm having children they are my children with my husband. So these were eggs. Now I know, yes it's part of me genetically and all that. But without my husband they were never going to be my children. And like I said once a month there goes one and that's the way I see it. And the only thing that we did come across that we were sort of like thinking that could be a problem is in years to come if our children meet up with... and that's why I did ask when I went to*

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<sup>19</sup> Paxson again, describes this significance in Greece where motherhood is valued and maternity accorded particular importance in influencing the make-up and identity of a child based on the flow of blood and sharing of substance in the womb (2003:1862)

*talk to them about it. They had said they would let you know when the baby is born because that is all the information they were allowed. And the thing as well with it being anonymous it could be my next door neighbours. But I don't mind and if I have a rough idea when they are born I can prepare both my children. I hate to think that when she starts dating in years to come that she's going to have this in the back of her mind 'oh could you be half?', you know?*

Like Alicia above, Laura was an altruistic egg donor who undertook the process without the incentive of knowing someone who needed an egg donor. Based on research with egg donors and surrogate mothers in New Zealand, Rhonda Shaw describes such autonomous acts as body projects or "projects of the self" undertaken to fulfil a need for the donor herself (2008: 20).

Laura highlights the issue of anonymity from the donor's perspective suggesting that on one hand she is not kin to a child produced from her egg but on the other hand, care will have to be taken to prevent her own children from getting into a relationship with a genetic half sibling, as remote as the possibility might be. Thus, while Laura suggests that the potential child of a donor egg is not related to her as a child, it is clearly related in some way to her own children. Konrad (2005) describes how anonymity in donor egg conceptions contributes to a kind of ambivalent "relations of non-relations" through which a social relationship is formed by necessity of the gift but must then be obscured or "effaced" from a network of kin relationships (2005:7). Anonymity, again, becomes a source of ambivalence in uncoupling the notion of kinship relations from donor conceptions as a way around the awkward issues of conjugal chaos (Konrad 2005), limits of procreative acceptance (Edwards 1999[1993]; Hirsch 1999[1993]) and the

meanings of “blood” relations and substance emphasized by Schneider (1980).<sup>20</sup>

*Laura: And I would do it again. I mean they got twins so I don't know if they necessarily want to go again. And I don't know now ourselves, like, if we will go again. And I would like to know if they (recipient couple) did want to go I would like to offer them the chance. But if they just had twins I don't know if they want to go again right away. And in that respect if I did decide to donate again how would they feel about it.*

Laura takes the recipient couple's interests into consideration recognizing her own contribution to the potential genetic or “blood” connection among more siblings in this family. She understands the kinship implications for the receiving couple if she provides another donation which might result in eggs going to a different couple. In this sense there are three families with children who share “substance”.

Kay, an egg donor who had considered the possibility of providing an altruistic donation after watching the *Making Babies* documentary program on RTE television, ended up donating to an acquaintance who worked with her husband. The two women got into a conversation which resulted in their becoming aligned in a process of assisted reproduction.

*Kay: I had made a first appointment with the clinic but had to cancel last minute as I had no childcare that morning. The very next day I happened to be doing some professional work for a relation of my husband. I don't know how the conversation got around to infertility. I only knew this lady in a polite conversation way but we started chatting and I told her about my cancelled appointment and she said she had been on the waiting list for a donor for years and we took it from there. She had the option to use me as her donor or use me to get to the top of the waiting list by “giving” me to the lady at the top of the list and swapping places with her. She decided that she would prefer me as her donor*

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<sup>20</sup> Konrad's *Nameless Relations* published in 2005, was written at the time of the HFEA consultations in the UK that ultimately led to changes in legislation that now guarantee children of donor conceptions access to information about their donor parent when they reach the age of 18 years.

*as I had proven fertility because I have two young children.*<sup>21</sup>

*Jill: I'm intrigued when you say that your egg is a "building block" but I wonder if sometimes it might feel like more than that if you have some interaction with this child?*

*Kay: It was not much of an emotional challenge for me as our social circles are very different and I wouldn't see her regularly, weddings and funerals only, kind of thing. I would not have tried to see her more in case at some future point I might have developed an unhealthy interest or perceived an involvement with the child. Anyway, she hasn't had the child. She miscarried at seven weeks unfortunately so I can't say for 100% certain what it would feel like but I strongly feel that I would not have had a problem with it.*

Kay says she would tell her children later "when they are older perhaps with children of their own as I feel only then can you understand why a person would donate eggs". Strathern argues that the more wide-reaching implications of kinship might reside with the families of donors as they also have unknown relations. She argues that complexities arise when a child "that had the potential to create links (make relationships) could by the same token be seen as disrupting links (already based on relatedness)" (1999[1993]:175). The idea of non-relations becomes more complex when extended kin and family are considered in this procreative admixture of donors, recipients, genetic half siblings, and grandparents with genetic and social connections.

## 9.9 Conclusion

Reconfigured social meanings attributed to gametes confront the moral meanings

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<sup>21</sup> Kay refers to a common practice in clinic that offer donor egg treatment. People who are on a waiting list for donor eggs can bring a sibling or friend to the clinic as a donor but have the option of letting her donate to the woman who is at the top of waiting list. As a recruiter then, their name goes to the top of the list and they receive eggs from the next available donor. Some people prefer this option as it allows for some distance between donor and recipient and removes the issue of a donor feeling a conflicted sense of parenthood to a child they might also have a social relationship with. For example, someone who recruits their own sister or a close friend as a donor might find it easier to create this social separation between the child and the donor.

embodied in the eggs and sperm people produce, use, share, dispose of or even purchase. I began this chapter by suggesting that the most important issues related to the use of donor gametes in Ireland were those emergent in the moral and ethical questions people ask themselves. Gametes and embryos appear in regulatory discourses as objects over which control must be exercised for their use and availability to infertile couples seeking assisted conception. At the same time, they become subjects of institutional discourses that constitute them in relation to potential personhood by virtue of their relationship to the persons who produce or receive them. As a kind of substance, gametes embody potential relationships and convey potential identities between and among various people who are part of a reproductive exchange.

In a seemingly unlimited field of possibility presented by assisted reproduction technologies, people still seek some kind of boundaries or regulatory framework for defining what constitutes family and the nature of their relationship to offspring. For a few people, a clear legal and/or regulatory code would provide a measure of comfort about their choices around using ART to conceive. But for others the possibility of regulation threatens the meanings on which they rely to make sense of these choices. In this light, a lack of regulation means a certain amount of freedom from restriction and an ability to incorporate the use of donor gametes into comfortable, pre-existing concepts of the meaning of parenthood, family and biology or nature.

The stories in this chapter show that there is no single discourse or framework that meets the needs of all the people who contemplate the use of ART, as recipients or

donors. Religious ethos, attempts at legislation and a medicalized construction of infertility all sit in uneasy tension as people also work through new forms and formations of family. Their narratives are evidence of how people make pragmatic choices even as their understanding of the implications of donor gametes is ambivalent and contradictory. Such contestation reveals the multiple meanings of family/kin relationships in an ongoing process of social change in Ireland.

The next chapter will focus on the meaning of an indeterminate political and moral status for embryos created through IVF in Ireland.

## Chapter 10

### Embryos and the Ethics of Ambivalence

*The child has the right to be conceived, carried in the womb, brought into the world and brought up within marriage: it is through the secure and recognized relationship to his own parents that the child can discover his own identity and achieve his own proper human development. (Donum Vitae- Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation).<sup>1</sup>*

*Up to 8,000 couples attend Irish fertility clinics every year which results in 1,000 babies being born by assisted human reproduction techniques. But thousands of couples are being denied the chance of a baby because there is no legislation to regulate IVF treatments. The Oireachtas Health Committee heard yesterday that fertile parents who want to donate embryos to childless couples can't do so because of the lack of legal framework (Irish Examiner September 16, 2005).<sup>2</sup>*

As I spoke to people about their experiences with assisted reproduction, and IVF in particular, one of the most complicated issues that arose was how to decide the fate of embryos that are created in the process. Because IVF often results in more embryos than can safely be returned to a woman's body there is now a possibility of "supernumerary" or surplus embryos. But in Ireland, as elsewhere, the moral and the legal status of such entities must now be determined in relation to social norms and expectations; this poses a challenge when medical, religious and social values and definitions appear at odds with

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<sup>1</sup> Congregation for the Doctrine of the Faith. 1987.

<sup>2</sup> "Lack of IVF legislation keeps couples childless, health committee hears" by Senan Hogan in *Irish Examiner* 16 September 2005. In fact while the information in this article suggests that a thousand babies a year are born in Ireland as a result of IVF, the European Society for Human Reproduction and Embryology (ERSHE) published statistics for 2005 indicating that just 301 births occurred as a result of IVF treatment in Ireland (<http://www.eshre.com/page.aspx/15>). The apparent discrepancy might be attributed to the difference between fertility treatments and IVF where eight thousand couples may seek some form of treatment and a thousand babies might indeed result, but not all of them are as a result of IVF.

one another.<sup>3</sup> Moreover, the legal status of embryos is far from clear in light of the constitutional protection of a right to life afforded to the 'unborn' as citizens in Ireland.

As I discussed in the last chapter, the creation and use of embryos through assisted reproduction, constitutes a variety of relationships, not only with the biological progenitors but with a host of potential kin. Such relationships are part of a broader social context in which embryos, as entities with characteristics and dimensions, can be understood to have a kind of cultural life of their own, shaped by institutional discourses, social values and their location in physical space. These relationships also require that actions and meanings associated with embryos be thought through in both moral and ethical terms. As described in Chapter 1, I use morality to refer to the often unconscious, embodied sense of right and wrong that is the basis for making decisions. Flagging both the social and emotional elements in morality, Zigon suggests it is "the negotiable, contextually manifested embodied sensibilities that have been shaped over a lifetime of experience within a socio-historic-cultural range of possibilities" (2008:19). Ethics, on the other hand, refers to the moment in which this sense of right or wrong must be put into practice in the act of making a choice (Zigon 2008). Ethics is the process of realizing that we must decide what course of action to take, but also that a clear sense of right and wrong is not intuitively felt or immediately evident in every situation. In many of my discussions with people about the use of embryos, a sense of this dissonance between

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<sup>3</sup> Italy passed legislation prohibiting embryo freezing in 2004 along with the clinical obligations to create a maximum of three embryos in IVF treatment and to return all embryos to the womb of the mother. Germany has restrictive laws that prohibit egg donation, embryos donation and limits the number of blastocysts created in treatment (Bartolucci 2008).

morality and ethics was again part of a narrative of change in the wake of a shifting allegiance to (or declining fear of) the moral authority formerly wielded by the Catholic Church.

This chapter examines what I call an ethics of ambivalence in which people clearly articulate a moral standpoint with respect to the nature and use of embryos in abstract terms but they are often ambivalent about the application of various options in relation to the concrete reality of their own embryos. The creation of embryos *in vitro* engenders ethical problems never before encountered but as, Margarit Schildrick notes, in spite of the “intrinsically unfamiliar” moral and ethical grounds constituted by medical technology “there is a strong tendency to continue to rely on models of moral evaluation that derive from a belief in fixed and normative templates as adequate to all knowledge” (2005:3). An ethical ambivalence thus highlights the inability of current moral frameworks to provide people with tools to address the practical, emotional implications of a decision. In other words, following on Zigon’s (2008) definition, at the moment that people become conscious of the moral question of what an embryo is to them, is the moment they realize their own ambivalence toward making a decision about the ‘fate’ of an embryo created for their use in treatment. These options that comprise both the possible and the acceptable include embryo donation or “embryo adoption”, scientific research such as work with stem cells, indefinite storage in a clinic, or destruction.

While the epigraph at the start of this chapter suggests that it is the lack of legal framework that is preventing the free exchange of embryos in a donation/adoption

network in Ireland, in reality it is more complex; the ethics of ambivalence emerges within a deep chasm between the conceptual idea of donating embryos, to research or to others, and the practical meaning for people who contemplate this possibility. People are similarly ambivalent when they consider extended freezing and/or destruction as an ethical option in conceptual terms. As people worked through the conceptual problem of how to deal with embryos on the basis of a moral framework, they often recognized the contradictions of their own positions. For most people an embodied sense of right and wrong about what should be the fate of embryos, in theoretical terms, sometimes contradicted, with a jarring awareness, what people thought as they worked through the ethical challenge of dealing with their own embryos. The expression of ambivalence coincided with the need to make ethical decisions as people acknowledged the moral uncertainty they felt about the human-ness of an embryo, its relationship to themselves, and how to deal with it in practical terms.

The backdrop for this kind of ambivalence includes the public efforts of the Catholic Church to sustain its pro-life agenda in spite of the loss of its former moral monopoly (Inglis 1998[1987]). As part of the social, historic and cultural context that constitutes the sensibilities called "morality", the Catholic Church has, as discussed above, been an important factor. This coincides with the lack of an alternative basis for legitimating decision-making such as legislation or an independent regulatory body to address the practices of ART in Ireland. But more importantly, this ambivalence speaks to the complexity that emerges in Ireland as people try to reconcile contradictions

embodied in an embryo that seems to be at once inside and outside the family, society and the procreative context of the body.

In the following story, Lara describes the complex social position of embryos and her own thoughts on the ethics of embryo donation. This is a possibility she *imagines* for excess embryos as she continues her narrative about the options she and her partner have considered in their quest to conceive. She tells her story from the point of view of a potential beneficiary but also as a potential saviour who might rescue embryos as an alternative to the forever frozen scenario that is now a possibility as a result of *in vitro* fertilization technologies.

*Lara: Now this moves me on to donor embryos. This is something I'm very interested in because it seems to me that it solves the problem for a lot people concerned. First of all there are a lot of leftover embryos from IVF in freezers all over the world, and they're going to be there until kingdom comes if somebody doesn't rescue them. I know ourselves before our first IVF we thought about what happens if there are leftover embryos – and we thought we'd keep going back and we'd use them all up. Well, as it happens, we only had three maximum, ever but there was never any question of us abandoning them in a freezer forever. Some couples have no choice. They might have 17, 25, 29 embryos. [...] I wouldn't be comfortable getting donor embryos from parents who are not married to each other. So in other words if people who use say, donor egg or donor sperm to create their embryos, I wouldn't be comfortable. For the very reason that I feel that I need to explain to my kids ... you know, where they come from – I feel they have the right to know that for medical reasons and all that.*

*Jill: That clarity.*

*L: And again, I would feel it might be morally corrupting to them to know that their parents – their biological parents – were not married to each other. But I like the idea of parents who were married to each other and did IVF to have kids and they had some leftover embryos, [...] That's what I feel we'll probably end up doing is donor embryos. The problem is you can't do it in this country and we'd have to go abroad and more money, more hassles, and probably more failures. But anyway donor embryo seems to be the way to go ethically, and also you're looking after them previously. You know that the parents who begat them, because they did IVF they were expecting to get pregnant, so they ate well. They were*

*probably more than likely in good shape.*

Lara's discussion of the moral grey zone in which embryos might be donated and received is rooted firmly in the association between marriage and kinship relations and yet alludes to the "leftover" embryo as a potential child. But how does an entity constituted as a "leftover" fit into a moral framework embedded in state discourses in which sexual morality, reproduction, motherhood and family have been marshalled into the politics of nationalist identity? How do people make sense of an entity that can be a subject in its relationship to the progenitors and an object in its potential for exchange?

In this chapter I move forward from the processes of *in vitro* fertilization to look at the ethical difficulties engendered by the products of IVF. I focus again on the significance of both change and consistency in social values associated with procreation, gender and family politics and challenges posed by the indeterminate legal, political and social status of the embryo in Ireland. This indeterminacy results in embryos being given a variety of voices and meanings. Citing examples from the past century, Lynn Morgan describes how "embryo meanings arise out of historically particular social anxieties and controversies" such as "immigration policy, evolution, eugenics and 'race betterment', and comparative anatomy" (2003:289). In this chapter I build on a critical literature that addresses the difficult moral position of embryos in other cultural contexts (Franklin 2006; Roberts 2006, 2007). I will explore how embryos are made to "speak" for the competing moral points of view of institutions and legislators in Irish society (Morgan 2003:268). As people incorporate embryos into various real and imagined scenarios they

become storied entities in and of themselves, representing a number of important concepts and meanings in reproduction and family life.

As discussed in the last chapter, assisted reproduction technologies participate in the redefining of kinship, relatedness, parenthood and family (Franklin 2001; Konrad 2005; Strathern 1992a, 1992b, 1999[1993]; Thompson 2001). The complexity continues, and perhaps deepens, with the fusing of gametes as the search for meanings moves beyond biological or genetic relatedness to incorporate notions of potential personhood.<sup>4</sup> The stories in this chapter will highlight how people locate embryos in previously unimagined contexts in terms of space and kinship relations (Strathern 1999[1993]). These stories also show how a number of ethical perspectives are challenged, upheld or proven inadequate to the task of understanding the embryo in subjective, spatial and familial terms in the Irish social and political context. The focus of the next section is the way specific context, as well as the decontextualization and re-contextualization of embryos as “new biologicals”, plays an important role in the contested and reluctant public discourse on new reproductive technologies in Ireland.

### **10.1 Conceiving Regulation**

I suggested in the last chapter that recent attempts to address the legislative void shapes the current regulatory discourse on assisted reproduction in Ireland. A number of events widely discussed in the media, including the release of the CAHR report and a court case involving the fate of frozen embryos, have also framed opportunities for public

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<sup>4</sup> See Stevens (2005) for a critical discussion of the assumption that the DNA from a single gamete, alone, makes a significant contribution to the personhood of an individual.

debate on regulation and have provided a space in which embryos are expected to 'speak'. Marilyn Strathern (2005) suggests that regulatory debates and legislative change provide an obvious place for social scientists to examine social tension. However, as many of the stories below will illustrate, it is also important to explore how people, for whom such regulation matters, might employ institutional discourses in their own stories.

Describing parliamentary debates that led to the Human Embryology and Fertilization Act (HFEA) in the UK in 1990, Franklin (1999[1993]) describes how 'natural' facts are woven into social logics that create meanings and come to underwrite regulation in reproduction and kinship.<sup>5</sup> These debates involved an intense focus on defining embryogenesis and establishing precise biological timeframes that could be employed as a basis for the social determination of individual personhood (Franklin 1999[1993]:141). Attempts to define, authoritatively, the 'nature' of the embryo also feature in Irish regulatory discourses. However, another aspect is significant in the burgeoning, albeit limited, political discussions around developing regulation. This issue is one of context – the place of conception, the location of embryos, and the physiological relationship to the body of the mother. Strathern notes that assisted reproduction represents "the paradox of a context whose rationale of boundless opportunity is substantively 'about' decontextualization" (1999[1993]:180). In Ireland, this paradox means that efforts to regulate the production of embryos is stalled by the need to sustain a conceptual context in which the embryos produced will retain the same political, social

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<sup>5</sup> Monica Konrad (2005) describes similar discursive patterns in debates leading up to changes to this Act in 2004-2005.

and moral status outside the womb as inside the womb.

Two contested but important attempts at defining the scope and meaning of the term “unborn” in Ireland have recently brought the regulatory debate on ART into public focus. In both cases, the issue revolves around this kind of “decontextualization”. The first of these is the Commission on Assisted Human Reproduction (CAHR) which released its report and recommendations in 2005; the second, which I will discuss later in this section, is a recent High Court ruling regarding a court case involving three frozen embryos.<sup>6</sup> Both propose it is only through implantation – a spatial association with women’s reproductive bodies – that the embryo gains the status of being unborn and, by implication, the legal protection of the constitution. In both cases, the indeterminate meaning of “unborn” in the Irish Constitution has been a point of contention and the issue that confounds, most directly, attempts to establish conceptual clarity in moving forward with regulation.

The designation “unborn” in Article 40.3.3 of the Irish Constitution has hinged on the idea of moral personhood and human dignity that is central to the pro-life position on abortion.<sup>7</sup> I revisit this here because the idea of personhood in embryos underpins much of the ethical reticence that is a feature of both public debate and private deliberation about embryos created through IVF in Ireland. Historically, even in the ethos of the Roman Catholic Church, the moral status for the fetus has been contested and has

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<sup>6</sup> See “Court says frozen embryos ‘not unborn’ ” by Luke Cassidy in the *Irish Times* 15 November, 2006.

<sup>7</sup> For a detailed description of the Catholic Church’s meaning of “dignity” as it relates to the Irish Constitution, see Teresa Iglesias (2001).

changed over time.<sup>8</sup> Nonetheless the pro-life arguments put forward by the Church have seemed to exert a dampening effect on public debate around ART.<sup>9</sup> Orla McDonnell (2001) has argued that the reticence of the Irish state to open the debate too widely is the legacy of the painful and divisive politics during the abortion referenda in the 1980s. Moreover, the apparent refusal of the government to address the issue directly operates to consolidate further the norm of heterosexual fertility and a perception of abnormality associated with an inability to conceive without biomedical assistance.

In spite of the rather solidly entrenched moral and ethical value base in the 8<sup>th</sup> Amendment of the Irish Constitution, the Catholic Church and conservative pro-life advocates find themselves in need of a secular platform from which to argue their perspective in the debate around ART. The hierarchy of the Catholic Church has employed bioethics as a kind of “metaframe” to add weight to their arguments even as they assert the ethical primacy of their position over all others (McDonnell and Allison 2006). In its discursive turn to a bioethics platform, the Church seems, in fact, to be reanimating its own ethical position that privileges the “right to life” over reproductive choice with the rational and logical terms of science and medicine.<sup>10</sup> The result is an

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<sup>8</sup> The embryo’s current status of moral personhood from the moment of conception can be traced to Pope Pius IX who, in 1869 dropped a prior distinction between the *foetus animatus* and *foetus inanimatus* originating in the teachings of Aristotle and incorporated by Thomas Aquinas (Asma 1994).

<sup>9</sup> Foucault (1980) argues that the “repressive hypothesis” operates most effectively through a proliferation of discourses that speak of the unspeakable aspects of deviance while simultaneously reinforcing established norms through both discipline and pleasure. The perpetual discussion about the need for regulation has tended to reinforce the moral and ethical edginess of the whole ART process.

<sup>10</sup> For example, in its discussion of the biological aspects of the embryo the CAHR is concerned with the temporal and descriptive aspects of embryogenesis that point to the particular stages of development. At the same time the CAHR seeks to avoid constituting these stages as potential for determining a point at

elision of the emotions and social suffering of individuals involved in a struggle to conceive.<sup>11</sup> The legacy of the moral monopoly often underpins bioethics as it is now discussed in Ireland.<sup>12</sup> Moreover, this legacy endures in reproductive politics in Ireland and led to the striking of the Commission on Assisted Human Reproduction (CAHR) in Ireland in 2000 (see Chapter 3).

The long awaited release of the CAHR's final report in May of 2005 revealed that the issue of the status of the "unborn" as it applied to embryos *in vitro* was, predictably, the major obstruction to development of regulation or public policy on ART.<sup>13</sup> In spite of its clear recommendation that "implantation" of the embryo in the womb should be the basis for defining "unborn", the Commission did not accomplish a reconciliation of

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which an embryo is 'life' or 'unborn'. On the other hand the Bishop's Conference description draws on an embryology textbook, emphasizing "organic unity" and arguing that the fertilized ovum is "biologically human" (Irish Catholic Bishops' Conference 2006[2005]). The CAHR report in fact established at the outset that it would not engage in an exercise of semantics around such terms as "pre-embryo" in describing various stages of development of the fertilized ovum suggesting this only adds confusion (CAHR 2005:12). Biological terminology is used as if it refers to both natural and social fact in an effort to assert authority in bioethical discourses. This is evident not only in legislative or regulatory debates, as a means of redefining the object of regulation (Franklin 1999[1993]; see also Warnock Report 1985), but also in discourses of medical practice as a means of sidestepping the contested term "embryo" by focusing on a subdivision of its stages of development (Roberts 2007:194; see also Madden 2002).

<sup>11</sup> This kind of occlusion of emotions from theoretical bioethical debates has been critiqued by a number of scholars who suggest that bioethics, as a discipline, cannot account for the practical realities and daily life experiences of people who face ethical dilemmas (Hoffmaster 2001, Schildrick 2005).

<sup>12</sup> For example, in October, 2005, it came to light that the ethics committees at both the Mater Hospital and St. Vincent's in Dublin had "deferred" participation, effectively denying patients in their institutions the opportunity to participate in an international study for a treatment protocol for lung cancer. Their refusal was based on the fact that, as a criteria for participation, women were required to use contraception to prevent pregnancy while they were on the study drug. One oncologist reported his intention to bypass the ethics committee since new rules governing European drug trials allow physicians to avoid hospitals with a religious affiliation (see "Mater castigated over cancer drug test" by Jimmy Walsh in *Irish Times* 6 October 2005; and "Cancer drug trial decision 'bizarre'" by Claire O'Sullivan in *Irish Examiner* 4 October, 2005; "Medical ethic of old" in the *Irish Times* 6 October, 2005).

<sup>13</sup> The day of the release of the report, the story was trumped by news of the sale of the Manchester United football club to an American business man, relegating the story to the second page of most major newspapers.

assisted reproduction and the production of supernumerary embryos with Article 40.3.3 of the Irish Constitution. While the recommendations were drafted and a report made public, there were two letters of dissent attached to the final report that garnered some media attention at the time.<sup>14</sup> The fallout from competing ethical discourses resonates beyond the Commission itself as the institutions of Church, state and medicine have all acknowledged a need for some kind of regulatory framework for the practice of ART in Ireland.

In the record of the debate that took place in the Oireachtas Committee for Health and Children in July of 2005, regarding the recently presented CAHR report, Deputy Liam Twomey challenges Mr. Brian Mullens, the principal officer of the CAHR, on the issue of clarity.

**Deputy Twomey:** Before we start on the issues, can we have Mr. Mullen's views on how far this committee can go in this regard? One issue that continually crops up in the report concerns Article 40.3.3° of the Constitution and when the unborn child gets the protection of the State. Until such time as that decision is made — this committee cannot make that decision — we are in territory about which we can do nothing. [...] It seems, therefore, that the most contentious aspects of the report [...] cannot go any further until either the Supreme Court decides whether the unborn child is protected *in vitro* or *in utero* or until we have a referendum on the matter. Has this been discussed by the Department? It is important to do that so that this committee can know how far it can go on the issue. [...]

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<sup>14</sup> The letters came from Professor Gerry Whyte of the Law School at Trinity College Dublin, and Christine O'Rourke from Office of the Attorney General. Professor Whyte argued in favour of the "human nature of the embryo" and for protection from the moment of fertilization as opposed to implantation (CAHR 2005:73). Ms. O'Rourke's objections were with respect to surrogacy and the need to protect the rights of "birth mothers" and the recognition of a child's legal parentage from the moment of birth. She argued that proposals to award custody to commissioning parents according to "intent of reproduction" would erode the power of a birth mother to change her mind and effectively separate her from her biological offspring while the dispute was in litigation (CAHR 2005: 76).

**Mr. Mullen:** The issue of the unborn and when it is afforded the protection of Article 40.3.3° is discussed in detail in Appendix III of the commission's report. The Deputy is right that this issue runs through the report. Until there is clarification on the issue, the question of when the embryo is afforded protection and when human life begins is an issue crucial to the whole area of embryo research, destruction of surplus embryos and similar issues. [...]

**Deputy Twomey:** The Supreme Court could decide one way or another. Currently, if people allow embryos to "perish", they will be considered by some to have committed murder. The same goes with regard to embryonic stem cell research. It cannot be carried out until the issue is clarified. The medical opinions on the issue do not matter. This is both a legal and constitutional issue and we must deal with it.<sup>15</sup>

Two issues emerge from this exchange between these political actors, in which they are trying to define the terms of a debate that has not yet happened. The first is that the question of an embryo's entitlement to protection under Article 40.3.3 is never challenged. Instead both parties in this exchange are in apparent agreement that the embryo is, as Deputy Twomey clearly states, an "unborn child". They suggest that the only issue to be clarified is when and under what conditions the embryos will be included under the protection of the 'right to life' constitutional clause. The second is Deputy Twomey's exclusion of the medical profession from a regulatory decision-making process.<sup>16</sup> It is perhaps most significant that, in spite of a recognized need, there has not been, to date, any full-scale legislative debate on the issue of ART in Ireland. The subject appears instead, as an occasional topic on the agenda of committee and sub-committee meetings such as the one cited above.

There was a second point in which defining the embryo as 'unborn' employed the

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<sup>15</sup> See Oireachtas Debates <http://debates.oireachtas.ie/DDebate.aspx?F=HEJ20050721.xml&Node=H2>

<sup>16</sup> An interesting contradiction in some respects since Deputy Twomey is himself a physician.

context of implantation in the womb. In 2006, a case was brought before the Irish courts which set assisted reproduction technologies on a collision course with the legal and bioethical conundrum created by Ireland's 8<sup>th</sup> Amendment. The case involved a couple who had divorced some time after successfully conceiving their second child with a course of IVF at a fertility clinic in Dublin in 2004.<sup>17</sup> They were left with three frozen embryos, preserved in a kind of cryo-limbo. The moral, ethical and legal conundrum was forced into the public domain of the courts when the woman involved asked the clinic to transfer the embryos to her body in 2006. While she argued that the embryos have a "right to life" as her unborn children and as siblings for her existing children,<sup>18</sup> her former husband argued that he agreed only to the treatment as a means of conceiving a second child and did not want to use the remaining embryos to have any more children with his estranged wife.<sup>19</sup>

While the arguments are obviously nuanced in terms of the particulars of this marital dispute and arguments over custody, support and ongoing family relations, this case highlighted, for Irish legislators and policy makers as well as the public, the need to build a consensus in order to make a decision rather than passing the problem from one committee to another. A spokesperson for the National Infertility Support and Information Group (NISIG) and a spokesperson for the Pro-Life Campaign both agreed

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<sup>17</sup> The couple had one child without ART but used IVF after suffering from secondary infertility.

<sup>18</sup> See "Entering a moral maze" and "Ruling on embryos due later in the month" in the *Irish Times* 08 July 2006.

<sup>19</sup> See "Court rules man did not give consent over embryos" in the *Irish Times* 18 July 2006. See also extensive coverage of this case in numerous articles in the *Irish Times* 15 November 2006, 16 November 2006; *Irish Examiner* 14 March 2006, and *Independent* 6 October 2006.

that the situation was a result of a lack of legislation. However, in spite of their consensus on the need for regulation, they represented opposing sides of the debate about whether embryo freezing should occur at all.<sup>20</sup> Similar sentiments were widely expressed in the media by physicians who argued that this case was an example of the difficulties that emerge for clinical practice in the absence of clear legislation or regulation.

The creation of embryos *in vitro* thus forces a re-evaluation of the term “unborn” since the embryo in cryo-preservation is not yet part of the dependent and connected relationship of pregnancy through which it might achieve the *capacity* to be born – a feature that would seem a necessity if one is to be called “unborn”. In June of 2006, the High Court brought down a ruling that seemed to concur with the CAHR recommendation that the embryo did not merit status as “unborn”, which would require that the state intervene to protect it, until it was “implanted” in the womb.<sup>21</sup> Justice Brian McGovern ruled against the woman in the R vs. R case based only on the contractual elements between her and her ex-husband as to the intention of creating the embryos. Nonetheless his ruling and the recommendation of the CAHR have implications for re-imagining the meaning of women’s reproductive bodies as political spaces since it is the

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<sup>20</sup> Helen Browne of NISIG argued that legislation was necessary for clarity and to provide a wider range of options for couples with extra embryos rather than simply transfer to the mother or indefinite cryo-preservation. Dr. Berry Kiely, on the other hand, argued that all embryos must “be given a chance of life” and suggests that Ireland enact legislation following the model in Germany which bans freezing. See “State to pay costs in embryos case” in the *Irish Times* 22 November 2006.

<sup>21</sup> The term “implant” is an important one to clarify here as this does not refer to the act of placing the embryo in the womb but rather the physiological event of its adhering or attaching to the lining of the womb. I make this distinction here because for many of the people I spoke with in the course of this research, the difference is enormous. During IVF, an embryo is “transferred” to the womb but whether it implants or not is the deciding factor between success and failure. If IVF practitioners could actually “implant” an embryo there would be more positive pregnancy tests following the procedure.

location of the embryo that now determines its status as an “unborn citizen” protected by the state.<sup>22</sup>

In spite of this seeming clarity, the *in vitro* embryo remains a biological entity with an indeterminate and as yet undefined political and social status in Ireland. The clarity only pertains, again, to “when” the constitutional protection applies to embryos as “unborn”, sidestepping the issue of whether embryos are in fact, “unborn”. In fact, High Court Justice Brian McGovern compelled fertility clinics to maintain embryos indefinitely until legislation could be passed, saying that rather than the Courts, the people of Ireland should decide by a referendum whether the word “unborn” should include embryos resulting from IVF treatment. He noted that “in the absence of any rules or regulations in this jurisdiction, embryos outside the womb have a very precarious existence”.<sup>23</sup> Such clashes between different perspectives on when life begins and the meaning of events in the process of fertilization and/or conception are not new; nor are they unique to Ireland. They are however, uniquely nuanced in terms of the political significance of the current impasse.<sup>24</sup> The lack of legislation becomes both the reason for and the result the sustained lack of clarity. The legislators have argued that the Irish court must decide and the High Court has clearly passed the ball back to the legislators.

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<sup>22</sup> See “Court says frozen embryos ‘not unborn’” in the *Irish Times* 15 November 2006. See also “No State protection’ for frozen embryos” by Ann O’Loughlin in *Irish Independent* 06 October 2006.

<sup>23</sup> See “Existence of embryos outside womb ‘precarious’” by Mary Carolan in the *Irish Times* 16 November 2006.

<sup>24</sup> These events had, of course, not occurred until a year after my departure from Ireland. I use the story here to show the immanence of the moral dilemma and fragility of the ethical framework under which decisions were made during the time I was conducting my research.

Meanwhile, clinics already have practices in place, as stated above. Medical protocols have been established around the pragmatism of logistics and cost for maintaining embryos indefinitely, based on the construction of a scientific sense that embryos cannot remain viable in cryo-preservation indefinitely. Because people are paying for the service, it seems that clinics are only obligated to store embryos as long the fees are paid, and would seem to be released from culpability even in light of Justice McGovern's warning.

The case before the Irish courts regarding the fate of the frozen embryos was much discussed on the IVF support boards such as *IVFConnections* and *Rollercoaster* which I continued to follow after I left the field. I asked one of my participants with whom I keep in touch for her thoughts on the dispute between the couple.

**Gail:** *As far as I am concerned any embryo that is suitable for transfer is one of my children. Therefore any embryo that is frozen is already our child and we are already its parents. A lot of what is said ...usually by the father in these cases, is about the fact that they don't want to have any more children with the woman involved or that they don't want to be a father at this time. Well you know what? TOUGH SHIT!! You are already a father. You became one the day you handed over the sample on the day the eggs were retrieved. What you don't want now, is to be a Dad!*

When she asked her husband what he would want to do if they had frozen embryos and their marriage ended he replied, "sell them on *eBay*". Humour aside, Gail clearly draws on a discourse of parental responsibility that constitutes the embryos in a particular linear perspective that begins with the sperm and egg in the process of reproduction. When it comes to the challenges of regulating IVF in Ireland, it appears that both medical and religious discourses are making embryos speak as individual family

members apart from and external to an embodied procreative relationship.

### 10.2 Conceptions of Cryo-preservation

In spite of Deputy Twomey's argument in the section above, the Irish Medical Council has been an active institutional player in the bioethics/regulatory debate. The Council has been a "self-regulating" over-seer and has progressively, albeit quietly, added changes to its Ethical Guidelines to accommodate changes in the practice of ART over a 15 year period. The revisions in 1998 to *A Guide to Ethical Conduct and Behaviour and Fitness to Practice* (4<sup>th</sup> edition) addressed the issue of embryo freezing.<sup>25</sup> Prior to the technological capacity to freeze in the late 1990s, all embryos created *in vitro* had to be transferred to the body of the mother and physicians had sometimes used creative ways of dealing with the presence of multiple embryos. It came to light during a debate on public television in 1999 that 'supernumerary' embryos were often placed in the cervix rather than the womb during the embryo transfer phase of IVF, virtually guaranteeing that they would have no hope of successfully implanting and going on to a pregnancy. This practice enabled physicians to follow the letter of the law, since all the embryos created were being transferred to the body of the mother, but still prevented the possibility of a triplet, quadruplet or higher, multiple pregnancy.<sup>26</sup> At least one of my participants made her decision to seek treatment in the UK at this time, based on an ethical adversity to this

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<sup>25</sup>Current Medical Council Guidelines can be found at [http://www.medicalcouncil.ie/fileupload/standards/Ethical\\_Guide\\_6th\\_Edition.pdf](http://www.medicalcouncil.ie/fileupload/standards/Ethical_Guide_6th_Edition.pdf). This version was updated in 2004.

<sup>26</sup>For a complete transcription of the debate on *Prime Time* see McDonnell 2001. This procedure was itself, not without risk as embryos could "implant" in the cervix in rare cases, causing pain, infection and possible damage to the body of the woman.

practice.

*Donna: I'd gone to England because here there was no freezing of embryos at that time.*

*Jill: Oh right, right.*

*D: And I couldn't cope with the fact of extra embryos being left at the neck of your womb which happened here in Ireland at the time.*

The advent of cryo-preservation or embryo freezing was spun by Irish medical practitioners as a positive advance in the effort to preserve the life of embryos created by IVF.<sup>27</sup> However, while placing embryos in the cervix attempted to solve, quietly, the dilemma posed by a treatment process that regularly created a surplus, embryo freezing has quietly continued without any regulatory provision for the ongoing maintenance of these entities, or their disposal in any circumstances. During an interview, one embryologist noted there is also a quiet practice of allowing embryos to perish on the bench of labs when people no longer wish to support them in storage or when they are deemed past their "best before date" (five years in most clinics).<sup>28</sup> While no statistics are readily available, at least one media story in 2006 reported speculative estimates of between one hundred and two hundred frozen embryos in each of four clinics offering the service.<sup>29</sup> The cost of storing embryos varies between €150 and €1000 per year in Irish

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<sup>27</sup> The difficulty in arriving at a consensus within the medical community is highlighted by the report of a subcommittee of the Executive Council of the Institute of Obstetricians and Gynecologists. The subcommittee executed a questionnaire to physicians around the country asking, rather ambiguously, whether freezing should be available. The question, as it was posed to physicians at the time, required further clarification in order to elicit answers from the medical community and a breakdown of the terms under which this might be allowed. See CAHR Appendix V.

<sup>28</sup> CAHR report 2005, page 23. I was told that letters are sent out annually requesting direction from couples with embryos frozen in clinics and embryologists said that people do sometimes request that they be destroyed.

<sup>29</sup> See "Frozen in legal limbo" by Kitty Holland. *Irish Times* 22 July 2006

clinics with differing initial freezing costs included or added to the cost of treatment.<sup>30</sup>

The cost and the logistics often provoke the realization that, as strategy, ambivalence and avoidance have limits, and people who have supernumerary embryos must ultimately make a decision about the fate of their own embryos.

For Siobhan embryo freezing represented no salvation or solution to a dilemma about what to do with “extra embryos”. Her narrative begins with what she describes as the “disappointment before it is a disappointment”. She felt that because so many embryos perished during the thawing procedure, leaving fewer to work with in the subsequent treatment cycle, the preparation for the IVF cycle seemed like a futile and painful exercise. This constituted a failure of a different sort since the embryos already existed and she and her partner had eagerly anticipated their return in the embryo transfer process. The embryos seemed to them to be potential children and their loss only compounded the disappointment.

*Siobhan: No I think there was only one put back. They had three, and then the first day it went to two, and then the second day it went to one. I think that was partly what put us off as well, because you start off with three which seems to be reasonable and the frozen cycle was supposed to be less trouble because it was a frozen cycle. But as far as I was concerned it wasn't really less trouble because you still ended up taking all of the same amount of drugs and yes you know you had the embryos, the first time we got five anyhow. But then after you've gone through all of this, they ended up just putting back in one. And I guess it went*

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<sup>30</sup> See storage costs at the HARI Unit at <http://www.hari.ie/index.php?section=hari&page=costs>, Clane Hospital Clinic <http://www.clanehospital.ie/ivfprices.htm>, the Kilkenny Clinic <http://www.thekilkennyclinic.com/pricelist.htm>, and the Sims International Fertility Clinic at [http://www.sims.ie/fileupload/Image/Sims\\_Schedule\\_of\\_Fees\\_09.pdf](http://www.sims.ie/fileupload/Image/Sims_Schedule_of_Fees_09.pdf). Some clinics include the first 12 months of freezing as part of the initial cost of the freezing process, which of course, offers an incentive for people to pursue their frozen cycles within a year.

*nowhere. So it was kind of like, the odds are against you. [...] But it's not an enjoyable experience. It was actually kind of a disappointment even before it was a disappointment, so. I guess that was just our particular situation but if you don't do that (freeze) then what do you do with them? [...] Really that wasn't our dilemma but that would be a dilemma. It wouldn't be because of what the Catholic Church says but it would be just a moral dilemma in its own right. [...] I think I would have had a problem with that alright. The situation didn't arrive for us. But it would be a problem. It gets really crazy thinking about whether you leave them or whether you would go back for them. But anyhow I guess our sort of chapter closed neatly so it's not really a problem for us.*

For Siobhan and her partner, embryo freezing was not a panacea for either the moral or ethical dilemma of having made more embryos than could be used. If anything, the option made the process more fraught with difficult choices and painful surprises when so many of the embryos seemed to be lost in the freezing and thawing process itself. While the medical discourse is built on minimizing the "loss" of embryos and reducing the ethical difficulties and physiological hardships for couples, clearly this is not the case in reality for many couples in treatment who are trading in a kind of economy of hope (Franklin 1997; Letherby 2000).

There is currently no mechanism for donating embryos to research or to other infertile couples in Ireland. Medical Council guidelines were changed in 2004 to accommodate the prospect that embryos created through IVF could be donated to couples other than the genetic contributors. In an article in the *Irish Times*, an unidentified Medical Council representative stated that couples receiving a donated embryo should be screened in a similar way to couples seeking adoption.<sup>31</sup> There is a suggestion in this and

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<sup>31</sup> See "Donation of embryos gets ethical go-ahead" by Carol Coulter in the *Irish Times* 25 March 2004

related articles that screening may be done through the Adoption Board associated with regional health boards.<sup>32</sup> This portrayal of the embryo as an “adoptee” participates in the discourse of embryo “citizenship” being debated in relation to the constitutional meaning of the “unborn” for which the right to life obtains.<sup>33</sup> This nebulous suggestion of personhood might thus accommodate pro-life concerns but risks creating not only a moral but legal dilemma for people who have undergone IVF and must consider what they will do with their “spare” embryos. Moreover, the suggestion that embryos might be *adopted* raises the difficult position vis-à-vis the constitutional protection of the ‘inalienable and imprescriptible rights’ accorded to the family unit. This right also complicates the adoption of children from within a marital relationship, as will be discussed in Chapter 9. The next section explores how ambivalence sometimes operates to enable people to move forward with ethical decisions, making sense of competing discourses, moral uncertainty and a lack of legal clarity around the “status” of embryos produced in IVF.

### 10.3 Conceived in Paradox

Lara’s story, discussed above, highlights an ethical dilemma people face when trying to imagine who or what embryos are and to whom they are related in a new complex that incorporates both kinship and biological categories of meaning. Embryos can be thought of as “new biologicals”, described by Sarah Franklin as part of the

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<sup>32</sup> “Council’s new guideline on IVF has huge implications for the family” by Carol Coulter in *Irish Times* 26 March 2004.

<sup>33</sup> Such constructions are not unique to bioethical or regulatory discourse in Ireland as a movement called “Snowflake” operates to rescue frozen embryos in the US, positioning them as adoptable entities (Roberts 2007:195n1).

productive potential of medical technology in “new biologies, [...] the material-semiotic practices of the contemporary sciences” effected by a “conflation of a system of knowledge and its object” (2001:303). As discussed in the last chapter, the discursive exploitation of “nature” in defining aspects of procreation is powerful in establishing normative and moral limits. The capacity of science to claim and define both biology and “biologicals” as part of a domain of expertise similarly constitutes the power to legitimate certain practices in assisted reproduction.

An extensive literature challenges the idea of nature as a model of, or for, culture. The focus of this critique includes exposing the ways in which cultural meanings define what is ‘nature’ and ‘the natural’ (Rabinow 2000; Strathern 1992a) and exploring the extent to which nature, as a concept, is re-invented to fit cultural definitions (Haraway 1991). As Franklin notes, this creates an interesting frame for postmodernist arguments that have dissociated kinship and gender from essentialized biological or natural definitions; this is all the more significant since the meaning of what is biological is now under scrutiny from within the discipline of science itself (2001:303). In her work in Greece Paxson found that the use of IVF could be aligned with the social construct of “realizing nature”, harnessing technology to accomplish what is naturally determined by gender (2003, 2004, 2006). The shifting meaning of nature and biology thus adds to the complexities and dilemmas that arise when people make decisions about embryos since it is both the biological and social nature of embryos that makes their place in families and laboratories so difficult to define.

In Chapter 1, I described the constitutional primacy of maintaining the integrity of the family and guarding against divisive or disruptive interventions – principles that have animated much of the legislation on family policy in Ireland. State policies that favour the legal integrity of the procreative family unit and the constitutional protection of the “unborn” forms the political background against which people imagine opportunities for exchanging “leftover” embryos. In her work in Ecuador, also a predominantly Roman Catholic country, Elizabeth Roberts (2007) explores how people draw on two seemingly incompatible ethical frameworks when making decisions about embryos created through IVF. She describes a distinction between “life ethics” which holds to the fundamental personhood of embryos and “kin ethics” which is based on a desire to “regulate the legitimate boundaries of kin relations” (2007:181). This distinction operates at the level of decision making for couples who have “spare” embryos after IVF and must decide whether to freeze them or destroy them. Social and biological meanings of kin relations form seemingly opposing logics in decisions to preserve or destroy embryos.

Roberts describes how kin ethics underpin a concern that frozen embryos might be used by others, breaching the boundaries of the family and kin relations. An ethics based on this framework favours the destruction of unused embryos as a means of containing them within the family. The opposing pro-life view which provides for the donation of embryos to preserve them as life, in fact objectifies the embryos as commodities which can be exchanged – a concept that seems at odds with a perspective that would personify embryos as subjects. I would argue, however, that the divide was

not so neatly effected in Ireland in spite of a strongly developed notion of the importance of family and kinship relations as described in earlier chapters. In this case, embryo-speak is part of discourse which sustains the ideal procreative family household as a site of social and political stability, as reassuringly hetero-normative. For most people, the idea of destroying their own embryos in order to preserve the integrity and biological cohesion of the family unit was unthinkable and discarding embryos was only spoken of in hypothetical terms as a kind of worst case scenario that might be experienced by someone else.

The difficulty in Ireland, as Lara points out, is that the possibility for donation of embryos exists only in the political and social imagination. Lara's story suggests that, even as she values embryos as offspring, they are still potential objects of exchange. And yet, a different kind of kin ethics is also at play here, since Lara wants embryos to be both produced and contained within a household family unit circumscribed by a marriage.

A struggle to reconcile the ethics of embryo use with the moral principles applied to the meaning of embryos arises as people often confront a stark reality in the course of treatment: They suddenly have to make sense of embryos that exist as independent entities in a Petri dish. They have a social life constituted for them by embryologists who report to parents on their "behaviour" with respect to cell division, and other aspects of embryo behaviour *in vitro*. As several people pointed out to me in interviews, in the case of so called "natural" conception and pregnancy, people are most often unaware of the existence of embryos for several weeks, until a positive pregnancy test confirms their

presence, and certainly they have no visual representation and subsequent 'imagined' social life for some weeks. As with the impact of the ultrasound or sonogram on constituting a social life for the fetus in the womb (Petchesky 1987), the use of IVF introduces the embryos in corporeal form to a couple through the knowledge of their existence at a much earlier stage in the game.<sup>34</sup>

*Donna: Yes and you don't expect them to see it you know? For couples who are undergoing infertility treatment we are so aware of what happens at conception to implantation. Couples who conceive naturally don't even, are not aware even, of that stage. They would say I hope to get pregnant, I hope now I won't get my period. Whereas I would be saying I hope it's gone to 'blast' stage or it's gone on to whatever stage or, you know, I hope that it's implanted now.*

*J: Right, so you are envisioning the cell division and all this stuff occurring.*

*D: Yes. And there's, there's... I'm not going to say is there life started or is there not? I don't want to get into that. But... there is definitely cell formation going on there. A process is going on. Ongoing. And then would it have stopped? Hopefully it won't have stopped, this process, hopefully it hasn't stopped. We are very aware, we are acutely aware of that part of life where most people wouldn't be.*

*J: And do you think that's the case for a lot of women undergoing IVF or do you think your nursing background maybe brought that out more?*

*D: Probably my nursing background .... I think, yeah, but I think a lot of (infertile) women would be kind of ... I think they would be aware that implantation is going to occur between day five and day nine. And now I wonder has it occurred, you know? Now implantation doesn't just occur when you're doing the pregnancy test. And I think they are aware of that. And they'd be taking care of themselves in those two weeks. They'd be very conscious of taking care of themselves. [...] They are very, very aware.*

As I suggested in the preceding chapter, conception is no longer understood and experienced as an invisible physiological event in a couple's reproductive life but rather as a complex process of sequential and interlocking steps that is being observed and monitored. Enabling and observing "conception" in a new spatial context provokes a

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<sup>34</sup> Lynn Morgan describes the way science and the field of embryology have given embryos material substance and body in a process that has also given them a "cultural" existence (2003:272).

need to re-evaluate the implications for social relationships and the meaning of human reproduction. From the perspective of the new biology described by Franklin, conception is never strictly a biological event since it is heavily imbued with moral, ethical and faith based meanings linked to concepts of personhood and kinship relations - all centered in or emerging from the reproductive body. Even as conception is decontextualized from its sexual and social associations, it is *recontextualized* in ways that realign existing meanings rather than discarding them (Strathern 1999).

#### 10.4 Cryo-Limbo: Embryos in Suspension

I met Gail and Martin at their home in a small urban centre and we conducted the interview in their sitting room amid blankets and plush toys and baby gear of every description. It was a Mothercare<sup>35</sup> mother-lode and their son was clearly the center of their lives (and sometimes our interview). I asked Gail and Martin about an upcoming cycle of IVF and the possibility of having frozen embryos as a result. Their first child had come to them through IVF and was the result not of the original cycle but a cycle using frozen embryos after the first attempt had not succeeded. Their perspective is of course deeply influenced by the fact that a frozen cycle was successful for them and that one of the embryos they had waiting in cryo-preservation before that cycle would ultimately become their son. They spoke about the promise that a frozen cycle can hold in the face of a failed IVF treatment. And yet their response was somewhat surprising.

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<sup>35</sup> Mothercare is a popular British chain store specializing in maternity wear, baby clothes, and baby items such as toys, furniture, books, and assorted paraphernalia. It is a popular store in Ireland as well and caters to all the material 'needs' of expectant parents.

*J: What will you do if this cycle works but you have frozen embryos? Will you go back again?*

*Gail: We've talked about that and Martin's response was that, well by that stage we'll be able to donate the embryos. I'd love to be able to do that if there was embryo donation. I'd have absolutely no problem at all with that. And I would hope ultimately to do a donor egg cycle after we've had our second baby because two was our number anyway. Because we were bordering on doing a donor sperm, having a child that wasn't genetically both of ours. And if I can give couples this opportunity then it would be the greatest honour, to me, to offer that to somebody.*

*J: And the prospect of there being a genetic sibling if you donated embryos, out there somewhere, does that bother you?*

*G: I would need it to be... I would need the legislation surrounding it to be the same as with an adoption situation where at 18 there was a possibility of contact situation. [...] I would like to be in a situation where somebody might be able to look me up. There is a risk of him (their own son) meeting his half sister.*

*J: But if there is no possibility for donating embryos will you cycle again with frozen embryos?*

*G: I personally would feel that I have to because if they're not given a reasonable chance. Now if they're just put in the right environment, the idea of just leaving them sit on the counter and letting them slowly die ... It's just not ...*

*J: And what about the process itself? If you had a lot of eggs and nine of them fertilized but they only froze two, obviously some of them must have perished in the process. Does that worry you?*

*G: For me anyways, I think it was simply that they were never going to make it inside me. Chemical pregnancies happen all the time. And if they couldn't make it in a dish they weren't going to make it in me. And for all of the months that we tried and weren't successful and the months while we were waiting you know, each time I had a period that was another egg that wasn't used.*

Gail's narrative reflects a certain faith in state legislation or regulation to legitimize the kind of conflation of kin and life ethics that embryo donation (or "embryo adoption") might provide. But more important, like most people, when asked about the potential for losing embryos in the process of treatment, freezing or thawing, Gail makes the comparison with "nature" in which embryos might not implant or are miscarried and

lost on a regular basis.<sup>36</sup> In Gail's narrative above, there even appears to be little or no margin between eggs that are "lost" or not used in menstrual cycles and the embryos that are lost in the processes of IVF.

The blurring of natural and medical events involving the loss or wastage (as described in Chapter 9) of both gametes and embryos shapes an ethical explanation that draws on biology and nature to justify what is "naturally" inevitable. Paxson (2003, 2004) describes how the merging of nature and ART in Greece is part of an ethics in which nature is being realized or attained, in which the end - the achievement of one's nature - justifies the means. However, for people like Gail in Ireland, this merger acknowledges that the ethical problem with IVF lies in the moral emphasis that values the meaning of conception. People must "fold" the events of an IVF conception into nature in the same way that Paxson describes how Greek women are able to absorb IVF as part of nature in their emphasis on gestation and birth (2003:1857). When conception is the site of moral debates, loss of embryos becomes more and thus becomes the dominant focus of attempts to reconcile nature and IVF.

When asked about the issue of donated embryos being genetic siblings (like fraternal twins) for a child they might have using IVF, Gail relates it to an adoption. In fact, she suggests that legislation would be required for her to make the necessary move to effectively "give up" an embryo to another couple. The desire to protect and ensure that embryos become members of a family, if not the family who generated them, can

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<sup>36</sup> Lynn Morgan describes how embryos came to be constituted as "patients" or subjects of medical and scientific ministrations detached from the maternal body (2003:274-276).

again be linked to that complex ethics that moves between seeing embryos as objects that can be given away and as subjects who are members of one's family (Roberts 2006).<sup>37</sup> It is this ambiguous and indeterminate aspect of embryo "nature" or identity that is so hard to locate in concrete terms in stories like Gail's.

Among the 40 women/couples I interviewed, 21 had undertaken IVF, and only one had not yet used all the embryos that were created from their gametes. This couple had frozen embryos that were produced from donor gametes on both sides. The people who spoke favourably of the idea of donating embryos to other couples were generally in the midst of a treatment cycle that had not yet produced any embryos. This was a hopeful stage in which they imagined themselves successfully conceiving in the first round of IVF, thus leaving them with the luxury of a "choice" about spare embryos. As I noted above, the Medical Council has incorporated the possibility of a kind of embryo "adoption" into its regulatory framework but since this option is not available in Ireland it was an imaginary scenario in the interviews in which it came up.

It is revealing that in these imaginary scenarios the embryo is described, as in the Medical Council's new regulations, as if it is a child for someone else, another couple who will become its parents. Having constituted scientifically and medically the personhood of embryos in their visibility and existence outside the body, as a kind of patient-hood, it is all but impossible *not* to envision embryos as having a social position, relationships and attributes as well (Morgan 2003). It is this construction of personhood

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<sup>37</sup> See also Franklin and McKinnon (2001), Strathern (1992, 1999[1993]), and Thompson (2001) for broader discussions on the challenges ART pose to current frameworks of kinship.

that animates the desire for embryo donation among the people I spoke with in Ireland, and yet, as Gail's story suggests, this also makes embryos objects of exchange (Roberts 2007). While she thinks of any frozen embryo as her child, she can also see the potential to relinquish it to another family. Roberts notes in her work, that the perception of embryos as being part of kin networks tends to limit the "circulation" of embryos as objects of exchange that might have a market value. In contrast, in Ireland the imaginary opportunity to "gift" or offer embryos to others suggests an exchange mechanism in which the givers are benevolent and helpful and the embryos are children for someone else. This has the effect of rendering, in hypothetical terms at least, the problem of spare embryos as moot.

Not everyone thought that this was a solution, however. Tara and Kelly have two children conceived with assisted reproduction.

*Jill: Would you think about donating embryos to somebody else?*

*Tara: I don't think so.*

*Kelly: I don't think I could.*

*T: Because if I was going to go through that again I'd be doing that for myself.*

*K: And I couldn't bear the thought of my own child being out there. And I know that's very greedy. I know that's denying somebody something that I have. That we have.*

*T: (speaking to her husband) But embryos, I think with embryos it would be you. It would be the two of us. But with eggs it's different.*

*K: I think I could reconcile myself to eggs or sperm. But the fact that it's ours.*

*J: Both of yours together.*

*T: Yeah.*

*K: I suppose maybe that means that I do think about it as a life and you know that with ... It's a difficult one I have to say, having gone through IVF and all that and I try not to think about it too much.*

*J: I can understand that. You certainly question things.*

*K: It is a weird one because we talked about adoption a lot when we were on the adoption list... You know certainly I think we'd make the decision in our mind*

*about the adoption that the child would be ours. Genetically it just doesn't matter. It is the bond that you form with the child that is the most important thing. And yet I couldn't bear to think of ... our own child out there. That's why it is such a problem because your views are contradictory. And I think depending on your experience of fertility or infertility and if you have had successful treatment or not. And then there is all the medical stuff around it. It brings up many emotions. It's very much you know, scientifically this is where it's at, medically it's worth that but there's absolutely no account of people's feelings in it. You meet up with that in NISIG, people just feel emotionally separated from it. As if this all happens here in the middle and it is nothing to do with you. It's doctors and obstetricians and all those people and they really just screw around with you. Very clinical detachment, I suppose the detachment needs to be there so most people can do their jobs but there are times when they shouldn't be so detached from it.*

Certainly for couples like Tara and Kelly such discourses contribute to the contradiction they feel when they think about their own embryos, as products of their gametes, as both life and kin. They can envision donating gametes and can rationalize the benefits of donation with respect to embryos that are not their own, but their embryos are family members and siblings for their children. Kelly also raised an important issue about the alienation of the reproductive body. His narrative suggests a feeling that, as the site of procreative experience or the embodiment of parenthood, the reproductive body is somehow disembodied in the process of IVF. This dislocation, "detachment" (Morgan 2003) or "decontextualization" (Strathern 1999) of the embryo from its procreative parents contributes to the ethical struggle people face as they have to work at recontextualizing and relocating their own emotional relationship to the products of conception in a clinic.

The personhood of an embryo becomes all the more real when people confront the potential for its future social relations in the wider community. Gail described the

risks of a kind of inadvertent incest occurring with donating embryos, much like the concerns discussed in the preceding chapter, with respect to gamete donation. Again, she feels that regulation might mitigate the possibility of her son having a relationship with someone who was a genetic sibling as a result of embryo donation. Sonya is less certain about this possibility from the outset and bases her concern on her knowledge of the problems that already exist in her family as a result of “similar genes” circulating within the small population of her community.

*Jill: Some people are hoping that down the line there will be an opportunity to donate the embryos to someone else.*

*Sonya: The gene pool is quite narrow here in Ireland. You know, I think ... we came across it slightly... Evan's brother S. has one little boy, born last April. And he has arterial calcification where calcium builds in his veins. It's very rare. It usually happens if parents are related. So one of the first things they were asked is 'are you related' and they said 'no'. And like Evan's mother could go back five generations .... They went back, you're probably talking five generations because they can trace it at that. Genetically. They have to go for counseling and see but it could be that their genes are similar and that is the cause of it. So that's another thing. If you had donation I wouldn't be sure .... Yeah.*

*Siobhan: But I don't think I'd be too keen to give them to somebody else. It would be a little bit weird especially because Dublin is a small place. And I don't know whether you'd ever find out whether it was successful or not but it would be... it would be a little weird if you had a kid when you didn't want to.*

Siobhan also raises the issue of the “smallness” of Ireland and the risk of having children out there that you do not plan to have if embryos are donated to others. These concerns align with ethnographic studies undertaken in the UK. These studies showed that the potential for incest, however remote in reality, formed a kind of boundary for social acceptance of certain practices in ART rooted in the prior understanding of kinship relations (Edwards 1999[1993]; Hirsch 1999[1993]; Strathern 1999[1993]). Not unlike

the concern for avoiding “conjugal chaos” described in the last chapter, moral and normative boundaries are often established with reference to prior notions of the meaning of biological connections.

Anne, who was expecting a child as a result of donor egg IVF at the time of our second meeting together, was the only person in my study group who did have frozen embryos. She and her husband were considering the option of donating frozen embryos but their situation was different from any of the other people I spoke with as their remaining embryos were not genetically related to either her or her husband. Because they had suffered multiple set-backs that were related to low sperm counts, antibodies and poor egg quality they had opted, on their last treatment cycle, to fertilize half the donor eggs with her husband’s sperm and half with donor sperm to try to ensure a positive outcome. In this narrative the benevolence associated with the gift of embryos addresses both the difficulty of infertility and the additional burden posed by financial hardship.

*Jill: Do you have frozen embryos then?*

*Anne: There are; there are six frozen embryos and they’re donor sperm and donor egg, which doesn’t make a difference to us. We’d still use them both and we actually said... because it would be awhile before I would want to do that again, that even if I do that we actually told them to give them to a couple that needed them so we’re going to donate our embryos to somebody else that may be financially... haven’t got the money to do what needs to be done.*

If a treatment cycle fails of course, there is usually no ambivalence or doubt about the potential use and importance of any remaining frozen embryos; their value is unquestionably equivalent to the embryos returned to the mother in the “fresh cycle” of

treatment. In Anne's case, if the pregnancy does not succeed they will retrieve the embryos they have frozen. This is almost universal as a strategy among couples in the midst of treatment. All these stories about frozen embryos are predicated on the possibility that they might become "left over" embryos. This is an important distinction to draw here because embryos only become *extra* when there is a successful treatment, rendering the frozen embryos as 'objects of ambivalence' around which a decision must be made. They can only cease to be imagined as potential family members or children at the point that they become part of the cohort of "new biologicals" (Franklin 2001:303) as a result of IVF and now "excess". But for all the people I spoke to, there were, in reality, no such things.

The Irish Catholic Bishops' Conference flags this point in a response to the CAHR report saying:

[P]arenthood brings with it a responsibility of care. In the normal course of events, we would always recommend that the implications of this responsibility should be considered carefully *before* people become parents. In the case of assisted reproductive therapy, fertilization takes place in a laboratory rather than in the mother's body. This distancing of the embryo from its parents does not, however, justify any abdication of the responsibility of care. The parents and, together with them, the "quasi-parents" (those who assist them in the process), have no less an obligation to care for the embryo and to provide it with every possible opportunity of developing normally and coming to birth. To suggest that the embryos are 'surplus' is disingenuous if we have been responsible for the process which made them 'surplus' in the first place. (Irish Catholic Bishops Conference 2005)

The Bishops' Conference committee makes an interesting postmodern suggestion in calling the medical practitioners involved in an assisted conception "quasi-parents". They are emphasizing their point that "procreation" and everything about it, including the

production and exchange of gametes, is about parental responsibility. The church obviously sees no separation between kin ethics and life ethics as described by Roberts, but rather situates kinship and family responsibility in the very act of procreation. However, this is the point at which assisted reproduction separates procreation from its social context (Strathern (1999[1993])) and moves it into different and uncomfortable spaces, introducing new partners, sexual or otherwise, into a procreative relationship.

There are circumstances in which embryos are neither imagined children nor excess embryos, but rather objects of ambivalence that must be abandoned altogether. Following the traffic of postings on the websites and through stories told about third parties, it is apparent that occasionally people who have had repeated failures of IVF decide to leave embryos in cryo-storage or destroy them. This is almost always done because emotionally they are not prepared to undertake another round of treatment. No one I spoke with was in this position but several couples knew of other people who made this choice.

*Siobhan: What we had is gone. I actually know some people who have adopted and actually still have some embryos frozen somewhere. But we don't have that problem.*

*Tara: I was talking to a couple at the weekend and you know, they have frozen embryos now and they have no intention of going again. Because their situation is just, they are older now and he just said to me I don't know what to do. And what do you do? You know what I mean? I don't know whether I could leave them sitting there.*

*Kelly: I don't think I'd have the answer.*

*T: You can't until you are in that situation.*

Much is said about this on the bulletin boards where women are quick to offer

reassurance to others who are faced with this difficult dilemma. It is interesting to note however, that in the Irish cyber-world the imaginary possibility of donating embryos doesn't even appear.

### 10.5 "Embryo-logic": IVF as Philosophy<sup>38</sup>

The issue of embryo freezing is not the only treatment dilemma that people face in the process of IVF. I have already introduced Niamh, who was in the midst of her 4th IVF cycle and generously agreed to meet in spite of the emotional fragility brought about by her treatment. I was interested in her thoughts on the issue of treatment and ethics as someone with a number of experiences with assisted reproduction but also from her point of view of being in the midst of an IVF treatment cycle. As we saw above, much of the institutional and political discussion revolves around the issue of implantation as a marker to qualify embryos for state protection, avoiding the question of the status of embryos in relation to terms like "unborn". In Niamh's story we can see the struggle to make sense of this question from a personal point of view as well.

*Jill: Have you had any qualms about the way IVF occurs?*

*Niamh: Well I used to .... I've a degree in English Philosophy so I had to go with all those questions. While I was doing philosophy I was going out with a scientist. And he'd always put a spanner in the whole works. (laughter) But I don't know. I don't allow myself to think about it, probably. I probably don't allow myself to think about it but I really can't see anything happening until implantation occurs. I think once you have implantation ... but until you have implantation, yeah something is there but I don't see it as being a living being in the end, right. It's not a person, right.*

*J: It requires something.*

*N: It needs to be fed by another living being and it needs to be in the little box it's*

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<sup>38</sup> I borrow the term "embryo-logic" from Lynn Morgan (2003:274). She uses it in reference to the scientific exercise of constructing a medical knowledge of the embryo as an individual entity.

*kept in... The other thing probably is that they don't take that many.... They aren't getting a huge amount of eggs out of me. They are probably only getting 6. Only two or three would be really good even though the two or three little embryos they do get they say are very good. They call them embryos which is kind of - it's awkward. It makes them a bit more real. They only ever get really 2 worth putting back into me. If they were getting 20 and I had to freeze them I don't know what I would think. Well, now I know I would say yeah freeze whatever you get if they're good. But ethically I don't spend a huge amount of time thinking about it. I probably should think about it ... Well no, because I don't want to drive myself mad.*

*J: So you haven't had frozen cycles for the IVF?*

*N: No it's always been just two or three and they put the two back and they would be always really positive. 'These are really good.' You're better off with two really good ones than seven really dodgy ones.*

For Niamh, the idea of an embryo as a living being is related to its placement in the womb. It needs a mother to become a living being. Her point of view is a pragmatic echo of the position taken in CAHR report. Any notion of personhood is linked to its connection to the mother and its identity is related to the "attachment" process of implantation. For many women I spoke to their ambivalence is also rooted in this ethics of pragmatism; people will make every effort to give embryos a chance at life but maintain a realistic view that embryos *in vitro* are morally distinct from those that are 'implanted' in the maternal body. Implantation is spoken of as a process that occurs within but not necessarily as a function of the maternal body. While we saw above, in both Gail's and Niamh's narratives, nature assumes a dominant mode in explaining failure. Implantation, the natural proactive process, is ultimately something the embryo "does". It was Breda who pointed out to me that calling the medical process of returning the embryos to the body "implantation" was giving medical practitioners more credit than

they are due since only the embryo could “implant”.

The next section looks at the meaning of numbers in the process of constituting a ‘story’ for embryos as social and moral entities.

### 10.6 The Numbers Game: Competing Embryo Discourses

In her narrative Leah shifts the proactive motion of “implantation” to the medical practitioners as she describes how they make decisions about her embryos. Like the stories above, the maternal body is merely the passive recipient. And like Niamh’s story above, we gain some insight into the way medical discourses posit a quantitative framework that grades and qualifies, on a numerical scale, which embryos will be chosen and why numbers matter.

*Leah: It was a frozen one after the first time. I think I had the frozen cycle after that. Then I did it a second time and they weren’t good enough to freeze I don’t think. And then I guess it was the same on the third time. As in the fourth if you know what I mean. And there was less, I mean I was getting older and there was less each time. I can’t remember my counts right now but I do remember ... but I think my second time it was higher than the first time.*

*J: But nothing survived to freeze then?*

*L: I can’t even remember, I have it all written down somewhere but it was different numbers, different eggs and different grades and stuff like that but when they went through they kept telling me the grades were very good, very good quality and the ones they were giving me, they were implanting were really high quality. I mean they implanted two the first time and two the second time. I can’t remember but it was more than one anyways and when you lose them, the first time is devastating, and the second time.... Well each time is devastating.*

Embryos created by embryologists are dissociated from the influence of the maternal body and located as biological entities with medical histories. Such histories and diagnoses are constituted as ‘grades’ and embryologists themselves as the embryo’s very own medical specialist (Morgan 2003). In some cases, the application of quantitative

bases for decisions can be difficult for people. Grading the quality and choosing which embryos will be used is only part of the numerical game in IVF. Carol Anne describes the moral challenge posed by the realization that only the best embryos would be used for IVF or frozen in the clinic she attended in the England.

*Carol Anne: Yeah and I think actually some of the clinics, from what I know, in Ireland they would put the embryos in and they may disintegrate naturally in the womb but you see in England what they did was they actually, they don't put them in. They just destroy them. So that for me was just a little bit traumatic. Because I wouldn't necessarily agree with the destruction of embryos. But I felt it was out of my control, and it was something that the clinic ... that was the way they operated. And I just had to abide by that.*

*Jill: So it wasn't your decision.*

*CA: No it wasn't. I had to look at it that way because I was getting upset thinking the other way – that I had destroyed a life. When you're going down this road you have to accept every clinic operates differently and if you're putting yourself in their hands you have to kind of go with whatever their ethics are and whether you agree with them or not, is beside the point.*

Carol Anne accepts that clinics operate under a set of ethics that may differ from her own Catholic-based values and that clinic regulations took decisions out of her hands and relieved her of the burden of responsibility. She is willing to concede that her desire to reproduce is in the “hands” of the clinic and she is willing to let her ambivalence override her moral concerns and “life ethics”. The shift to a medical discourse from a religious based ethics can alleviate some of the anxiety around supernumerary embryos. But unlike the appropriation of a religious discourse by medical practitioners as Roberts (2006) describes in her work in Ecuador, there is a clear distinction between the doctrine of the Catholic Church and the scientific processes of embryo selection for people I spoke with about IVF in Ireland. While some people engage nature as an explanatory frame or

divine intervention in providing the gift of technology, there was no appropriation of religion as a means of empowering medical discourse in the use of IVF.

Medical decision making processes are contentious for some people when the issue revolves around embryo quality and personhood. In a conversation with Breda around the Catholic Church's determination that from the moment of fertilization there is a genetically distinct human being, she replied "they obviously haven't seen my embryos then". Breda and John have been told that in the four IVF treatments they have undertaken their embryos have a high degree of "fragmentation", reducing the likelihood that they will implant and progress. The discursive constitution of embryos as a collection of fragmenting cells makes it difficult for Breda to imagine them as distinctly human.

Clinical decision-making can sometimes be redefined as a kind of ethical discourse that takes precedence when it comes to the number of embryos returned to a mother during treatment cycles. Donna describes the challenge in balancing her desire to conceive with scientific sense that became an ethical logic.

*Donna: And then the frozen cycles depend on how many... how many embryos you have. For me, it wasn't really the number of cycles as the number of embryos put back. I just wanted to make sure. In actual fact when I had 12 embryos and for one fresh cycle, at least for the fresh cycle I asked them to put back six. And they asked me why. I just said I felt I couldn't have four times (for IVF treatments) hanging over me. It just felt too long to me and they were appalled.*

*Jill: So did they agree in the end?*

*D: No. The embryologist came to me and said 'what if they're all good?' and explained why they are frozen. You see they have their criteria ... I mean only the best ones are frozen. If you have two useless embryos that are not going to take, I mean you'd be devastated by that. So anyway, I agreed. I don't know why. But my husband didn't come over (to England) because I was fine and I did it on my own and if he came over he'd have to close up the shop. Anyway I had no problem with it. And so I eventually came to an agreement that five. So then I went back to*

*the apartment I was renting and I rang my husband. And he was appalled!!! He was just appalled. He thought it was such a waste of embryos, poor Harold, he was appalled. He thought that there could be at the very most, at the very most four. So then each time I went – I went three times – and each time one didn't survive the thawing so three were put back.*

Donna's husband provided a kind of intermediary between her own desire to get as many embryos as possible put back and the clinician's concern for what might occur. Donna was concerned with how many times she would have to prepare emotionally and physically for the process of IVF while her partner was concerned for the embryos themselves. The physicians were concerned, one assumes, with the possibility of high risk multiple pregnancy. Donna spoke about her struggles with her Catholic values as she feels the Church often does not understand or make room for the kinds of challenges people face as individuals dealing with a difficulty conceiving a child. But this narrative reveals how Donna's desire to increase her chances of success contradicted not only the teachings of the Catholic Church but the bioethical framework employed as a value base by medical practitioners.

The issue of commodifying the process also comes into play in relation to Donna's story as she speaks in more general terms about the number of embryos returned. Most clinics have established protocols for returning embryos to the womb that limit the number returned to two or three at a maximum to reduce the risks associated with multiple pregnancies – twins, triplets or greater. But as Donna describes it, the issue of value and getting a better deal for one's monetary outlay is significant in many situations.

*Jill: So three embryos were put back and that seemed a logical step? Do people express concern about the multiple births issue? Is that something people worry about?*

*Donna: What I find, what I find is in most cases is that couples don't. The very fact that I work in a pediatric ward ... I'd be responsible for six babies on my shift. And this never posed any problems at all. But I don't think they look at the fact of the pre-maturity of these babies, the illness of these babies, the low birth weight and all that. .... They don't look at the long term effects on the children. I definitely wanted the option of triplets. I definitely wanted that because I was paying a lot of money ...and I'd prepared myself.. And I'd be happy with twins. There are lots of young couples especially if they don't see, it's difficult initially. I think that it needs to be discussed more. And I think that also that society has to understand that it's very tough on people when you only have one child as well. Because society can be quite nasty to them as well ... 'oh she'll be an only child' and on and on.... 'All alone....' 'Why don't you have another child?' You know that can be quite oppressive for the couple and they don't have the option of a sibling so easily because they have an IVF child. And if they haven't been able to conceive naturally it's very tough on them. So jeezus, you can't please anybody. J: So you can't do anything right. I hadn't thought about the value for money aspect of all this but yes, if you think you might do it once and get two kids, well it's a perfect opportunity here.*

*D: But I mean twins, sure a lot of people have twins ... I mean a lot of people have twins.*

There is a definite shift in Donna's story from the difficulty and emotional stress of traveling to the clinic for treatment as reflected in the earlier part of her story to the logical and monetary reality of having two or more babies for the cost of a single treatment. This shift signals the paradox of assisted reproduction as simultaneously a subjective and arduous medical experience and a commodification of the process in getting more for your money and having an 'instant family' with siblings already in place. Such discourses play into the construct of the ideal family in which siblings are assumed to be not only important but vital. Women are often pragmatic advocates for themselves in questioning dominant discourse and reshaping the meaning of

medicalization (Lock and Kaufert 2000).

Anne had told me about her insistence on returning four or five embryos to her uterus with each cycle. She was aware of the risks of multiple pregnancies such a practice involved but maintains that this was the only solution for her. She was also prepared to make some difficult choices in order to have a successful pregnancy.

*Anne: Some people are just lucky and they can put in one and eventually, it'll work. But for me – I put in four or five each time. This is the first achieved pregnancy. ... We found out we were pregnant over there now, and it was only seven days past, and I went for a beta, a special blood test – and then it came back at 15 that's it. They expect to see maybe a two. So it was huge and two days later I got another one. [...] So we knew straightaway then that it was positive. But it was still a hard road for a couple of weeks then. I had bleeding and something else in the uterus and they couldn't tell what it was. I guess I had bleeding and it came away. More than likely it would've been a second baby. It would've been a... it would've been something I would love but medically I don't think I'd have been able for it and that was the thing that we had spoken with the doctor over there. When we were putting in five or four, they make you, before we make that decision, you have to talk about selective reduction and everything else. And even though we are totally against going for it you have to look at it as saving the life of one child rather than killing - or whatever you want to call it – another if... because that's what it comes to. And for me medically, it just went to prove.. like they said, yeah, I could probably carry two but there's no way I could carry three. So I think that's a good thing when the Doctor explained to me and they make you face the fact, make you face your religion and ... Because they were Catholic too. It's a thing that they knew would be hard for us, but you have to make that decision before you put them in.*

This is probably the most direct intersection of ART and abortion among all the conversations I had with people who had used or contemplated IVF. Ann faced the prospect of “reduction” with the same logic that many people used when faced with the idea that IVF necessarily involves the loss of some embryos. In the context of creating and sustaining life, such choices are again framed in an ethics of pragmatism, offering the

best opportunity (or any opportunity) and constituting the womb as a space in which the politics of choice is exercised in a grey zone that draws on the knowledge of nature and the phenomenon of loss that infertile couples experience as a constant. In the next section I explore more directly the relationship between spiritual backgrounds and the roots of ethical decision-making around IVF.

### 10.7 Moving Morality into Altered Ethical Frameworks

Religious values and, more specifically, Catholic Church values did appear directly in several places in some people's narratives, often when people discussed their conceptualization of morality and reproduction. In fact, a number of people began their stories by describing their upbringing in Catholic families. I wondered what that meant to the competing discourses with which they had to negotiate in considering assisted reproduction. I asked Jane if she had any moral or ethical concerns around IVF itself and if these were related to her own religious upbringing in a strong Catholic family.

*Jane: No. Not as a Catholic. I would be a recovering Catholic or a lapsed Catholic depending which way you look at it (laughing). It's funny. There's obviously the Church as a thing in the background. I can't ever really remember explicitly hearing anything about IVF from the Catholic religion. But obviously when you get into thinking about some of the spiritual questions then those sort of filter in. But I do know the Church has a loose position on it. My reading of it, they approach it as sort of grey area and they don't want to get too involved. They realize the difficulty for childless couples and they probably haven't had a strong... now that is my perception but I could be quite wrong about that. But just that would be my idea as I haven't seen anything quite forceful about some of the grey areas that would actually be around IVF. You know the selection, the embryo selection and the sort of selective process where maybe more embryos are created than go on to become .... So I would have spiritual questions about that. Not concerning religion but I myself would have questions about creating*

*embryos and what happens to them. And I don't know about that whole sort of soul question but I would spend a bit of time thinking about stuff like that.*

The suggestion of a kind of neutrality on the part of the Church is situated against her own ethical questions about the creation of embryos. This perhaps speaks more clearly to the extent of Jane's "lapse" in Catholic practice since she doesn't appear to have a clear picture of the position of the Catholic Church hierarchy or how extensively they have lobbied on these issues. She does suggest that her own point of view would be in consensus with the views of the Church on embryo selection, even if she believes her position is independent of Church influence. For other people, the process of IVF forces them to confront ethical concepts and religious discourses directly.

*Jill: And in terms of your personal perspective, it hasn't come up as an issue in making decisions about IVF?*

*Leslie: No. It hasn't. We wouldn't be I suppose overly religious ourselves. We're the kind of going to mass on Christmas kind of Catholics. I suppose, ours would be a very simplistic belief or viewpoint you know. These technologies are there and they were you know, I've never really thought about it. But saying that now, until we went to the information meeting, I never, ever thought about it in relation to the IVF, about the embryos and all of the... I never even... It never entered my head about whether to discard or destruct or if people don't choose to freeze embryos. It never entered my head and I thought 'my god! That's something of interest'. Jeez, you know. Potentially, so people could maybe turn around and say that's a form of abortion; that you're aborting an embryo life or destroying the soul. And that is the sort of thing that I hadn't really thought about.*

*Tara: I mean before we did IVF we wouldn't have thought of it, the whole religious kind of thing.*

*Kelly: It made me think about the ones that are implanted that have no chance of surviving.*

*T: And we certainly had given it some thought because we had agreed to freeze embryos but we didn't have any.*

*K: We did think about the fact that it was there and is it life or is it not. I mean it was something we talked about but it wasn't something we could really say this is what we'd do. And if somebody confronted me with it (the issue of right to life) I*

*think I'd just be very angry. Probably because I don't have an answer right now for it. I can't rationalize it. I can't ... I haven't actually ... You couldn't say well you know, if that was the choice I wouldn't have them. I think in having IVF....*

*T: People do make that decision on religious grounds that it (IVF) is something they can't do.*

*K: I think we'd have said ... whatever it takes.*

In both of these stories there is a realization that the process of IVF could represent a conflict with a pro-life ethos, about which these couples are somewhat ambivalent. But without having gone through the process of IVF, the meaning of embryo freezing had not been important to them. The meaning of the embryo in moral and perhaps religious terms was presented to Leslie in the form of what could be construed as a competing medical discourse. But as Kelly notes, doing whatever it takes mobilizes the complex ethical processes I have been talking about, in which people have ambivalent feelings about whether some aspects of IVF are right or wrong. They shift this ambivalence into the ethics of making decisions based on the 'rightness' of the outcome of IVF, rather than the process itself, as the moral guidepost.

Kristen, who had finished several courses of IUI and was now contemplating IVF had a very succinct idea of the Catholic Church's position and her own willingness to set aside doctrinal objections in spite of her own adherence to religious practice.

*Kristen: I'll go in and light candles and everything and at the same time I know IVF is going against the Catholic Church. That doesn't cross my mind. Whatever belief I have, I have a belief in a God that says we can do whatever we need to get or to have our baby. I suppose, I actually go to the Poor Clares myself sometimes, for different reasons. But I do think the way I see it is in relation to God, I have my own relationship with him. I don't think my belief is strong enough for Knock or for Lourdes at the moment.*

*J: Now can you tell me about the Poor Clares? Are they a group of nuns that you can petition on your behalf?*

*K: Yeah, they're an enclosed order so they don't come out. And I think because of that I respect them. Because you know the Catholic Church has gone through so much scandal and a lot of priests, I would have very little respect for them because they'll be up on the altar preaching this and then off doing this, you know? [...] There's one nun comes out to speak and the rest of them just stay inside. They just pray. I'll go down to them and I suppose it's a respect thing really.*

Kristen argues, as did several other people in the study, that the technology for ART was enabled by God and therefore fit her own moral agenda even as a practicing Catholic. The naturalization of the technological means to an essentially moral procreative objective moves beyond "helping nature do what it would have done anyway" (Franklin 1997:103) or what Greek women describe as repairing or overriding nature's damage or failings (Paxson 2004:224). In this case the technology itself is seen as god-given and absorbed into the means of achieving a procreative ideal. Kristen is able to merge her visits to a fertility clinic with her visit to petition the Poor Clares for spiritual intercession with health issues including infertility. I moved her into a discussion on IVF as an offshoot of this discussion on religion.

*J: Does IVF worry you in any way?*

*Kristen: Not religiously, no. I don't think religiously. And then they were talking about freezing. I'd have to think about that. I'm not 100 percent where I am on that, really. RTE talked about this yesterday about the stem cell research and you know with some of the medical conditions in my family - I'd have always been so against it and you know I don't know now. This could save some of their lives, you know.*

*J: Now you see the possibilities differently.*

*K: I don't know where my head is really on that. But I don't think it's from a religious place. I think it's more.... Mind you that's where probably where it stems from. That's where it came from in the first place, all of them saying it's wrong.*

Kirsten's narrative moves from faith in a religious context to faith in science as she questions the wisdom of interfering with the "natural selection" of sperm. Her willingness to rethink her own perspective on stem cell research aligns with her need to accept medical intervention for infertility. As she admits, it was not something she was in favour of, from an ethical perspective, until some members of her own family faced health crises in which biomedical research into the potential of stems cells offered some promise of benefit. She moves between questioning what should happen to embryos as subjects and the idea that as biological objects, science can use them for positive ends. This points to what Sarah Franklin describes as the interface between reproductive technologies and stem cell research in shifting forms of "reproductive hope", moving from hope for a baby to hope for a cure (2006:73).<sup>39</sup> Kristen felt compelled to rethink her ethical stance on many issues along a trajectory that places IVF in a continuum with medical technologies that previously seemed morally unthinkable.

Kelly and Tara also introduce the idea of stem cell research as an extension of reproductive technology.

*Kelly: Certainly we've come to think about stem cell research. You tend to think of it more and should we be doing it or not. Certainly this whole thing with cloning, has absolutely no...(pausing). That's where I would definitely draw a line but stem cell research you tend to think well ... Again that is such a difficult... I don't believe...*

*Tara: No. I know if I had them frozen I would want to try and have a baby with them.*

*K: For us I don't think it would have happened because if we had one (an embryo) it would definitely be going into Tara. I think in kind of general terms*

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<sup>39</sup> This can be linked to Daston's (1995) concept of the "moral economy of science" where such values as hope might be conveyed as intrinsic to the practices involved in producing and acquiring embryos.

*like 'should they do it or not...?'*

*T: You know if you already had triplets or something and weren't going to go again...*

*K: I think yes, they should. I definitely think in stem cell research there is a huge benefit to it. It's not just tinkering with nature for the sheer hell of it. Let's just do this because we can. I think with cloning it's just that extra little bit. It's just too... Something not quite right in it.*

*J: Unsettling.*

*K: Maybe, when you look at the kind of conservative forces that are really against stem cell research I just tend to object to them anyways. Purely on the grounds that I object to them. If they say 'black' I would say 'white'.*

Again, the narrative of potential and benefit is dominant here. While Kelly is willing to accept the idea of stem cell research as socially beneficial and morally acceptable, the idea of cloning extended too far beyond the "natural" boundaries established by notions of relatedness. As Edwards' (2000) study in the UK suggests, there are moral limits to what people conceptualize as acceptable in reproduction, and these limits are often based on how closely practices seem to replicate what is understood to be natural or follow the normative model of kinship and family-building.<sup>40</sup> Thus while cloning may be part of a continuum that begins with IVF it is not seen through the same ethical lens in the decision-making process.

One way that the ethical stickiness of using embryos for research is negotiated is through the notion of gratitude. While Donna went through every opportunity to use her embryos in spite of the emotional hardship she describes above, she is, nonetheless supportive of the idea of "giving" to research.

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<sup>40</sup> Edwards' (2004, 2000, 1999[1993]) work is somewhat unique in that she conducted research on the use of ART, particularly donor gametes, among a wider group of people who constituted the general public. The material she collected reflects a wider set of perceptions than those confined to a group of people who have used or contemplated using ART themselves.

*Donna: For some couples they are comfortable with the idea of giving back to science what science gave to them. They are grateful for the child they have and want to give something back.*

Franklin notes that in the UK where embryo donation for stem cell research is occurring, more than 80 percent of couples who donated embryos did so out of “a desire to ‘give something back’” (2006:80). The fact that the possibility does not currently exist in Ireland does not diminish the sentiment for people like Donna who see the potential medical science offers as part of the economy of hope.

### 10.8 Conclusion

The complex meanings people attribute to embryos are part of an emerging tug of war between institutional interests in Ireland over the regulation, terms of use and moral meanings of assisted reproduction. In a nation that has historically shaped issues of reproductive choice into legislative and constitutional statutes, an emphasis on procreative morality associated with national identity has come at a high price for women. In the current climate of social change there is no longer a single voice purporting to be the basis for any moral consensus on reproduction. In fact, embryos are now part of an increasingly complex ethical dialogue in which they seem to speak on behalf of opposing positions held by the biomedical and religious institutions with a stake in defining the embryo's status. But current challenges to reconciling the relationship of embryos created *in vitro* with the constitutional protection of the ‘right to life of the unborn’ in Article 40.3.3 indicate the depth and complexity of any attempt to legislate or regulate on the basis of presumed ethical consensus. and legislators have been slow to

move forward on regulation of ART.

The recent rulings on 'implantation' shape the womb as a naturalized political space in which embryos enact their *becoming* as humans and perhaps as citizens. Rather than empower women with choice, the rulings embody the responsibility for providing a space in which all embryos might realize their potential. In Ireland the ethical questions around ART are thus also part of the re-shaping of an embodied ideal of motherhood. These new meanings shape, in turn, the ambivalence many people feel toward particular definitions of morality as the uncontested basis for arguments against ART. For couples who just want to realize their desire for a child, the decisions they make include compromise and discomfort as often as they include clarity.

The perception of rapid social change in Ireland, particularly with respect to the constitution of families, commitment to the ideals of marriage and the meaning of reproductive choice have left people struggling to make decisions around the products of ART in a climate of shifting moral certainty and redefining of social meanings. They are often left with a sense of fatalism or gratitude that they did not have to make difficult choices, particularly with respect to freezing embryos. The current situation provides no clear policy and thus no regulatory or bioethical point of reference for people who continue to adhere to the values of the Catholic Church but want to participate fully in the social experience of having and raising children.

## Chapter 11

### Conceiving Adoption as Reproduction

*Anne: Yeah, just adopt. And I'm there going 'hello...it takes five years to adopt in Ireland.'*

*Elsa: It really annoys me. Because that again seems to imply that ... I mean one woman even said it to me 'well if you really wanted to have children you would adopt.' And I think that is an attitude that a lot of people have. In fact there's one friend in particular who is just constantly harping at me ... saying how much love I could give to a child if I would only adopt and she doesn't understand at all. Actually that's the kind of stuff that just really, really annoys me. And I just don't see it as the same thing. I don't see it as an automatic progression you know. I don't think it would solve any of the issues that I never had a child. It's not that I can't come to terms with it but I know that it would never, ever.... The issue that I have never produced a child would always be there. Whether I adopt or not, it wouldn't change. Interestingly enough, a friend of mine with three children said to me one of the things she still feels is that she's not a full woman because she had all three with a caesarean.*

When the subject of adoption came up, a common frustration echoed throughout the narratives of many people like Anne and Elsa. This frustration related to the question frequently asked of couples who have difficulty conceiving – “why don't you just adopt?” The first perception conveyed by such a question is that adopting a child is easy and an obvious solution. The second perception, stated most succinctly by Elsa above, is that it will satisfactorily replace the experience of conceiving and giving birth to a child for anyone who is dealing with infertility. Adoption, while obviously a viable option for many people, would not necessarily resolve ‘the presence of absence’ for some women and their partners.

In this chapter I focus on the meaning and experience of adoption, in social, political, and logistical terms, for infertile women/couples in Ireland. The stories in this

chapter show how adoption, as a strategy to achieve parenthood, aligns with and, at the same time, contests the Irish political construction of the family as an institution that is defined by nature, with inalienable rights, based on the facts of birth. In Ireland, adoption, as a strategy for *producing* a family, is virtually never discussed in the context of *reproduction*.<sup>1</sup> There is a near idiomatic assumption that, when used in reference to the concept of family, reproduction is essentially biological (Stevens 2005). But reproduction, in terms of a family formation, is not only a matter of reproducing bodies; it is also about reproducing social relationships, institutions, and social practices. Moreover, adoption is not discussed as a part of the reproductive politics of choice – a discussion that has been largely overwhelmed by such issues as abortion and access to contraception in Ireland. This also mutes the possibility that it will be seen as an equally viable option for couples who face infertility in their bid to become parents.

In this chapter I aim to unsettle the rhetorical and political privileging of the matrix of nature, conception and heterosexual marriage as the basis for family formation in Ireland. I argue that the stories of people who explore alternatives to this idealized model for becoming parents illustrate many logistical difficulties as well as a number of historical, social, cultural and political factors that form the backdrop against which people make decisions about adoption. These include the complex historical association between adoption and the remediation of the “sin” of single mothers; the changing system of accommodating birth mothers in adoption policy; the powerful privileging of

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<sup>1</sup> Suzanne Shanahan provides an overview of literature on reproductive and women’s rights which omits the issue of adoption as part of reproduction or the politics of reproduction (2005:104).

conception and birth that makes adoption a second choice in the wake of the availability of ART; and the additional concerns that arise for some people who consider intercountry or transnational adoption.

Aside from a rigorous and lengthy bureaucratic process involved in applying, learning about, and being assessed for adoption, there are other social and political issues that are obstacles to “just adopting” as a means of building a family. One of the most significant is the availability of children in need of adoptive families. As I noted in the introductory chapters, over 30 percent of births now occur outside of marriage, and while in the past, children born outside of marriage might have been relinquished for adoption, the present situation is far more complicated.<sup>2</sup> Statistics for 1967, when only 2.51 percent of all births in Ireland were ‘non-marital’ births, an all-time high number of domestic adoptions were completed. Statistics indicate there were 1493 domestic adoptions, representing 96.95 percent of all (known) non-marital births in Ireland that year.<sup>3</sup> In stark contrast, in 2006, 33.15 percent of all births in Ireland were to women who were not married to a partner. Of these births, a total of 222 resulted in adoption orders made that year, representing just 1.04 percent of ‘non-marital’ births, but only 69 of these were domestic adoptions of a non- family nature. Statistics kept by the Adoption Board show the average number of domestic, non-family adoptions in the past five years numbered

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<sup>2</sup> This figure has been widely publicized in recent years from data from the Economic and Social Research Institute. See Fahey and Field 2008.

<sup>3</sup> The Adoption Board Annual Report [http://www.adoptionboard.ie/booklets/Annual\\_Report\\_2007.pdf](http://www.adoptionboard.ie/booklets/Annual_Report_2007.pdf)

fifty and sixty.<sup>4</sup> These numbers indicate that the majority of women who give birth outside marriage are no longer placing children for adoption. This concurs with findings in the US where less than 2 percent of children born outside marriage were placed for adoption in 1998 (Gailey 2000:21).

As I have pointed out elsewhere, the matrix of birth and the heterosexual family has been naturalized in the Irish Constitution and, although contested in social reality, its symbolic power as a normative construct remains politically unproblematized and intact. The constitutional clauses in Article 41, discussed in the introductory chapter (see also Appendix D), indicate the extent to which the idealized nuclear family is discursively established as both the basis for social order and as a natural and unbreakable unit. Sustaining this construction in political terms has meant a rigid adherence to particular definitions of the family based on gender difference, reproduction and marriage. Irish adoption policies have consistently demonstrated an awkward inability to reconcile the “nature” and meaning of motherhood outside of a hetero-normative and procreative family unit based on marriage.

The position of adoption in social and political rhetoric in Ireland contributes to the sense of exclusion and otherness experienced by some couples who cannot conceive children within a marriage. The people I describe in this chapter are a subset of the people in my research group and many have expressed themselves on other facets of the impact of infertility. This makes their stories all the more compelling, in many cases, as

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<sup>4</sup> The Adoption Board Annual Report [http://www.adoptionboard.ie/booklets/Annual\\_Report\\_2006.pdf](http://www.adoptionboard.ie/booklets/Annual_Report_2006.pdf)

their narratives represent a continuum of experiences and reveal the hierarchy of approaches to family formation in which adoption is embedded, often as a last resort.

In previous chapters the stories illustrated ways that assisted reproduction can disrupt the social construction of kinship connections based on nature and biology, particularly when gamete or embryo donation provokes a need to rethink dominant ideas of blood, genetics and relatedness. In a similar light, adoption is a family-building or reproductive strategy in which the performative aspects of biological reproduction are often not contiguous with the process of becoming parents; adoption is thus widely perceived as a social rather than 'natural' arrangement. Here, as Christine Ward Gailey argues, "the fiction of naturalness is stripped from adoptive kinship" (2000:22). I will point out how this sense of the 'unnatural' associated with adoption, operates to enhance the perceived value of assisted reproduction, making adoption a more difficult choice for some people. For many, adoption becomes a kind of second line strategy, or last resort, only considered after all options for a "natural" child or "child of one's own" are exhausted.

I also explore how women and their partners critique the predominant social perceptions exposed in the question "why don't you just adopt?" The meaning of an inability to conceive, in conjunction with new understandings of adoption as a reproductive strategy, are part of the wider processes of change that are reshaping and redefining who and what is considered to be family in Ireland. In light of the discussion in previous chapters about the powerful presence and dominant shape of a motherhood

ideology in Ireland, how do women challenge or embrace this ideology in the process of adopting a child born to someone else? Elements of this motherhood ideology are, after all, deeply embedded in the meanings constituted by broader state discourses around the family, social stability and national identity. The next section explores the historical and bureaucratic issues that contribute to growing accommodation of the birth mother in Irish adoption policy and the difficulties this poses for infertile couples who seek to adopt.

### **11.1 So, Why Don't You Just Adopt?**

Bridgett and David were among the first couples I interviewed for my research. They live on a farm in a small community and David collected me from the train station and drove me out to their home for the interview. We chatted with ease during the twenty minute drive from the train station to their tidy farmhouse on a property shared with his parents. But as we sat in the bright kitchen with cups of tea and a plate of sandwiches between us, Bridgett did most of the talking. Their story proved to be a rather rare one in fact, as they made the decision to bypass assisted reproduction and go for adoption as their first strategy for addressing infertility. The following story reveals the difficulty couples face when trying to negotiate between the low odds of a medicalized approach to infertility and the highly bureaucratized system for adoption. The bureaucracy often reduces couples to a state of abjection in which they consent to almost any degree of invasive prying. Their story also brings to light how medical treatment is often validated as a kind of best or first approach based on the rhetoric of fertility as fulfilling both social norms and individual 'desire.'

**Bridgett:** And it turned out, when we eventually got the tests back, that David has a low sperm count and what are there just aren't up to the standard they should be so that was our problem. So our GP referred us on to see a specialist in one of the hospitals in Dublin where they do a lot of treatment.<sup>5</sup> [...] Didn't get up to see him until the following January because we weren't going as private patients. We decided well, we'll wait and go as public patients because it was about sixty pounds at that time to see him.<sup>6</sup> [...] We went up and we met a registrar. She explained our treatment that we needed – it was called ICSI....<sup>7</sup> It was three and half thousand pounds at that time per cycle. Now that wasn't including your time off work, your medications, injections. That was just the treatment expense for the hospital. The specialist stuck his head round the door and the registrar said 'they can't afford the treatment.' [He said] 'no point in wasting my time then.' And off he went. So weren't we glad we hadn't paid sixty pounds for that! So we left absolutely gutted. We asked them to send a report to our GP. We needed it because if we were going to go for adoption we had to say that the treatment was there but we couldn't afford it. [...] So it's been a long hard road. We've gone through all the assessments. We saw a psychotherapist, counsellors, and they eventually passed us last April after three years of assessment. So now we're waiting for placement.

**J:** So this is an Irish adoption?

**B:** It is yes. But it could take a long time. They've got one couple 10 years waiting to happen. There isn't a top or a bottom of the list. They analyze you for what the mother wants for her child.

**J:** Yes, that's something I'm just discovering in the Irish adoption process, that the birth mother has something to say about it.

**B:** Yes. And she gets to meet you. And adoptions now are open where birth mothers can come two or three times a year and visit the child. [...] We've found we have to agree to almost anything just to get approved. You know, and cope with it as it comes along. They're very good because it's just the social workers supervising initially. And it doesn't happen in your own home until you're comfortable to have it happen in your own home without social workers supervising. They won't pressurize you to do it in your home. So we're taking it as it comes. [...] It's been such a battle to get approved for adoption and to get through all the treatment tests and constant social workers asking questions and evaluating.

**J:** So they came to your home?

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<sup>5</sup> Some details have been omitted to avoid naming particular clinics or physicians.

<sup>6</sup> At the time of their visit to the clinic, Ireland was using the Irish pound (or punt) as its currency. Like most other member states in the EU Ireland now uses the euro.

<sup>7</sup> ICSI (Intra Cytoplasmic Sperm Injection) is an advanced form of IVF that involves taking a single sperm and injecting it directly into the ovum to effect fertilization. It is used where there are few sperm or sperm have low motility (activity) (Carr et al. 2005).

*B: They did. They come every week, for the first while. They were here every week for about three months and it was like a serious cleaning spree every time you knew they were coming because they inspect the house randomly whenever they feel like it. They're let go from one end to the other. It's very invasive.*

*J: You mentioned medical forms. Did you have to provide them with some kind of medical information?*

*B: We had to give them all the test results and provide all the medicals.*

*J: So really adoption is something you have to consider with the medical treatment. Like there has to be a medical reason? You can't just decide you want to adopt children?*

*B: You can't do it 'just because'. And with the social workers you share whether you want to or not. Doesn't matter whether you want to tell them or not, they'll get it out of you. [...] You have to look at it like, to get through, to get what you want, you have to put up with whatever happens. Do you know what that means? Them going through your house and asking you questions, well....*

This need to "agree to almost anything" in order to meet the rigorous vetting and regulation required to produce a family in the absence of birth creates a situation in which couples become part of the institutional surveillance that constitutes them as deviant from the norm (Foucault 1977, 1978). They feel that they must be willing to accommodate any contingency, including a potential relationship with the birth mother.

Another important issue raised in this story then, is the position of the "birth mother" as both powerful and problematic. Changes in Irish adoption policy in the last decade reaffirm and empower the biological or birth relationship while simultaneously confirming a sense of abnormality for would-be adoptive parents who are unable to conceive. Aside from making it exceedingly difficult to undertake a domestic adoption, new policies in Ireland that favour the idea of an "open adoption" pose the potential for a

birth mother to become part of the family relationship as well.<sup>8</sup> Regulations designed to enable a possible relationship between a birth mother and a child she places for adoption might, in fact, make it difficult for a birth mother to dissolve her relationship and allow another woman to become the mother of her child. This has implications for the number of children available to couples who would use adoption to produce families in light of an inability to conceive.

A report titled *Adoption Legislation: 2003 consultation and proposals for change*, came about as a result of a government consultation process in 2003 that sought public input on adoption in Ireland.<sup>9</sup> The report suggested that a minimum of six weeks and a maximum of nine months be set aside between the time a child is placed for adoption by the “natural” mother and the giving of final consent (2005:53).<sup>10</sup> Currently adoption legislation has established a six month maximum between placement and a final adoption order and ensures that a birth mother can make an application to regain custody of her child in this period. If the adoptive parents refuse to relinquish custody, she can undertake legal proceedings but the adoptive parents can also seek redress for withdrawn consent

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<sup>8</sup> While there is no legal standing for a process called “open adoption”, such arrangements that allow for negotiation of contact with a birth mother are permitted by the 1991 Adoption Act. However, as O’Halloran points out, support for an ongoing relationship with birth parents extends only to the mother since the making of an adoption order terminates any arrangements for contact between an unmarried father and his child (2009:216).

<sup>9</sup> The consultations took place in 2003 but the report was not released until January of 2005.

[http://www.dohc.ie/publications/adoption\\_legislation\\_2003\\_consultation\\_and\\_proposals\\_for\\_change.html](http://www.dohc.ie/publications/adoption_legislation_2003_consultation_and_proposals_for_change.html)

<sup>10</sup> Birth mothers can change their minds and legally reclaim a child for up to six months after a placement with adoptive parents and an adoption order is not finalized until this point.

[http://www.adoptionboard.ie/booklets/Domestic/Adoption\\_Law\\_&\\_Procedure.pdf](http://www.adoptionboard.ie/booklets/Domestic/Adoption_Law_&_Procedure.pdf)

through the courts. In such cases the best interests of the child is supposed to take precedence.

While the consultation report mentioned above, recommends that open adoption and opportunities for sustained contact be implemented, there is currently nothing in the Irish legislation to formalize this as part of the process. Since domestic adoption is administered through a number of agencies and local health boards in Ireland, there appears to be some difference in the way it is administered across the country. A number of people who spoke to me about their explorations of domestic adoption had been told that they must be prepared to accommodate possible contact with a birth mother in an open adoption. Such efforts to preserve the “inalienable” aspects of a birth bond create stress for adoptive parents who face the unpredictable contingencies of an open adoption in which a birth mother might remain a presence in the adoptive “family life” of her child.<sup>11</sup> Such efforts can be traced to the history of adoption in Ireland.

The rhetorical construction of the “imprescriptible and inalienable” rights contained in Article 41.1.1 has had a powerful impact on adoption as a social practice in Ireland. As I noted in earlier chapters, constitutional references have naturalized the social concept of the family based in large part, on the meanings attached to ‘natural’ links between mother and child through birth. This is extended to the bond between father and child, however, only by “naturalizing” marriage which is also granted

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<sup>11</sup> In order to point out the significance I refer again to Article 41 of the Irish Constitution which states  
1. 1° The State recognises the Family as the natural primary and fundamental unit group of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law.

constitutional primacy in Ireland (see Article 41.3.1 in Appendix I). As laid down in Article 41, the family consisting of married parents and their children, is presumed to be so unassailably and unquestionably natural that the rights of the family as an institution in law are not to be superseded by the application of any man made or "positive" law.<sup>12</sup>

This constitutional emphasis on marriage in the meaning of family has been historically troubling in Ireland with respect to adoption legislation. In fact, until recently it has been extremely difficult for children to be adopted if their birth parents are married because the marital family is presumed to have rights aimed at preserving its integrity.<sup>13</sup> The difficulty is evident in a case that came before the courts in 2006 when a child was taken from an adoptive family two years after the adoption was completed. The birth parents, who were not married at the time of "Baby Ann's" birth subsequently married and petitioned for the return of the child they had placed for adoption. A High Court ruling found in favour of the adoptive parents".<sup>14</sup> This ruling was overturned on appeal to

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<sup>12</sup> The Citizens Information Board describes the constitutionally ascribed rights of the family to include (in summary) the right to marital privacy, to make decisions about family planning, to consort together, to enjoy each other's company and to procreate (except where a spouse is in prison); the right of parents to be the main and natural educators of their children; the right to free primary education; the right to decide the religion of children; that married parents have equal rights to and are joint guardians of their children. For more detail see <http://www.citizensinformation.ie/categories/government-in-ireland/irish-constitution-1/rights-of-the-family>.

<sup>13</sup> Although it was never impossible to adopt children produced in a marital relationship, such a process was deemed to be in contravention of the state's constitutional obligation to safeguard the integrity of the family. Amendments to the constitution in 2007 have changed the wording to emphasize the rights and well being of the child as paramount, making it less constitutionally challenging to adopt children born to married parents. This will be possible however, only if the court decides the child's best interest is at stake because of parental failure to adequately care for them.

<http://www.oireachtas.ie/documents/bills28/bills/2007/1407/b1407d.pdf>

<sup>14</sup> This ruling was controversial in light of presiding Judge MacMenamin's statement that "by virtue of their marriage, the natural parents had become a family unit within the meaning of the Constitution, creating a constitutional presumption that the appropriate place for the upbringing and education of a child was within

the Supreme Court and Judge Adrian Harding stated that “the Constitution prefers parents to third parties.”<sup>15</sup> The child was ultimately returned to her birth parents in spite of having lived with her prospective adoptive family since she was three months of age. The constitution of would-be adoptive parents as a third party, even if they have been parents to a child for an extended period, implies that the state privileges birth as legitimating social relationships.

While there has been tremendous social change in recent years with regard to family formation, adoption remains immersed in the politics of reproduction that has rendered legitimate or illegitimate the shape those families take.<sup>16</sup> In the past single mothers were ostracized, most particularly by the Church, which constituted marriage as an ‘inalienable’ fact of morally acceptable motherhood. Children of single mothers were taken for adoption under the auspices of a rescue for the fallen woman who could then do “penance” for transgressions in Church and state run workhouses, homes for unwed mothers and the infamous Magdalene Laundries (Finnegan 2004).<sup>17</sup> Suzanne Shanahan (2005) describes a deep contradiction in the stance of the Catholic Church which

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the family unit”. See Ray Managh “Judge speaks of ‘deep regret’ in baby decision” in *Independent.ie* 16/09/2006.

<sup>15</sup> See Dearbhail McDonald “Baby Ann returned to parents” in *Independent.ie* 08/06/2007.

<sup>16</sup> For example, unmarried fathers have no legal standing with respect to adoption orders for their children unless they are living with the mother of those children at the time the adoption order is made and couples who apply to adopt must be married. Single people can apply but in the case of co-habiting couples only one party can legally adopt the child See pamphlet *An Outline of Adoption Law and Procedure* (Adoption Board 1998:3-4) [http://www.adoptionboard.ie/booklets/Domestic/Adoption\\_Law\\_&\\_Procedure.pdf](http://www.adoptionboard.ie/booklets/Domestic/Adoption_Law_&_Procedure.pdf)

<sup>17</sup> In the past, men who fathered children outside marriage were not recognized as moral transgressors in the same way as women and suffered few, if any, social consequences. At present, unmarried fathers are not recognized as constituting a family with inalienable rights to children they have produced. The gender inequality has shifted to give unmarried mothers distinctive rights that unmarried fathers do not share (Shanahan 2005). For more information on the issue of the treatment of unmarried mothers and the various institutions established to address their circumstances see also Brogan (2004) and Conway (2004).

sustained a public voice of opposition to adoption in Ireland. At the same time they secretly arranged the adoption of “illegitimate” Irish children by families overseas, thereby ensuring that Catholic souls would not be endangered while avoiding “publicly and officially undermining the integrity of the Irish family” (Shanahan 2005:90).

Shanahan notes that much public and political debate took place around the mid twentieth century with regard to developing adoption legislation in Ireland. The debates were contentious and while prompted by a desire to legitimize the formation of families through adoption, were grounded in concerns for the constitutionality, justice and morality of permanently extinguishing the rights and responsibilities of a birth mother to her child (Shanahan 2005:89). What is often obscured in such regulatory debates, focused on family formation and rights at the level of the state, is the constructed “nature” of the kinship rules used to determine the meaning and membership in what Jacqueline Stevens (1999) calls political society. The constitutional and *de facto* popular definition of family in Ireland has been a married man and woman and their offspring. However, as Stevens points out, all such rules for determining what or who constitutes a member of a particular group are designed to contain or exclude particular people. In Ireland, the exclusion of single mothers from the definition of family was a legal fiction that allowed the very extinction of the rights accorded to members of a constitutionally protected family.

Adoption legislation of 1952 further entrenched the definition of the legitimate family in the patriarchal model headed by a father, casting the unmarried mother and

child as illegitimate and exempt from the protection and rights afforded the “natural” family (Shanahan 2005:92).<sup>18</sup> Built on the primacy of a presumed natural law, state policies differentiated between children born inside or outside of the sanctified marital relationship, distinguishing between legitimate and illegitimate children, families and ‘antifamilies’, most egregiously through the use of birth certificates which marked children as illegitimate (Shanahan 2005:92). As Stevens notes, adoption can be a form of “copying” which then “performs the ‘originality’ of the legitimate birth”; but at the same time the process reifies the ideals of family formation based on birth (1999:119; 2005; see also Butler 1991). While the objective of adoption legislation was to give ‘illegitimate’ children the same social standing as those in ‘real’ families, its impact merely “reified distinctions among children based on the circumstances of their birth” (Shanahan 2005: 95). Children born into a marriage were thus part of a family while children born outside a marriage had to be given a real family with married parents. There are residual implications of this distinction as couples who seek to adopt children as a means of building family are caught in the bureaucratic hegemony of family defined by the legitimacy of marriage. This hegemony informs the emotional pressure for people who now look to adoption as a means of becoming parents since they feel they must represent that image of an ideal family.

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<sup>18</sup> Policies on adoption in Ireland emerged long after other European nations had established legal means for formalizing the adoption of children to include them as part of a family (Shanahan 2005; see also O’Halloran 2009) The US also had legal structures in place to formalize adoption as early as the mid 19<sup>th</sup> century (Cornell 2005).

Breda showed me some of the many forms they filled out for the process of domestic adoption.

*Breda: And there's one question that I'm sure was a cut and paste from the 70s and it says something like sometimes ...basically it's asking do you have a problem with the birth parents not being married to each other.*

She found this question amusing, in part, because she had made the assumption that the birth mother is not married and this would be one reason for her decision to give up a child for adoption. She also refers to the question as evoking a time in Ireland perhaps when children were constituted as "illegitimate" if born outside marriage. Breda's description of the forms necessary for a domestic adoption point out the reification of an ideal in the bureaucratic constitution of family as rooted in marriage. Birth outside of marriage is of course, not the only reason for relinquishing a child for adoption and as statistics suggest, it is becoming less common.

The following passage taken from the report issued in January 2005, *Adoption Legislation: 2003 consultation and proposals for change*, states that "[i]n domestic adoption, children adopted by people who are not related to them (stranger adoptions) tend to be adopted by younger married couples, given the preference expressed by natural parents for such a family set up" (2005:24). The passage suggests it is the preference of "natural" parents for a married couple as adoptive parents. The reiteration of the bond between marriage and birth in the documents on adoption and the naturalizing of birth and idealizing of marriage in this report suggest the ongoing importance of "guarding of the sanctity of marriage" as written in the Irish Constitution. But the reference to the

desire for a particular kind of family by birth mothers is also significant for couples hoping to adopt since they are scrutinized for suitability in ways that are inherently unpredictable and often seem unfair.

The rhetorical construction above also gives a privileged emphasis to the birth mother /parents as 'natural' Using the example of the American legal framework, Stevens points out that adoption is often viewed as "an intrusion into relations experienced as authentic by the transmission of DNA" and that such rhetoric serves to stigmatize adoptive families (2005:83).<sup>19</sup> Gailey argues that in the US, the dominant discourse on adoption constitutes the birth mother as disrupting nature by relinquishing a child and the adoptive mother as disrupting natural order for not producing her own child (2000:21-22). Gailey (2000) also argues that infertility and adoption involve gender and class distinctions based on the failure of two women to do what is 'natural', even if attempts have been made at ART. In the case of domestic adoption in Ireland women who cannot or do not give birth to the children they hope to parent are kept in a constant state of awareness of the significance of birth and their failure to embody what is constructed as natural.<sup>20</sup> But part of this can also be attributed to the presumption of power given to birth mothers to choose adoptive families and to sustain contact in an open adoption.

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<sup>19</sup> A number of scholars have challenged essentialisms in family formation. Stevens (2005) has argued that there is no necessity to link birth and the social role of motherhood since all women make a social contract to be mothers after the biological event of birth. Cornell (2005) points to the importance of birth in confirming the hetero-normative marital relationship; and Park calls for a "fluid metaphysics of motherhood" that allows for a more dynamic meaning in relation to family formation (2005:172).

<sup>20</sup> Gailey (2000) also argues that infertility and adoption involve gender and class distinctions based on the failure of two women to do what is 'natural', even if attempts have been made at ART.

*Breda: I don't know if you've met anybody else who has applied for domestic adoption. They advertised for it about a year ago for people who were interested in domestic adoption. I suppose we hadn't applied for transnational adoption because I had a lot of issues with it. I wasn't sure about it ethically and I suppose maybe if I had done more reading and thought a bit more I would have probably got there eventually. But at the time I was kind of thinking no and it kind of seemed like domestic seemed easier to get my head around ethically because it's open adoption. But with domestic adoption it's up to the birth mother to choose and they have a lot more prospective parents than they expect to have birth mothers so, you know, it is a bit of lottery. I suppose from the child's point of view I thought that for domestic adoption to be able to offer an open adoption ...*

*J: So the birth mother then can come and visit....*

*B: Yeah, it depends. It depends on the level of contact. I'm not really sure what the actual process is but I'm sure we'll find out now in the coming weeks. But for people who go for domestic adoption they asked that you would be open to contact and that you would allow some contact. You would have some control over it, but you're also encouraged to .... It's a little bit shady because there's no legal context for it. It's kind of you know, you're asked and the birth parents are kind of suggested that they can have this but ... I mean I think in years to come there will be some kind of legal framework but at the moment there's not. So I think at the moment it kind of depends on where the birth mother or birth family is coming from and it mightn't always be a mother. It could be a granny or somebody who wants the information. And it can be as little as a letter every year with a photograph saying here's what's happening or it could be actual contact. It's so individual they couldn't say what it would turn out to be because it would depend on who the birth mother is and the relationship and where you live. I mean some birth mothers want the child to be adopted as far away from them as possible and others want them to be nearby.*

*Leah: There was a hierarchy. They sort of... I mean they were polite to me and stuff but it was very... the whole thing about if you lived in this neighbourhood ... they wanted to know where I lived and then it was 'oh right, you live there'. And then it was 'well what do you do?' And she was immediately saying 'first of all we don't take this or that' ..., and then she started asking me and with each question she was sort of going 'hmm, oh,' ... And then she said 'well if you want you can sort of write a letter in and we'll file it away'. And sometimes because it's an open adoption if a certain mother comes in and certain criteria matches what they're looking for .... So I had this vision of some young girl coming in and going 'well I don't know, does he play football?' Hmmm 'does she play any instruments.... Oh no they wouldn't do for me'. And I thought that's a bit sort of like picking and choosing.*

The basis for parental worthiness is now overtly socio-economic rather than religious and moral, aspects that might have been overarching features in the past. In the past, adoption was a means of obscuring the fact that many single mothers were poor, socially disadvantaged and disempowered by the gendered social politics that constituted them as sinful and morally unfit to be parents, often rendering them invisible altogether. The perception was enhanced by the rhetoric of religious salvation as a rescue from certain damnation (Finnegan 2004). The inclusion of the birth mother in choosing adoptive parents inverts this process while actually suggesting the same construction. The birth mother now participates in the constitution of adoptive parents as more fit to be parents than herself based on material, economic or social adequacy, rather than a morality based solely on marital status.<sup>21</sup> Religious traditions still play a role since the consent forms specifically ask that anyone consenting to the adoption of a child must indicate that they have been informed of the religious affiliations of the prospective adoptive parents.<sup>22</sup> In addition, all the people I spoke to about adoption had asked either a parish priest or church pastor for a letter of recommendation, something described to me as a requirement of the bureaucratic assessment process. This suggests that while some aspects of the adoption process have changed, a merging of moral and material worthiness endures as part of the process.

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<sup>21</sup> Gay Becker (2000) describes the phenomenon in which infertile people in the USA strive to prove they are worthy of parenthood by engaging treatment at great cost.

<sup>22</sup> See Statutory Instruments No. 170/1990: Adoption Rules, 1990. Consent Forms  
<http://www.irishstatutebook.ie/1990/en/si/0170.html>

I asked Breda if she thought an open adoption system might make it a more appealing choice for single mothers in Ireland. Her answer led into the kinds of contradictions that emerge where birth mothers can choose the most optimal circumstances for a child while adoptive parents are asked to "describe" what kind of birth mother they would want in an adoption contract, as if the playing field is level and the choice for adoptive parents actually exists.

*Breda: I think that is starting to happen in Ireland. That just... not that I have any evidence of that but I just feel from the way the Health Board is treating us and the fact that they went out and recruited us I think that might be something. But I don't know and I'd love to know. I'm sure we'll find out in the coming weeks as we find out where the birth mother is coming from. I did ask one question when they were talking about the legal things and whatever and I said what if the birth mother is under 16 and who represents her legally. And they said it doesn't happen. Where as, I had a picture of very young girls as the ones who would choose adoption.*

*J: Yeah. Whereas perhaps their parents are keeping the child. It seems that is an issue isn't it? Who is giving birth to these children and where and what sort of decision making goes into this.*

*B: I would imagine that maybe people who have mental health issues would be probably a bit of it or addiction problems and things like that. The forms are a gas because they say things like 'what kind of person would you like the birth mother to be'? And what are you going to say (laughing)? (with sarcasm) Oh I'd like somebody with loads and loads of challenges. (laughing).*

As Breda points out, obviously people placing children for adoption would most likely be faced with enormous challenges in some aspect of their lives. However, adoptive parents, if they are honest, are not going to say that they are looking to adopt children born to women faced with such difficulties as mental health issues or drug abuse. Based on her work in the US, Gailey describes the significance of class and social issues in constituting the birth mother as a "bad" mother for her failure to nurture

(2000:25). However, as couples in Ireland come to grips with the issue of placement and the potential for contact, the idea that they are in fact, accommodating someone with overwhelming social problems into their family scenario would simply add more stress to the already difficult process.

*Leah: Yeah, I didn't want the whole closeness thing to the mother either. I mean in the turn around in Vietnam they have like a handover ceremony and everything. You actually meet the parents or meet the mother and there's a lot of contact. As in written and stuff. That wouldn't bother me either because if you know the mother it's easier to bring the child up and I understand all that and that's very good. But in Ireland the fact that the mother might live two miles down the road because this is a very small country. I didn't feel comfortable with that. From what I gather it is extremely open, extremely open. And they do get to... what totally turned me off was if my criteria matched what the mother requested for her child. In other words if my husband was a famous footballer or if I was very musical. [...] That you fit in and you match the top criteria you will be the ones to get the baby. And even though 'your one' was willing to kind of say to me 'well you might actually be one of the ones that might match'. I just felt like no way, no way am I going to take on something like this because I fit a box and somebody else doesn't fit a box.*

Leah was particularly uncomfortable with this aspect of the process. Like some others, she felt their own worthiness to be parents was already in question by virtue of their inability to perform the idealized biological functions of conceiving and giving birth. Moreover, it seems that their most positive attributes are perceived as economic rather than social and based on their capacity to provide materially for a child. She objected to the feeling that she was being shopped for her attributes. This is particularly poignant in light of the 'why don't you just adopt' motif which suggests that adoptive parents can simply go out and pick a child from somewhere. In reality, it is the adoptive parents who must be chosen. As much of the data above suggests, there is no longer a

direct link between adoption and birth outside of marriage in Ireland. This also coincides with the changes in adoption legislation in Ireland in recent decades. These changes recognize, finally, the inalienable and imprescriptible rights of single mothers by giving them control over the adoption process and recognizing their right to ongoing contact with the child to whom they give birth. The outcome is that, contrary to public perception, there is no surfeit of children available for infertile couples to "just adopt" in Ireland

### 11.2 The Scrutiny of the Bureaucratic Lens

In addition to the discomfort posed by the possible scrutiny of a birth mother, some people described their discomfort with the idea of surveillance by the bureaucratic agencies of the state. This also contributes to feelings of inadequacy for some people and their reticence to consider adoption is based on resistance to this kind of assessment of their fitness to be parents simply because they cannot or do not give birth. Described by Bridgette and David as having to agree to almost anything, for some people it represented an insurmountable hurdle.

*Jane: I have considered adoption. At the moment it isn't for me because there is this thing that it takes so long....*

*Jill: What about your husband?*

*Jane: I don't think he really wants to adopt. You know, it's very invasive. It's just the stress of turning over your life and you know you've already had your life turned over and then the sort of idea that somebody else has the power to decide whether you can be a parent. Somebody determining your suitability. It just seemed way too stressful.....*

*Donna: And I actually felt that I wasn't very comfortable with a 20 year old assessing me to see if I'd be a fit parent. I mean there are 15 and 16 year olds having children and they think they'd be a fit parent?*

These stories express a common concern among people who spoke about adoption regarding what feels like an intrusive regulation of their desire to be parents, exacted upon them because they cannot conceive. Several women who voiced these sentiments had been through the rigors of IVF, which could not be more invasive on the body, and yet they describe the social invasion of adoption assessment as more difficult. It was also obvious that, in classic Foucauldian form, some people embody the discipline and discourses, reflecting the normalization of an invasive process and surveillance. My interview with Siobhan and Sean is a good example. When I turned on the recorder and asked them to tell me about themselves and their desire to be parents, Sean began as if he were in an Alcoholics Anonymous meeting, stating his full name, age, and marital status. Several couples commented that the screening process left them more receptive to answering personal questions or just narrating their stories again and again. In fact my field notes make reference to the fact that some of the most polished narratives came from couples who had been through the screening process for adoption.

Not everyone was resentful of the process and some couples were supportive of the vetting even as they found it invasive and upsetting. They viewed it as part of the need to ensure the best interests of a child rather than an inconvenience to people who desire a child. This was apparent in the story Lydia tells about having to reapply for a second adoption and Leah's support for the process as a first time applicant.

*Leah: I totally believe in the preparation. I totally believe in the whole work you have to do. I totally believe in the whole system. The only bit you could knock off is the two years you're sitting on the waiting list doing nothing. But the two years*

*you are actually doing research, preparation, assessments, paperwork, homework, I wouldn't knock any of that. I wouldn't, every bit of that is vital. It gives you time as well to think and question yourself, to talk to other people about it. You know you're not getting a dog for Christmas. It's something to absorb.*

*Jill: So you're not really resentful of the fact that you have to go through all this screening and paperwork whereas other couples can go off and have a baby.*

*Leah: Definitely not. Hugely not because it's totally different. I totally agree with the procedure, totally agree with the process.*

*Lydia: ... and you know everybody going through this complains about it. And I suppose I'm the odd one out but I don't care and sometimes I speak up on it.*

*J: Well it's good to hear that perspective.*

*L: I've said this to my social worker – it's right. And we already have our names down to adopt again. And I asked do we have to go through the whole thing again and yes we do and I don't mind. They'll be focusing not so much on us but on our parenting skills. But it's right. Because I tell you I always try to put myself in the position that if I had a baby to put up for adoption and, of course as the adoptive mother I think of his birth mother and I certainly would want only the best and the toughest rigorous vetting in the process.[...] It is the child is of importance here. It has to be the right way.*

Lydia described how she imagines what it must be like for the birth mother and suggests that as people concerned for the welfare of a child, they are complicit. While the adoption process is designed to protect the child, it also defines *who* comprises a family and the terms of suitability to form a family.

### 11.3 Conceiving of Plan B: Adopting a Fertile Strategy

While Bridgett and David's idea, expressed in the narrative above, that they had to prove they were medically infertile in order to qualify for adoption is not founded in policy, the fact that they had this impression is significant. It speaks, first of all, to the power of institutional discourses that have reduced them to agreeing to "almost anything". They felt compelled to expose themselves to the rigors of regulation by the state in order to qualify for something that birth allows others to do without any

regulatory intervention whatsoever – be parents. It also points out the power of social norms that valorize birth and underpin the notion that nobody *would* choose adoption in order to produce a family unless they were infertile.

Lara's narrative below brings together the many difficulties she has in reconciling adoption as a reproductive strategy in light of her infertility. She talks about what it means to lose the embodied and bodily experience of pregnancy and birth associated with the maternal identity. The responsibility for ensuring the 'production' of a healthy child in her narrative about prenatal management is part of biopolitics in which mothers constitute themselves as quality control managers, participating as subjects in a process that normalizes the medicalization of birth (Foucault 1978; Martin 1991; Murphy-Lawless 2004). But that is only part of what makes Lara's story interesting.

*Lara: Okay. With adoption I feel... particularly, given our age – the general thing is you get older children. First of all I don't think we'd get anything in this country. So you are talking about foreign adoption. So you're talking more money, more time, more time off work, more hassles. That's not the biggest issue. I could manage those, but we're also looking at all the bureaucracy and legalities which can slow up the adoption until the kid is typically about a year and a half. Now aside from the fact that they probably would also have special needs it's enough of a struggle and whatever. That's one issue I have to admit, that there's a very likely possibility that you are going to get special needs kids, and it doesn't appeal to me at all. Secondly, aside from that, getting any kid at a year and a half I feel they're half reared already. You've missed out on nurturing them in the prenatal environment. At this stage... I mean if that prenatal environment can increase the risk of getting ADHD for life, schizophrenia, all sorts of conditions, maybe even diabetes – god knows what else. Now I know life isn't perfect and everybody is going to get something at some stage [...]. Okay, then the age thing. I just feel that a lot of damage has been done to the kids and I don't feel like cleaning up after other people's mistakes. I don't feel any vocation to sort of be Mother Theresa to these abandoned kids or rejected kids or kids who have been neglected for the first six... eighteen months of their lives. I mean I was always the sort of person who likes to work on my own projects. I do my best work when I'm*

*interested in the topic. And I also feel the same with a child. I mean I know that sounds clinical and cold to say it is a project, but it is a project in a sense. It's... you know, you conceive them, you deliver. You're missing out on all the fundamentals – the prenatal environment, the first three months, the bonding time – you know, the time when they first start speaking. All the input you have into them, even teaching them boundaries, Character formation starts at a very young age. A few weeks – character formation starts. 'No, you may not manipulate me with your crying'. And on the other hand I would be afraid that this... you know, even love or a deficit of love...*

*Jill: The institutional influence...*

*L: The institutional coldness that they might have. They might have excellent boundaries, they may understand 'no', but have they had any love. Scars you are dealing with for the rest of your life and I don't feel like cleaning up after other people's mess. I don't feel a vocation for it. I don't know – would I have the energy for it, and I don't know whether I have the interest. That's what I feel about it.*

Lara's complex and, at times, stark analysis hits hard at some of the most contentious aspects of adoption as a means of overcoming childlessness and building a family in Ireland. There is no romanticism in her description of the limited options for "domestic" adoption, the challenges of adopting older children and children with special needs, the time commitments involved and the financial burden of adopting abroad; all are issues that couples face in their decision-making process. She also alludes to the image of benevolence and generosity often attributed to people who "rescue" children who are somehow without families (or idealized families at least). The underside of this construction, discussed in the next section, is discomfort with the scenario in which wealthy European and North American families of means can afford to selectively rescue children who do not, in fact, lack family but rather a certain standard of material wealth.

Lara's story suggests seamlessness between biological maternity, birth and what she thinks is the ideal family - as if conception and birth are, at once, biologically and

socially determining foundations of identity. The early investment in her “project” is lost in the circumstances of “other people’s mistakes”, which she thinks adoptive parents end up trying to repair. In her story the womb is less a biological site and more of a kind of institutional space akin to the orphanage in its potential to shape the social aspects of individuals. Lara identifies the womb as familial and social, if not political space. For Lara, who had undergone a number of unsuccessful IVF attempts, adoption fails utterly to replicate sufficiently the concept of parenthood as a project that begins with conception and pregnancy as the natural basis for family formation.

The report *Adoption legislation: 2003 consultation and proposals for change*, again provides some discursive evidence of the privilege of nature as a basis for much of the policy evident in legislation. The authors of the report acknowledge the international acceptance of the terms *birth mother* or *birth family* but state, without specifying their reason, that they will use the terms *natural mother* and *natural family* ( Department of Health and Children 2003:7). The resulting conflation of nature and family relationships further enhances the political constitution of families as natural formations rather than legal ones. As Stevens (1999) argues, the political device for determining and controlling who can be a member of a political society such as the state, is based on the politically constructed rules for family and kinship. Moreover, this kind of rhetorical construction tends to elevate the importance of birth as the basis for a “natural” family.

Arguing for a wider recognition of what legally constitutes family, Stevens (2005) suggests that beyond pregnancy and the act of giving birth, any relationship between

parent and child is no longer biological but more akin to adoption. Once birth occurs, it is not a biological but a social contract that must be formed in order to constitute a family.<sup>23</sup> A body of literature challenges the reliance on the heterosexual married couple as the basis for defining families, suggesting that the basis should be a commitment to parenting, not hetero-normativity, that renders people suitable parents (Cornell 1996, 2005; Steven 2005). Stevens suggests that a hetero-normative model tends to consolidate family relationships as primarily procreative and constitutes adoptive families, particularly those that are not heterosexual, as outside the norm. As I have noted, the literature on gender and sexuality politics in Ireland confirms the lack of recognition for alternatives to the hetero-normative model of family formation in Ireland (Byrne 1999; Conrad 2004). Some of the stories that follow here suggest that hetero-norms as a basis for family underpin the choice of ART over adoption for many couples since birth is constituted as the 'natural' way to have a family.

My first meeting with Professor Robbie Harrison at the HARI (Human Assisted Reproduction Ireland) Unit at the Rotunda Hospital in Dublin in March of 2004 brought the first revelation that the state viewed adoption as something to try *after* exhausting all attempts to have a child by birth. He said he had called the Adoption Board on behalf of some clients in the clinic to inquire about which Health Board they should contact. He was surprised to have been asked directly whether the couple had "done IVF yet". He was left with the distinct impression that the person at the Adoption Board thought this

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<sup>23</sup> Stevens argues that all possibilities for family formation, including same sex couples and families based on adoption, should be recognized as equal in all legal and political definitions of a family (2005:83)

should be the progression. He said it led him to believe that the emphasis in Ireland was definitely on procreation and that adoption was a second approach rather than an equivalent alternative to treatment for infertility. Such issues are not unique to Ireland. In her study with adoptive families in the US, Gailey found that people with the financial resources to pursue ART were expected to have done so before being considered as candidates to adopt (2000:22). Some people, like Anne, felt that it was not practical to exhaust the treatment avenue first and then pursue adoption.

*Anne: Even if we did have a child by IVF we'd want to adopt because we want two kids. But you're supposed to be finished with IVF. But really if you waited until you were finished with IVF, jaysus you'd be in your late fifties!!! And then you're too old for adoption.*

The common perception was that it was "not allowed" to have your name on the list for adoption if you were not "finished" with treatment. I spoke to a manager at the Adoption Board and asked if it was a policy that couples complete treatment options before they apply for adoption. She said that not having treatment for infertility would never preclude anyone from applying. However, the Adoption Board requires that couples have their investigations and any planned treatment finished before they undertake adoption. She explained this is to ensure that they are not emotionally conflicted and to make sure they can turn their full attention to the process of adopting as a means of becoming parents. There is nothing in any of the Adoption Board's own written material to indicate this is policy. However, what came across to many of the prospective adoptive parents, during an intensive vetting process that involved meetings, information sessions, classes and interviews, was that it was a regulation.

While approaching treatment and adoption sequentially was problematic for some people, most people simply did not comply with this expectation and the bigger question was how to juggle being on both lists. Traffic on the infertility websites such as *IVFConnections* and *Rollercoaster* were full of threads about how to handle it when your name comes up on the list for an adoption course or assessment and you are in the midst of a course of treatment.

*Breda: I remember at the first information meeting I kind of reacted against some of what they said because they were very 'anti' anybody who was still having fertility treatment. Which I think is very unrealistic because everybody does it and even if you didn't you'd still kind of be thinking about it you know? ... You can't kind of say 'okay I'll do this for four years and then I'll do that...' you know. Nobody thinks like that.*

*J: You want to be on the list.*

*B: But they presented it as if it is kind of very black and white. So I asked a question about it and the social worker said ... I asked why and she said 'oh but sure people going through fertility treatment are all over the place emotionally'. And this is in a room full of people who are going through fertility treatment (laughing).*

Breda describes how people undergoing infertility treatment are constructed as irrational and incapable of making any decisions around building a family. In fact she suggests it is illogical to think that couples struggling with infertility wouldn't want to consider all reproductive options available to them, including adoption. This discursive positioning of IVF as something to be completed shows the extent to which embodied reproduction, through conceiving and giving birth, are thought of as "reproductive" while adoption is not.

Whether the discourse of Adoption Board officials and local Health Boards actually conveys a bias toward treatment as the best 'first option' matters less than the

fact that many infertile couples genuinely perceive this to be the case based on their conversations with these organizations. Virtually everyone I spoke to who was considering the 'next step' of adoption mentioned the frustration at having to wait before putting their names on the list. They all felt it was a costly risk in terms of time if they waited until they had exhausted all treatment options first. In the narrative below, Carol Ann begins with a familiar question asked of couples who have undergone treatment – why don't you just adopt- as if it is unproblematic and easy.

*Carol Anne: Even the other day now one of the girls at work said to me would you not consider adoption. And I tried to explain to her that well here anyways, in Ireland, they don't want you doing an IVF you know...they don't want you going through IVF treatments and going for adoption. [...] And it's getting to the stage now where it's nearly too late for us to be going on an adoption list because we'll be too old.*

*Jill: Did you ever consider adoption?*

*Donna: No, no. I think we did speak about it at one stage... whether we'd go for treatment again or adoption. And I think that we... I just think that we ... (long pause) that I was created to bear a child. It was extremely important to me.*

*J: So that was when you went for the last treatment?*

*D: Yes. And I definitely had the urge to ... the urge to breast feed was very strong. It was very strong. I think it... I think in fact the whole process, the process of it didn't appeal to me and I couldn't put my name down on it (adoption list) until I'd finished and resolved my own infertility issues.*

*J: Is that the case? That you can't get on the list?*

*D: Oh yes, you can't do it but some people do and just don't say anything. But they're (the Adoption Board) aware of it naturally. And then when I was finished my treatment, I would have been in my early 40s and I mean I'd have to wait 2-3 years. And that's for the assessment and then it could be another year and half.*

*Lydia: And our names had come up for the adoption and we decided we were going to be truthful here. If we had to tell them we were about to start an IVF – this is the 3<sup>rd</sup> one - we'd waited the year for the adoption and if they say we're going back on the end of the list we won't do the IVF. But if they say look do your IVF and if that doesn't work you'll come back on, we'll go with it. So that's what*

*they said so we decided to put the adoption there and we'd do the IVF. And then we did the fourth one.*

Lydia notes that she and her partner had put their names down for adoption while still going for treatment. They were relieved that while they were told their application would be put on hold, they would not lose their place in the queue for an adoption assessment if the treatment failed and they wanted to continue with the process of adoption. This suggests there is some flexibility in the system. They did ultimately adopt a child after the fourth IVF did not result in a successful pregnancy.

The opportunities for producing a family become stratified in a hierarchy of choice. As these stories suggest, for people who can afford to explore ART as an option, they are encouraged to “close the door” on the idea of biological reproduction in order to explore adoption. Adoption is thus constructed as “alternative” rather than one of several possibilities for producing a family. As I noted above, for many people the idea of adoption is only a conceivable option once they have ascertained that they cannot conceive a child themselves.

Again, one of the frustrations of infertility is the ongoing emotional engagement with the possibility of conceiving – even after medical treatment has failed. Placed in the context of the “natural” it seems illogical to suggest that adoption can only occur if there is no possibility of a pregnancy. As Siobhan points out below, if the inability to conceive has no biological explanation, as is often the case, it is always a possibility that one could conceive and simply closing the IVF chapter does not preclude the possibility.

*Siobhan: I mean we could go back and get pregnant in the morning and for me and quite a number of other people it [infertility] is unexplained. I mean when you go into adoption they don't expect you to go out and get contraceptives. They are quite specific in that they don't want you to travel out and bring back a child if you are actually pregnant at the time which is fair enough. It would just be a timing thing having two children with very different backgrounds at the same time. It is more a practical thing really. They did say it and they didn't make us promise or anything but they did advise that strongly. But equally they don't want you trying to do adoption processing on one side and going off doing IVF on the other. Some people now while they are waiting in the queue then they don't have a problem with you doing IVF. But again it's like when you close a chapter in your life it does actually feel very good because it was something that is difficult to do and full of disappointments and then you decide I'm actually not going to go down that road anymore. I'm going to go down this other road. [...] I don't say it's a mistake because when we were doing it[adoption], it takes a long time. I mean if you actually... in the adoption community, most people... some people actually adopt because they want to adopt but most people end up adopting because they've been through IVF and it wasn't successful for them or they've been through IVF and it was successful once and then it wasn't successful other times. So the only place, the only actual place where you discuss IVF cycles is when you meet at adoption gatherings and those people then share it. [...] They've been through it.*

As Siobhan suggests, there is a definite trend among the adoptive parents she knows. They almost all have the same experience and have moved from medical treatment to adoption as a second line or "plan B" as some couples referred to it. The commonality of the experience and normalizing of this process when they meet as a group suggests that people are in need of a venue in which the logic and experience of this kind of progression is understood, since it is not the norm in Irish society.

*J: When you went through the four IVFs, the four times it didn't succeed for you, at what point did you decide adoption was something to pursue?*

*Lorna: Really after the fourth treatment. I mean at that stage I was actually turning my 40<sup>th</sup> birthday. So that was a big milestone. That was the cut off point as far as I was concerned. I had ... the age was there and I had decided at 40 I had to do something. This is not working. And I had been told by the medical profession give it three times to give yourself some kind of a chance and I gave it*

*the 4th one. But that was it. We both had our minds made up this was it. We can't keep on this rollercoaster. Then we started on the adoption route I suppose, about a year later. And it was just getting out names on the waiting list. So nothing was going to happen for another year. So it meant there was a good gap to get over the IVF process and moving into going down the adoption road. You do need that wait. Because you are constantly on a rollercoaster if you go from one to the other. You are pretty tired from it all as well.*

Lorna describes the importance of an emotional and physical break from treatment before plunging into the rigorous adoption process. The narrative of “giving it your best” is a kind of hindsight story told by many people who moved on to adoption. This is also a product of the increasing “normalization” of assisted reproduction (Burfoot 1990) sometimes constituted by medical professions as foreclosing ‘regrets’ about not trying all possible avenues to becoming parents (Becker 2000; Franklin 1997; Inhorn 2000). Several of the fertility medicine practitioners I spoke with noted that they reassured their patients in this manner, telling them that it was better if they could look back and say to themselves that had tried everything possible.

But choosing to adopt also brings concerns about what it means to do everything one can to become a parent. The next section will explore the emotional issues around “choosing” children in different circumstances. I explore the tension between the desire to have a child for one’s family and the responsibility to provide a family for a child.

#### **11.4 Economies of Choice: Choosing Children**

As I noted above, would be adoptive parents find it difficult to be part of a domestic adoption system in which they are looked over and potentially selected as parents on the basis of what seem to be superficial, material attributes. But ambivalent

feelings about the issue of choice sometimes appear as an aspect of the ethics of family formation in transnational adoption. Some people indicated that adoption represented an emotional conflict as they worked through what it means to participate in what seemed to be an economic exchange in order to produce a family. This section will look at the dilemmas posed by the process of adopting from abroad that often involves sums of €20-€25,000, depending on the country involved. Here the ethics of choosing children and what criteria are involved is complicated by the fact that it is costly, making it a choice only for those who are in income brackets that can accommodate not only these kinds of expenses but often unforeseen additional costs that arise well into the process.

One dimension of the dilemma relates to replicating birth as an ideal and was expressed in stories about bonding and the desire to adopt an infant (or even a newborn child) rather than an older child. As noted in Jane's story below, so deeply embedded and naturalized is the relationship between birth, motherhood and family that being a parent to a child is perceived differently than being a mother to a newborn baby.

*Jane: And you probably won't get a baby. I have a huge urge to have a baby as opposed to a child which is a bit of a paradox but .... I understand that this is a process and maybe when you go so far down the road. I have opened my mind to it ... I mean 6 months ago the thought of even going to the clinic was absolutely horrible. I did not want to go there. I did not want to have to be one of those women. And the next thing I was there and I'm going well now I am one of those women so I should just get on with it. So I can imagine myself a year down the road going well now I want to adopt....*

Several people, like Gail and Anne, used the theme of "bonding" to suggest that the younger the child, the closer adoption would be to the ideal of replicating the ideals of birth for both the mother and the child.

*Gail: With adoption you don't get a tiny baby. There are also issues with long stay in an orphanage. And there are only 40 -60 Irish adoptions a year. And I don't even know how you get on that list. I wanted to bring my tiny baby home. I have no issues surrounding race or ethnicity or anything with foreign adoption. It was just that I wanted a tiny baby.*

*Anne: Oh yeah. We actually hope to go to either China or Vietnam because the children are younger there and I think the earlier you bond with the child the better for both of ye. It gives you a chance to feel motherhood the whole way through and not just to jump in after they've had to have maybe two years of heartbreak. Now I wouldn't be against doing it ... being a mother to a two or three year old, there's no problem there. I just think it would be easier, the bonding process would be easier the younger the child's age. [In pregnancy] you've had 9 months to bond with that child before that child has been born and therefore I think it's better to get them when they are younger so you have a longer bonding process.*

The possibility of adopting a newborn is caught up the issue of how adoptions take place. In order to acquire a newborn, couples would have to make a contractual arrangement, mediated by an agency or not, with a woman who is pregnant and has already decided to place her child. I have already discussed, above, the bureaucratic difficulties in Ireland wherein 6 months must pass before a final adoption order is signed. Infants are often placed in foster care for a period of months prior to adoption and are not accessible to adoptive parents until they are more than six months old.

There are obvious political, economic and social disparities in the circumstances where the good fortune of adoptive parents in receiving a child comes at the price of great loss to another woman/family (Dorow 2006; O'Halloran 2009; Volkman 2005).<sup>24</sup> The bureaucratic and regulatory process can thus create a time/distance and emotional barrier

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<sup>24</sup> O'Halloran describes the growing concern around transnational adoption as "another instance of the west 'outsourcing' its production requirements to third world countries" (2009:134).

between the birth mother and the adoptive parents. As Siobhan points out, in foreign adoption if you want to adopt a newborn, chances are you will be dealing with a mother directly. This kind of potential contractual relationship that would be based on offering financial and material remuneration in direct exchange for a child created a power differential that made Siobhan and her partner uncomfortable. They needed to be able to reassure themselves that the mother was not coerced into giving up a child.

*J: Was it difficult to adopt a child who wasn't a newborn? Was that an issue?*

*Siobhan: Well we always knew I mean the only option for newborn really was Mexico. We really felt uncomfortable. You do a deal with the mother before the child is born. And then the whole money thing comes into it. We do know of occasions where the mother changed her mind and it turned out okay. But we just really didn't feel comfortable. Now that would have got you the newborn but didn't mean enough to us to have a newborn to go through that. We know Peter has a mother, we accept all of that but it's just that we didn't want people to be putting pressure on some poor teenager on the other side of the world who just got herself in a bad situation ... so it was fine. Peter was born 2 and 1/2 months early and we adopted him at 8 months so he was more like a 5 or 6 month old baby. Still quite young. We expected the child to be more than a year actually. We knew we wouldn't get a newborn from Russia. You just don't. So I guess occasionally you look at a baby and think wouldn't it be nice to have a baby but that's not the way the world operates. But Peter was still a baby when he came here. Still young. So we've done alright. It wasn't that big a deal for us. Very few Irish children are available for adoption and quite a few people I'm sure, would find themselves in the same situation as we were. For some people- like Us- being a parent is very important so where they are born is of much lesser importance. I guess like fostering ... we wanted something that was more permanent and not always waiting for that knock at the door. Some people do it but...*

Later Siobhan again acknowledges that her child "has a mother", meaning birth mother. But they assume that since the state, in this case Russia, facilitated the decision to place the child for adoption, the mother's decision was not based on prior knowledge of an adoptive family waiting in the wings. Siobhan believes that as adoptive parents they

were not a factor in the birth mother's "choice" to place her child. Ironically, where Ireland's adoption practices operate to retain a birth mother's rights and connection to her child, as suggested above, this may be a factor in the low number of children placed for adoption. The 1952 Adoption Act was based on what is described in the consultation report of 2003 as "a 'clean break' adoption system" in which "a child is considered as the natural born child of the adoptive parents and the natural parent loses all parental rights and is freed from all parental duties with respect to the child (2005:61).<sup>25</sup> But Siobhan feels ethically, it is better to have severed the connection prior to adoption by relying on the bureaucracy of a state where no such assumption of inalienable rights between mother and child exists.

*Siobhan: Yeah and so, one thing with Russia is it's very.... Where I know that Peter had a mother but the Russian government kind of stepped in and so that's what we felt. It was important to us. I guess the last thing we wanted to discover was that for some reason or other that the parents of the child didn't really want to give them up and they were forced to because of poverty or something. You mightn't be able to find out but if you find out when your child is raised that he wasn't a child who didn't have parents, that he was a child who was taken away because you happened to be there.... So we felt with Russia that it was a very bureaucratic system but the mother has given up the child at least 8 months before you get the child so like any pressure that is on the mother doesn't come from you. So that was important to us. A lot of children come in from Russia and it was well established and had worked for other people so that was the one we ended up with. [...] Actually even along the way we met a child before Peter, about 2 months before hand and we were going to adopt him. And actually his uncle came forward or somebody came forward and he was no longer up for adoption. Which was disappointing for us but it also proves that person probably had a lot less money than we did and he was still able to raise him ...It wasn't just*

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<sup>25</sup> In fact, the Adoption Board in Ireland would not recognize adoption orders made in China in the 1990s when the issue first arose, because China does not "terminate the legal relationship between the natural parent and child" (O'Halloran 2009:218). This was successfully challenged in the Irish Courts and Chinese adoptions are now recognized and legally registered.

*that we had more money... I mean Peter's mother had given him up and she was a teenager and so again there was no support, she couldn't really have a child so hopefully we haven't deprived Peter of anything more than that. As I say it worked for us so it's been tried and tested and...*

The other side of this discussion is the need to imagine children as abandoned or having no family. Barbara Yngvesson describes how adoptive families imagine a mythological "clean break" in transnational adoption where "the adopted child is set free from the past (constituted as 'abandoned' or 'motherless') so that he or she can be assimilated into the adoptive family" (2005:27). Gailey refers to this as an "illusion of kinlessness" in transnational adoption (2000:50). The power of the abandonment story enables the adoptive family to be produced cleanly since there is no residual reminder of anti-family status through association with a "natural" or birth family. The fact that increasing trends in transnational adoption everywhere are driven primarily by the desires and interests of prospective adoptive parents is obscured when the process is framed around abandonment.

There is a difference then, in the way contact will be imagined or anticipated among people who contemplate or complete a transnational adoption. Among the stories about transnational adoption, reconnection with birth origins was almost always described as something the child and adoptive family would seek or facilitate. There was only one story that suggested a reconnection might be initiated by a birth mother seeking a reconnection with her child from abroad.

*Sonya: Because I have that somewhere, I'm open to meeting another culture. And I would hope that if, say, we adopt a little kiddie from somewhere, and his*

*mother, when he's coming up to 21 and if he consents, if she thinks 'I would love to know he where is' and she traced him that she could come and see him.*

Only Sonya suggested that the tracing between mother and child might be initiated by the mother and, as she describes in an earlier narrative at the outset of this chapter, she is prepared to incorporate the idea of an entire extended family as part of an adoption she imagines in the future. Some people were more positive than others about the prospect of their child having the means to seek out their birth heritage at some point in the future. Stories that empower the child while denying the birth mother's desire in relation to contact suggest the importance of the construct of abandonment in origin stories (Yngvesson 2005). The embedded rationalization for adopting abroad is often the image of children with virtually no family.

*J: So much emphasis these days on the issue of our genetic heritage and access to the issue.... Will Peter have access to anything like that?*

*Siobhan: Probably not. The Russians are not big into tracing. We have a name and a passport number for a Russian. But I mean Russia is a big country. Now who knows what agencies are involved because there's a lot of kids coming out of Russia so I'm sure somebody will be doing some bit of tracing but whether they actually manage to trace anybody ... I mean Peter's mother was only 17 when he was born so when he's 30 even she'll still be around and still be a relatively young woman. So who knows what are the possibilities.*

*J: Ireland recently set up this registry...*

*S: It's not going to be easy. Ireland is relatively easy but I mean Russia.... Such a big country. If she wants to be traced then maybe but if she doesn't want to be traced then the chances are quite slim. So which is obviously a big loss in terms of disease information and all his roots and all that. I wish it was different but there's not really much we can do about it. They don't really give you much information. They give you what they have or they give you what they say they have. They may have more but they're not really willing to share it. As I say it was a big country and she was very a young person when ...so she could be anywhere. It would be better if we had more information but who knows.*

The dominant theme in Siobhan's narrative and Leah's below, is the size of the nation and bureaucracy of states like Russia and China. This is implicitly contrasted with stories of the 'smallness' of Ireland and the difficulty Leah noted earlier about having a birth mother living down the road. Leah describes the story she will tell her adopted child that frames abandonment as benevolent since the birth mother is described as making a choice on behalf of her child's best interest.

*Jill: And what's the situation then with China in terms of a child wanting to trace back any family connections. Is that an option or is it all sort of closed once the adoption takes place? Does anybody keep records?*

*Leah: Uhm, yes, there are links all the time but it's very important for us to gather as much information when we're over there at the time because time puts a lot things in your way and we've been told it's really, really important but the problem being the vast majority of the children are abandoned. So even tiny links like where they found her, or abandoned her or who she was handed in by or was there any name or date pinned to her. Anything like that. You gather as much information as you can and any information that I have will be given to my child. Nothing will be hidden. And that's where you're told to keep a book and stuff and so if she wants to look then you say 'yes, see I told you. Remember? Your Mommy couldn't look after you'. [...] All the little bits and so that when she comes to the time of 10 or 11 and wants to know and she's looking in the mirror and thinking why do I look different she won't have as many of those questions because she'll feel I'll have filled a lot of that in for her. And when my child is 18 or whatever age she is and she says Mom I want to go to China and search for my... or I want to do research on this and whatever, I'll go yeah. There you go, do you want help. [...]. It makes me feel that so all these kids are abandoned and somebody has to, you know. It's not fair and okay it's easier if you have more information but, it's not fair on them either. They were just innocent and left you know.*

The narrative of abandonment, particularly in relation to China, is part of "crucial dialectic" (Dorow 2006:167), allowing adoptive parents to break free of any connection to a birth mother and leaving a gap in the ability to trace any links. For many Irish parents it provides an opportunity to consider the concept of benevolence in a reproductive

economy where wealth and privilege are indelibly connected to the political and social constraints imposed on women in other countries. Dorow argues that stories of abandonment allow an unsettling of the natural bond associated with motherhood, something that fits well with the fetishization of motherhood and constitutional construction of the family as a largely indissoluble unit in the Irish context.

As Siobhan suggests in her narrative above, not everyone is comfortable with the implications of adoption, particularly transnational adoption. For some the issue is economic and the obvious disparity between one nation and another that leads some women to give up children and others to find the resources to pursue adoption. Donna and I were talking about the stressful process of assessment for adoption.

*J: Yeah, it's a really interesting contradiction isn't it, that whole process.*

*Donna: Yes, and I didn't feel very comfortable with that. I probably wouldn't, I don't want to go into it too much, but I probably do think there's an element of buying a baby here.*

*J: In terms of foreign adoption?*

*D: Yes. And I think that.... An innate part of a person is their culture, their religion, their country, everything. And you are removing these children from that. There are a lot of issues... I felt that there would be an awful lot of issues to deal with. [...] And I think as well... I think we just became so tired.*

*Breda: I suppose the questions I had over the international were really two questions. One is that in some countries I think there needs to be much more emphasis on their childcare systems and their society's treatment of mothers and children. And that the level that transnational adoption is happening in some countries is preventing the countries from focusing on that. So I know I am only one person but I will ensure I won't be part of that. And the other one is I suppose, the kind of money. Not that ...you know we would find the money. We've spent that much and more on fertility treatment. But it's just where does it go and the idea that there's agents involved and maybe there's baby brokers.*

Breda's concerns are linked to the interplay between transnational adoption and a failure to challenge an economic status quo that makes poverty the reason children

become available. She argues we should instead, force necessary changes that would facilitate mothers keeping their children in situations of economic despair. She does not want to be part of a system that hides rather than addresses many real issues around a global reproductive politics. Such concerns echo Shanahan's suggestion that the constitution of the "anti-family" and the quiet practice of Irish Catholic Church officials in facilitating adoptions for "unwed mothers" in the past obscured the underlying possibility of any "alternative definition of family" (2005:90).<sup>26</sup>

For Niamh the ethical dilemma stems from being privileged enough to choose which child to adopt from the perspective of 'race', ethnicity and physical well being, opting for a child with as few challenges as possible. Earlier in this chapter Lara outlines a similar concern around taking on a challenged child. The notion of age and the commitment to being a parent to a child who may be dependent for a lifetime is often more of a challenge for infertile couples than remaining childless.

*J: So is China a likely place?*

*Niamh: Well, China seems to be the fastest, easiest one at the minute. Well then you're back to making decisions that if you were to think about it too much, it would wreck your head. Because you're (pointing) going that child or that child. Or a white baby or a yellow baby or a black baby or a child that's sick and might have no hope anywhere else you know? That you have that choice. And then you're going to say.... You might just say no way! I'm not going near that. That's how I feel. Because even someone just mentioned it, and I would never have thought of it, but many of the Russian babies are sick in the orphanages. And I'm thinking now I'm nearly 40. I'll be 40 this year and as committed to it all as I am, do I want a sick baby at 40 that may have to look after itself in 20 or 30 years*

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<sup>26</sup> Stevens also makes the argument that family law in America must change to reduce the stigmatization of some forms of family by separating "the raising of children from the traditional kinship group" in order to allow more flexibility in all kinds of social relationships (2005:94)

*time? I know that's very, in a way, un-Christian. And whatever we get we'll take but China came up as an option because it's the fastest one at the minute.*

If adoption is situated as an issue of "reproductive choice" in these cases it takes on a different moral tenor as people work through the knowledge that they are, to a certain extent, engaged in a choosing from among the fruits of other peoples' reproductive labour rather than choosing when and how to (re)produce. In such circumstances the charitable – in this case Christian – construction of adoption as rescuing abandoned or motherless children is as unrealistic, in reality, as is the Catholic ethos of accepting children as gifts from God.

### **11.5 Integrating Families in the Politics of Difference.**

Fertility and family politics intersect with the politics of identity in Ireland when families use transnational adoption as their reproductive strategy. In light of demographic changes – particularly increasing immigration and diminishing emigration in the past two decades – people are re-evaluating the meaning of Irish culture, citizenship and identity. This section explores the conditions in which transnational adoption confronts dominant ideas about culture as essential and intrinsic in Ireland, challenging birth as the privileged basis for claims to both citizenship and an Irish identity.

I will also describe how the meaning of reproduction proved a significant factor in the recent (2004) citizenship referendum. In addition, questions on the 2006 census in Ireland seemed to confirm an actual value or meaning to the construction of biophysical ('racial') markers of difference in Irish social and political context. In the census, people were asked to qualify their Irish identity along lines of skin color or a description based

on categories of 'race'.<sup>27</sup> In this section I will explore how both these events point to a continuity of ideas about belonging based on rules of kinship or family that control membership in the political society that is the state (Stevens 1999). They also establish the current climate in which people are adopting children from abroad in order to build a family and, in doing so, they challenge the primacy of birth and its relationship to citizenship and identity in twenty-first century Ireland.

Sonya describes the importance of embracing not only cultural difference as part of family building, but absorbing a whole network of biologically related kin into a revised imagination of what constitutes family.

*Sonya: Yes, links are important for the kiddie because you're coming down a different route. You're not having a kid that is going to be like his grandmother. Or he's this or he's that. You're adopting a culture and, let alone maybe you're adopting him, you're adopting the baby's mother, his brothers, his sisters, these are the extended family and that makes us aware. It isn't that we're bringing a baby home and that's fine now, he's ours, that's it. Closed door. It's an open ... it's needs to be an open culture as opposed to maybe the more traditional family - us and generally his grandparents. It's more forward and Ireland is getting more multicultural. [...] So I'm conscious that it has changed in a way. Going the traditional family route hasn't worked out and, in a way I think if a person can accept it, this is, what we could have. It's uplifting, the challenge to construct as opposed to just having a kid where you sort of say he's so like Evan, so like my father, so like my mother and whatever, but you have this other opportunity.*

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<sup>27</sup> See Fintan O'Toole's "Skin Color Query Sours Census" in the Irish Times (04/04/06). Other incidents of surveys that seem to confirm rather than challenge essentialized difference are described by Steve Garner (2004). He cites a number of surveys undertaken by newspapers, the *Eurobarometer* and various organizations between 1997 and 2001 that have included such leading questions as "do you find the presence of minorities to be disturbing?" (2004:60). Aside from the disturbing assumptions embedded in such questions themselves, Garner suggests that an increasingly positive response to this question between 1997 and 2000, particularly in Ireland where an affirmative response of 42% to this question was the highest among the EU15 nations surveyed in 2000, is evidence of racism (ibid).

Not everyone expressed a willingness to absorb an entire familial heritage in a transnational adoption as Sonya does here. Her narrative speaks to willingness to embrace multiculturalism but nonetheless contrasts this with the notion of traditional kinship relations. She suggests that a transnational adoption might, in fact, challenge the rigidity of the meaning of family and kinship in relation to reproduction rather than provoking a change in society that has produced these definitions. In other words, a multi-national family will not be seen as a 'traditional' family but rather a 'different kind of family'. And yet her narrative also clings to the concept of kin, family, and culture as "in the blood" (Peace 2001:44) and ineluctable even in the social contract of adoption.

Racism was evident in some of the media coverage of the so called citizenship referendum that had taken place in the month prior to my arriving in Ireland to begin fieldwork in the summer of 2004. The referendum was framed in part, as a response to a perceived problem created by the Good Friday/Belfast Agreement in 1998. A "loophole" had come to be inscribed in the constitution in the context of reassuring all people in Northern Ireland that they were Irish citizens by virtue of their birth on the island.<sup>28</sup> The

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<sup>28</sup> The "Chen Case" in which a couple came to Ireland with the express purpose of giving birth there and claiming EU citizenship, was cited in the media as evidence of the "loophole" resulting from the text of the GFA. The Chens took the action of coming to Ireland to give birth on the advice of lawyers from the UK who apparently recognized the opportunity to gain access to citizenship and, eager for test case, suggested they could take advantage of it. Such blatant means of gaining access to citizenship also resonated throughout the EU as Ireland had become an obvious gateway in light of this case. See "European Court decision could affect citizenship vote" by Seán McCárthaigh *Irish Examiner* 18 May 2004; "FF aim to stop Ireland being a magnet for migrants" by Cormac O'Keefe in *Irish Examiner* 4 June 2004. Ireland was in fact, the only member state in the EU that granted citizenship on the basis of birth in the country ( "Minister right to act on citizenship" *Irish Examiner* 14 March 2004).

Good Friday/Belfast Agreement, endorsed by referendum in 1998, contained an agreement by Irish government to amend the Irish Constitution to read as follows:

It is the entitlement and birthright of every person born in the island of Ireland which includes its islands and seas to be part of the Irish nation. That is also the entitlement of all persons otherwise qualified in accordance with the law to be citizens of Ireland. Furthermore the Irish nation cherishes its special affinity with people of Irish ancestry living abroad who share its cultural identity and heritage (in Harrington 2005:439).

The 2004 referendum was meant to foreclose any opportunities to take unfair advantage of the provision of citizenship as a birthright as outlined in this clause.<sup>29</sup> Media coverage at the time carried the theme of exploitation in articles describing scams and doctors' fears of a medical system over-run by migrants and refugees rushing to give birth in Irish hospitals. The following passage, which appeared in one Irish newspaper under the headline "Maternity Scam – Citizenship referendum justified", and gives an indication of the issues being raised.

The passports-for-sale-practice, stopped in the 1990s, has been replaced by another process, in which some people outside the country have been organizing what amounts to maternity tours for pregnant women, so that each can have her baby in Ireland, thereby assuring that the baby has Irish citizenship and full benefits of membership of the European Union.<sup>30</sup>

The concern with "reproductive tourism" was part of a much wider issue in Ireland as a factor of a new dynamic associated with changing economic fortunes

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<sup>29</sup> Ireland has granted citizenship as a birth-right since 1922, with the formation of the republic (Lentin 2007)

<sup>30</sup> In fact the article mentions that a consultant obstetrician complained to the Health Minister that Ireland was being "inundated" with high risk obstetrical cases from abroad as women sought safe medical treatment. It was suggested that, in order to ensure that women were genuinely claiming superior medical care as their basis for coming to Ireland to give birth, it was necessary to "remove" the temptation to access citizenship into the bargain ( "Maternity scam – citizenship referendum justified" *Irish Examiner* May 27, 2004).

associated with the 'Celtic Tiger' as Ireland became a place of in-migration rather than emigration.<sup>31</sup> However, the tension around maternity as a potential tool of political manipulation, pointed to an intersection of birth, birth-right and national identity that might have implications for people forming families through transnational adoption.<sup>32</sup> If children born in Ireland to parents from another nation-state were perceived as acquiring a birthright to which they were not entitled, how was citizenship understood for children adopted abroad by Irish parents?<sup>33</sup>

In a report released in 2007, the average number of transnational adoptions in the Republic of Ireland (population 4 million) in recent years is around 500 children, opposed to the UK (population 60 million) where there were only half as many transnational adoptions.<sup>34</sup> The following stories are from families who adopted children from various places in Russia. The fact that their children do not look significantly different from other

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<sup>31</sup> Ronit Lentin argues that representations of Ireland as economically and socially welcoming tend to obscure the increasing xenophobia and "exclusionary nationalism" that has been a feature of state discourse on citizenship (2007:616)

<sup>32</sup> My interest in this issue was also textured by my own experience with birth as a non-national since I gave birth to one of my own children in Kathmandu, Nepal while my husband and I were working there. While it was possible for my son to claim a Nepali citizenship by virtue of his birth in Nepal, it was not an automatic birthright. It required a long term commitment to living in the country and would not have provided him any advantage over a Canadian citizenship - something that was automatically his birthright by virtue of being born to a woman from Canada.

<sup>33</sup> Another interesting facet of this question is raised by Ronit Lentin who points out that 1.8 million people have Irish passports signifying their citizenship by virtue of having an Irish grandparent. These people were not born in Ireland and many have never even visited (Lentin 2007:610).

<sup>34</sup> See "Rate of foreign adoptions in Ireland one of Europe's highest" by Carl O'Brian in the *Irish Times* 19 June 2007. In addition, according to the "Transnational adoption Guide", there are approximately 300 transnational adoptions annually in the UK.

(<http://www.internationaladoptionguide.co.uk/genericPage.jsp?genericPageValue= Facts>). ( See also O'Halloran 2009:45)

Irish children has shielded their privacy in a way that some transnational adoptions cannot.

*J: That is something people who adopt from China or Africa or Vietnam experience, that instant recognition that they have an adopted child. You are not feeling that sort of pressure out in the community where people are instantly identifying the relationship?*

*Lorna: Yes. Because he is so European looking he's just blended into the family looking as if he was a birth child so ... I am aware that my friends who have children from other cultures and don't look Irish are asked more questions. And so it hasn't been an issue yet. Now he will start school in 2006 and I've no doubt there will be boys and girls there who will know because we live in a small community, will know that he is adopted so that may be thrown at him. So I'm aware that this may probably happen and it is the next issue we will have to come to deal with but at the moment it hasn't arisen. And the word adoption doesn't ...he doesn't comprehend it, he's too young anyways, he's only 3.*

*Jill: Do you think it would have been more difficult in Ireland if you had opted for Vietnam or somewhere you'd have a child that doesn't look exactly like he fits in your family?*

*Siobhan:: Yeah, it's a funny situation because Peter's actually 100% Asian. So... we didn't have a problem adopting an Asian child and when we went to Russia we still said we're quite happy with what ever comes around. So when we were referred a child and we still trying to work out whether this was going to make any difference. It didn't make any difference to us but we weren't quite sure whether we felt quite comfortable with being a family with an Asian child. So as it works out, even though Peter is Asian he's not as Asian looking as some.... I don't think it would have made any difference to our families but it probably would make more of a difference to how we would stand out in the community. As I say there are plenty of children coming in from all over the world now and so it's kind of a very accepted thing. Now maybe once we adopt for a second time we'll become more obvious, because the second child will also be Kahtzak. That's what we've asked for so maybe it will be more obvious when there's two but I don't know, we just kind of take it as... it's not a big deal for us. Our families haven't had a problem with it. We just take it in our stride.*

*J: Obviously from a physical point of view, your child blends in here....*

*Lydia: Yes and that would have been a consideration when we decided to go to Russia. Yes, we did go through that and to be honest I think that's why we picked Russia. We picked Russia not for us but we picked Russia for the child. We live in*

*a small rural town. Now I have to say since we adopted Eamon it's unbelievable the amount of Eastern Europeans that have actually even come to our town.*

*Yes, it's absolutely brilliant. We did feel that.... And as a teacher I feel that children growing up have enough to cope with ... if they're thin, they're fat, they wear glasses, anything. Now I know children have to stand up and you can't put them in a glass carriage. But I feel they have enough to cope with without adding to it and I feel maybe in years, maybe in another year's time that day will come.... I was just afraid you know, if Eamon had come from, I suppose, an African background or even Chinese, he may have been ...and for the child's sake it was huge. We thought hard about it.[...] And I do believe and I say this now, I do believe Ireland is a racist country.*

Obviously the same challenges in terms of privacy and “standing out” would apply in any adoption situation where a child might look significantly different from their adoptive parents. However, these stories suggest that beyond the privacy concerns, people in Ireland perceive that there may be racist points of view among some members of their community. O'Halloran notes that at the present time, the majority of families who use transnational adoption in Ireland have tended towards Caucasian children from Eastern European countries and Russia (2009:135).<sup>35</sup> The statements of some of my participants tend to confirm this preference, at least anecdotally. Three out of the four families I met who had completed transnational adoptions had adopted from Russia. Those couples still waiting for children from abroad (three from China and one from Vietnam), suggested they were preparing for discriminatory comments from family or community. The strategies involved in using adoption are obviously complex and nuanced by other concerns for timing, cost, and knowledge of other families who have

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<sup>35</sup> O'Halloran points to Adoption Board statistics that compare Ireland with other European nations indicating that 65% of transnational adoptions in Ireland from 1991-2006 were from Eastern Europe and Russia whereas more than 70% of adoptions in Sweden in the same time period were from Asian countries (2009:135).

been successful. Perceived negative social reaction and discrimination are obviously factors in adoption choices in Ireland. However, the relatively high proportion of families choosing transnational adoption as a family-building strategy suggests that concerns over xenophobia and privacy, while important, are sometimes overwritten by larger concerns over the prospect of remaining childless in Ireland in the present.

### 11.6 Motherhood Denied

Adoption as a way of building family and kin relations is, as I have suggested above, a challenge to the hetero-normative matrix of birth, reproduction and family. People who adopt children, particularly from abroad, represent a contradiction to the notion that birth is the norm in kinship relations. Their experiences with the kind of popular discourses and questions about their relationship to their children are important sites for exploring social perceptions of the meaning of adoption. For some it was a matter of social ignorance and misunderstanding. For others it was a painful reminder of how dominant social ideas about kinship and relatedness constituted a hierarchy of difference and value based on notions that privileged "natural" over non natural families. Their concerns were often directed at the effect a lack of understanding might have on their child at some point in the future.

*Jill: I have interviewed a couple of people who talked about the issue of distinctions between "child of your own" and "real mother" and all these kind of words that people use.*

*Siobhan: People over-react.... I know who Peter's real mother is. People just use the wrong word... better to correct them. The biggest thing is the thing between "natural mother" and the "birth mother". That's still a big debate. The adoptive parents tend to call the mother the birth mother. And I think some of the mothers themselves prefer to be called the natural mother and so some of the adoptive*

*parents then think well does that make me the unnatural mother. And I think that's a bit over the top really. In terms of the "real mother", that's probably the one that you want to correct. Especially ... what's real, what's not real. I am the mother and I have heard one or two people have said it, ... it's just come out... I haven't actually corrected anybody but I think as Peter gets older I'd probably be a bit more careful about it. I mean the natural mother and the birth mother I wouldn't take any offence to that particularly. It's just a word and it doesn't mean anything. We know what we are to Peter and we feel quite secure in that. Adoptive parents can be quite sensitive to that. Another one is "adopting" animals from the zoo and people get quite upset about that one and they want to say it's not adopting, it's fostering. Now again if Peter was a particular age and it was affecting him in some way I mean me as an adult... I can tell the difference between adopting animals from the zoo....*

Siobhan is very pragmatic in her kindness towards people who she feels need to be "corrected" rather than chastised for a lack of understanding. She situates such a lack of knowledge against the heightened sensitivity of adoptive parents to terms that might suggest a diminished connection to their children.

*Lydia:: I can remember someone saying when I came home with Eamon "oh you'll have your own baby now". And I knew what she was saying and I didn't want to be rude you know, and I said yeah, of course Eamon is mine. And she said no, but you'll have one of your own. And I had to then - I said to the lady Eamon is my own. Eamon's my own, alright? Got that? You know? And he is my own. Not this ... you know she wasn't using the word biological and all that but I just had to. I couldn't listen to it any more. Plus when Eamon grows up I don't want him to think he's any different in any way. He's my own. He's just my own and that's it you know. And he couldn't be more like us really (laughing). He says everything. Rewarding you know? Motherhood is so rewarding.*

Lydia challenges the notion that her relationship with adopted son is a mere "copy" and of relationship between a birth mother and child as the basis for a legitimate family (Butler 1991; Smith 2005; Stevens 1999). Janet Farrell Smith argues there is a "moral danger" in employing biology to determine the legitimacy of a child as one's own since biological parents do not have a monopoly on a child's "moral personhood and well

being” (2005:130). Lydia resists the suggestion that her son is somehow *less* her own child because he is not hers by birth.

*Lorna: I find I get questions like ... 'is he yours, is he really yours?' I find that one very difficult. Yes he is really mine, he is my child. And I find it is generally much older people who have this whole old fashioned idea of adoption and I find that very difficult. Yes he is my child. [...] I think it generally comes from older people. I had somebody say recently to me 'and does he speak any English'? I mean come on! This is a three year old. Do you think he came into the country as a 9 month old child speaking fully Russian or Kazak language?*

*J: Or that it would just emerge out of him.*

*S: Oh it was just so annoying. And I said yes he does speak English, his newest word is temperamental. Yeah I feel quite annoyed at that.*

Lorna also challenges other people's assumptions that privilege birth as the essential link between mother and child. Such stories serve as important markers for the continued meaning of motherhood in Ireland and the slow pace of change in re-defining the kinship relations associated with new forms of family.

### 11.7 Conclusion

Many of the stories in this chapter show how the absence of a key social and political value - in this case the absence of a birth relationship to children - must be negotiated in the process of becoming parents through adoption. In the case of adoption in Ireland, the structural emphasis on birth as a meaningful symbol of the idealized reproductive strategy, is again experienced by many infertile women and their partners as a “presence of absence”. Irish adoption policies at once reconfirm an imagined nature in which the family is a unit which must be protected from disruption and yet challenge this very structure by insinuating a privileged birth mother into an adoptive family either emotionally or socially, if not both. This regulatory construction in conjunction with the

discursive naturalization and privilege accorded to assisted reproduction contributes to the image of infertile couple as abnormal and unnatural.

Adoptive couples are challenging this image and participating in the reshaping of the meaning of family in Ireland in light of many recent social changes to the idealized hetero-normative model. Adoption is a way of building family but it is not a second best or alternative to giving birth. The stories of people who endeavour to adopt point out the need to unhinge adoption from the comparison to birth, making it a choice in its own right. This would de-emphasize the aspects of adoption that tend to shape it in ways that confirm infertile peoples' inadequacy or disability, reaffirming instead, the commitment to parenthood for couples who do not conceive children.

In addition to the privilege of procreation in the hierarchy of reproductive choice, couples who look to transnational adoption in Ireland are confronting social concerns for ethnic difference in Ireland. The media coverage and debates around the Citizenship Referendum, for example, tends to support the hegemony of homogeneity in Ireland. Infertile couples who chose transnational adoption balance a complex set of issues that must take into account the present challenges of a changing demographic in Ireland. Their participation in the current challenge to homogeneity is nuanced with the need to mitigate discomfort for a child and remain, at least somewhat, invisible

## **12. Conclusion: Confirmation and Contestation in a Changing Ireland**

"Oh but Ireland has changed...." I heard this refrain about change from virtually everyone I spoke with in the course of eighteen months of fieldwork. People were referring generally to the way the rapid economic development known as the "Celtic Tiger" had facilitated new employment opportunities and an improved lifestyle for many Irish families. Talk of change also refers to what people perceive as the end of an era in which the Irish Catholic Church held a monopoly on dictating the normative values of sex, marriage, procreation and family. Change was also widely discussed in relation to issues of sex and sexuality, reproductive decision-making and reproductive health. While the dominant basis for reproductive morality, as both a sense of right and wrong and as a basis for social norms, had long been established and perpetuated by the Church in Ireland, other institutions also made use of reproduction as a means of establishing the terms for gender difference and naturalized inequality. Following from this point, Church, political and medical institutions also employ the concept of nature, from a number of perspectives, as a means of legitimizing claims to moral authority. My research has focused on both institutional discourses and individual narratives about an inability to conceive in Ireland. Through the lens of infertility the research portrays the very real dilemmas that emerge from inconsistencies and contradictions in attempts to define, categorically, the place of nature in reproductive decision-making.

The more I spoke to people about infertility the more I began to understand it as an experience that ran against the grain of many meanings associated with reproduction.

Through their stories about experiences with infertility people often contested the foundational meanings and naturalized differences that informed reproductive politics in Ireland's past. At the same time, it is apparent that there is no consensus on the meaning of the concept of change in Ireland's present. Infertility is, however, an experience through which change can be marked, precisely because it is steeped in the meanings associated with past idealisms and the desire for some sense of continuity in the present.

I have endeavoured to provide, through an emphasis on ethnographic empathy, an understanding of what people face when they are unable to conceive a child. I focus on the way an absence of conception exposes embodied and gendered identities as contingent rather than 'natural' or immutable (Chapter 6); how infertility alters the meaning of personal, family, social and institutional relationships (Chapter 4, 5, 9, 10 and 11); how it forces people to confront, often for the first time, the very roots of their ethical decision-making with respect to reproduction (Chapter 8, 9 and 10); the complicated politics of adoption and the imaginary gap it creates between the biology of reproduction and the social commitment of parenthood (Chapter 11); and how people's experiences can sometimes simultaneously contest, contradict and reaffirm the dominant meanings of procreation from biological, medical, social and religious viewpoints (Chapters 4, 7, 8, 9, and 10). I have also tried to locate this array of issues in this particular moment in Irish history - a moment that everyone describes as only just beyond a point marked by something called change.

The most important discovery for me, as a researcher, and the most complex analytical issue, has been the consistent presence of conflicted feelings, contested ideals, and ambivalence that is evident in narratives as people describe the difficult decisions they make in relation to reproduction and infertility.<sup>1</sup> There is no clean break that signals change; no moment when 'tradition' defines something absolute; no point where the values of the past no longer have meaning in the present. As a narrative trope, the theme of change allows people to locate these sensations of uncertainty as part of the wider social context for the meaning of reproduction and family, acknowledging in some way the need to forge a new path and still look behind to see where they have been.

Some overarching questions remain, however. Will the experiences of infertility increasingly provoke questions about the status quo of family politics in Ireland? Or will these experiences be shaped entirely around the desire for continuity of meaning at the intersection of changing family composition, reproductive politics, medical breakthroughs, and ethical dilemmas?

Ethnographic studies illustrate that the experiences of and the responses to infertility are often marked by key moments of political and social innovation. Sarah Franklin's (1997) account of assisted conception in the 'enterprise culture' emergent in the UK under Margaret Thatcher's conservatism and Heather Paxson's (2004) discussion

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<sup>1</sup> In her examination of the debate surrounding the divorce referendum in November, 1995, and the high number of 'No' votes Carol Coulter suggests a similar ambivalence and contradictory approach to changing social values. Coulter sees this seeming reticence to sanction even popular change as indicative of a concern for growing materialism and "the deep unease with this vision of the future and the widespread desire to stem its advance" (1997:295).

of infertility and the 'modernization' of motherhood in late twentieth century Greece are two examples. I have thus sought ways to explore the experiences of infertility that initiate changing ideas and at the same time reflect the tension that some changes create, particularly at the blurred and contested boundaries of social, moral, political and medical domains of reproduction. But the stories in this project also show how the concept of change is, itself, unclear and contested; the meanings are thus inconsistent among the many people who view their infertility experiences through this lens.

My research suggests that the values associated with fertility, family and motherhood demonstrate aspects of continuity as often as they indicate shifts in perspective. And while infertility is often a "disruption" to a life narrative, plan or self identity, it can also be an experience through which people re-affirm their life goals and seek ways of re-engaging with the values that underpin a sense of continuity in their lives (Becker 1997, 2000). In other words, in the face of fertility challenges, people who strive to overcome difficulties can often promote most vigorously the values and ideals from which they feel they have been excluded as a result of infertility.

From a wider social perspective, while people speak of a groundswell of social change in terms of reproductive values in Ireland, the actual depth and reality of that change, as well as its inconsistencies, are evident in the structures that support or fail to support people struggling to conceive. For example, the Catholic Church remains a site of obstructive moral politics on the issue of reproductive choice and ART. People who are both Catholic and infertile must either negotiate a pragmatic anticlericalism, by working

around advice from priests and advisers in the Catholic Church,<sup>2</sup> or reject the prospect of using *in vitro* fertilization to resolve their infertility (chapters 8, 9, and 10).

Women's narratives about their infertility experiences often drew comparisons between their identities as mothers (or potential mothers) and what they believed to be the reproductive and social experiences of their own mothers (Chapter 4). Such insights are embedded in both contestation and affirmation as women often identify themselves and their reproductive experiences as representative of change. This was particularly evident where they saw themselves as better informed than their mothers and better able to act with a measure of agency in planning families. These stories were narrated against a backdrop of what is widely described as 'tradition'.

Tradition, in this light, has become a cultural idiom, following Michael Herzfeld's (2005) usage, conveying culturally embedded meanings, especially in reference to hetero-normative family forms and Catholic identity, in the context of its use.<sup>3</sup> In many of the narratives in Chapters 4-7, for example, the definition and constitution of families is largely measured against a hetero-normative anchor glossed as 'traditional'. These stories also convey an affirmation of the ideal of women as mothers; indeed, most of the women I spoke with were committed to embracing motherhood and forming a family with all the hallmarks of the hetero-normative ideal. Even as the shape of the family they envisioned

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<sup>2</sup> For examples of pragmatism in choosing to use forms of contraception see Schneider and Schneider 1995. For a discussion on the respect for individual priests who are thought to operate outside of the hierarchy of the Church, for example the "drunken priest", see Taylor 1995. For an ethnographic example of the way Church institutions and priests in individual parishes can operate to further marginalize people who fall outside of social norms even under the guise of social or community support, see Gaetz 1997.

<sup>3</sup> For further analysis on the relationship between the meanings attributed to 'tradition' and the ethos of the Catholic Church see Claire Wills (2001) and Carol Coulter (1997).

for themselves differed very little from what they described as tradition, the idiom nonetheless conveyed an essence and an identity that they associated with a different era marked by generational difference. Infertility narratives show how, in Ireland, the values endure even as the meaning of tradition implies, somewhat paradoxically, a change.

The use of ART in Ireland is absorbed into and influenced by the notion of reproductive choice, particularly where the idea of “choice” has become another cultural idiom (Herzfeld 2005). ART has been described as part of the contentious politics of reproduction in Ireland where it confronts former meanings and lingering proscriptions with respect to the ‘right to life’ (McDonnell 2002). The idea of choice in many of the narratives I collected conveys a notion of change, where people spoke of the ability to make reproductive choices – to access and use contraception *legally* – as a marker of a new and modern era. The concept of “choice” also conveys the misperception that for Irish people, and indeed people everywhere, reproduction is now a matter of agency, aided by the scientific knowledge that enables us to control nature (see Chapters 4, 6, 7 and 8). For those who do not conceive, this logic weighs heavily as an assumption, within their communities and families, that they have chosen childlessness.

This project thus employs infertility experiences to challenge the determinism of the reproductive body, deconstructing the meanings associated with gender and sex that are consolidated by rigid definitions of procreation as heterosexual, and physical maternity as the making of motherhood. I draw a postmodernist, poststructuralist perspective into my observations that nature has a contested and contradictory place in

the meanings attributed to conception, birth and motherhood as confirmations of a biologically determined identity (Chapters 5, 7 and 11).

Women who remain childless and women who adopt children both bring forward a compelling challenge to the matrix of nature, conception, and birth as defining features of motherhood. Like women who adopt in order to become mothers, women who consistently felt 'the presence of absence' of children they had not conceived problematize notions of any fixed biological or social event that signals a legitimate claim to the experience of a motherhood identity. In other words, women do not necessarily have to conceive a child in order to feel that they have conceived of motherhood (Chapter 6 and 11). In addition, infertility stories expose the ongoing validation of hetero-normative definitions and the idealized image of the birth family.

I have drawn a portrait of motherhood as an identity that is deeply rooted in the operations of politics and social institutions that create conditions in which women are 'subject' to discourses that constitute them as mothers. That women seem to experience the loss of potential parenthood associated with infertility more profoundly than men is not necessarily the case. However, it is evident in stories collected through this research, that for many women in Ireland, infertility becomes a complex and intricate web of physiological, emotional, subjective and social engagements and interruptions, expectations and failures. My findings coincide with those of other studies in which the responsibility for a failure to reproduce and provide a sense of family continuity is assessed to women more heavily than men (Inhorn 1994, 2002, 2007; Letherby 1999,

2002; Reissman 1989). Women, after all, conceive, get pregnant and give birth to children. The failure is most evident in what does not happen in their bodies.

In addition, the stories of women and their partners who adopted children in a bid to become parents indicate that birth and the reproductive body play a contested role in the construction of parenthood identities. The stories of many of my participants illustrate their movement along a strategic reproductive roadmap that plots the use of medical technology first and the social/political strategy of adoption as the second choice (chapter 11). I am arguing here that women who remain childless and women who adopt often share the same pragmatic view that reproductive bodies and maternity are not always necessary to their sense of having fulfilled a social mandate in *being* mothers; in fact their sense of *becoming* mothers is not necessarily defined by a single moment or event.

There is little doubt that there has been a shift in predominant social values that has seen the shape of relationships and families change in Ireland, even if the mainstream or official political discourse reflects a persistent refusal to acknowledge changing patterns. This refusal is evident in the reticence of various Irish parliamentary committees and commissions to broaden a definition of family or to recognize alternatives to hetero-normative families such those formed by same sex couples (Chapters 8, 9 and 11). Co-habiting couples, children born outside marriage, divorce and same sex couples do, in fact, represent the diversity of family form in Ireland as elsewhere. But in spite of an increasing visibility of families that do not adhere to a hetero-normative standard, what endures is the sustained importance of children and, indeed, birth to Irish family life.

Therefore, couples who struggle to conceive continue to be subject to a pro-family social climate that promotes, as the norm, fertility and motherhood. The contradiction is this pro-family politics occurs where the margins of sexual and moral politics continue to overlap in the provision of reproductive health services. This is evident in the difficulty that same sex couples, single women and even co-habiting couples have in gaining access to assisted reproduction in Irish clinics (Chapters 5 and 8).

Single mothers are now a larger part of the Irish demographic, have better access to income and institutional support from the state than in the past, and have a wider public approval when making decision to keep their children. In addition, their more recent inclusion in the constitutional definition of family gives them access to the same inalienable rights as married couples with children (Chapter 11). And yet in the stories of women in Chapters 5 and 6, we see that outside of marriage, an inability to conceive is not perceived as problematic. While birth outside of marriage and single motherhood are both accepted in the climate of changing social values, there is no recognition of a sense of loss for infertile women who have remained unmarried, even if they have long term partners. This failure suggests that motherhood outside marriage is still perceived largely as a failure of 'reproductive choice' (contraception) rather than a proactive 'opting in' on the part of women. Cormac O'Grada argues that the rising age of single mothers in Ireland, from 23.6 in 1990 to 27.1 in 2006, might correlate with some measure of planning and social stability on the part of unmarried women and their partners (2008:10). I suggest, however, that a shift in norms to accommodate this trend, in terms

of public perception of single women as mothers, has lagged behind reality. Maternal desire itself remains locked in the assumption that it is a feature of a marital relationship. This is also structurally confirmed by the lack of access to clinical services for infertility for same sex couples and the refusal of some clinics to treat unmarried people even as couples in Ireland (Chapters 8 and 9).

While much has changed in the way families are constituted in Ireland, infertility experiences remain a site where hetero-norms are exploited and perpetuated in medical, Church and state discourses. There have, of course, been challenges to the heterosexual ideal that remains enshrined in the Irish Constitution. Same sex couples are seeking ways to gain recognition as families and some are using reproductive strategies such as ART and adoption even if the opportunities to do so are convoluted and complex (see Chapters 5, 8, 9, and 11). At the same time, lesbian women in particular are challenging the hetero-normative structures in which "infertility" itself is defined since unprotected intercourse will not yield a conception for people with the same gametes. Such challenges can be examined as part of wider critique of the discursive and institutional reliance on a particular kind of nature and "biology" in procreation as the norm (Butler 1992; Franklin 2002; Lock 2002; Strathern 1992; Thompson 2002). In Ireland this resistance is occurring in spite of contradictory rhetoric on the part of the state; arguments about upholding the constitutional protection of marriage are sometimes pitted against equality legislation to restrict alternative formations of family (Chapter 9). Redefining infertility to incorporate a number of fertility challenges, such as that posed by same sex relationships, opens up to

examination the reliance on interpretations of nature and natural law that have previously rendered infertility as social or medical abnormality.

Another challenge posed by the issue of sexuality is aimed at the conflation of conception and nature in the politics of the family. While my study only touched the edges of this subject, with two women in a lesbian relationship who were in the process of trying to conceive a child, the issue relates to my observations about infertility as a point of challenge to the hetero-normative definition of family. The medicalization of infertility and the defining of an inability to conceive as a medical issue draw directly on the social understanding of what is natural about reproduction. Even with the use of ART human reproduction remains, biologically speaking, a heterosexual process involving gametes from two chromosomally different sexes. This has continued to animate the refusal of alternative models of family as a basis for reproduction. The same hetero-normative framework also constitutes gender as a direct product of a sexualized body. And yet the uncoupling of sex and procreation should create the space for homosexual couples to seek opportunities to become parents in spite of the gamete challenges they face within their sexual relationship. I have argued here for a loosening of the bounded meanings of body and reproduction, sex and sexuality, gender and procreation, and procreation and identity (Chapters 6, 7, and 9).

The consistent references to the changing influence of the Catholic Church in narratives collected in my research suggest the importance of the Church as an aspect of “cultural intimacy” – part of an intimate sense of what it means to be Irish (Herzfeld

2005). The significance of Catholicism in constituting social values endures but for different reasons. In this way, perhaps, the stories and references and re-evaluating of the meaning of Catholicism in the lives of my participants signal that the Church continues to represent a moral or ethical barometer against which people measure their own values and decisions (Chapters 8, 9, and 10). This argument is consistent with ethnographic work in other contexts where ART is accommodated with a certain amount of pragmatism that articulates both religious doctrine and social norms (Kahn 2000; Paxson 2004). Layne (2006) argues that people often interweave scientific and religious discourses in the processes of making sense of pregnancy loss. This kind of integration is especially evident in Chapters 8,9, and 10 as people talk about ART and making difficult ethical decisions, acknowledging the Church as a factor even if they re-shape and re-arrange the values to accommodate their own choices. Here it is also evident that discourses of nature and science are now part of the shift from a kind of moral certainty to an ethical uncertainty in the wake of diminished religious influence. People look for an explanatory model to fill in the disjuncture between what they understood to be right about so called 'natural' procreation and what they must now try to work through as 'other than natural' procreation, finding ways to re-insert or re-assert nature back into technologies and medicalized processes.

Nature is the basis for many claims to moral authority among religious, political and medical institutions as part of their constitutive and legitimizing discourses on assisted reproduction, definitions of family, and identity (Chapters 8, 9, 10, and 11). The

narratives of people who deal with infertility often provide the analytical space to challenge and sometimes reaffirm the use nature as a "moral authority" (Daston and Vidal 2004). Here people often describe the contradictory place of nature in defining infertility. Their stories point out again, that in spite of attempts by medical, state and Church institutions to discretely contain and define nature, it slips the boundaries and moves among the discourses giving no single institution a monopoly on its meaning. The reproductive challenges faced by same sex couples, for example, point out that fertility is relational as well as biological. This is particularly important in the defining of family within categories that are legitimized by models drawn from nature (Strathern 1992).

In spite of what I had been told about changing social values in Ireland, the most significant issue that I faced in reality was widespread political silence on the subject of infertility. The difficulty with the silence around infertility is that it leaves unquestioned the idea of the universality, accessibility and imperative of fertility and conception as natural. By concealing, even denying the challenge posed by infertility to the normative ideals that follow these naturalized assumptions, silence sustains an image of infertility as deviating from a presumed biological and social norm. Silence also obscures the extent to which hetero-normative structures and the ideologies of motherhood continue to shape the gendered distribution of power based on the possibilities and venues in which a voice can be heard (Gal 1991:175). Silence on the wider implications of infertility tends to contain women's voices on reproductive politics within the institutions of family and marriage.

On a broader level, silence is part of discourse (Foucault 1978) and an element of dialogue that operates to sustain gender, motherhood and family ideologies that are embedded in Irish political and social life (Achino-Loeb 2006; Glenn 2004; Sheriff 2000). The lack of public debate on regulation noted in the literature (McDonnell 1999, 2002; Ryan Sheridan 1997) is echoed by the absence of conversations within some families about the use of ART as discussed in Chapters 8, 9, and 10. But silence also enables some aspects of change and challenge to occur unseen and obscured from institutional critique or public debate. For example, public and political silences have contributed to the growth of clinics that provide ART in Ireland, enabling it to become a somewhat normalized medical service existing quietly but nonetheless known to many medical practitioners and recipients of the technology. In spite of this space afforded by silence, infertility treatment is political in much the same way that abortion, contraception and reproduction itself are political. Infertility treatments now require political attention in order that they be regulated and legislated. In this light, infertility and ART are destined to become part of an ongoing debate in Ireland about access to reproductive choice and the meaning of planning families in a pronatalist political climate.

The slow pace at which the Irish government has moved toward regulation only serves to highlight the difficulty in finding common ground between assisted reproduction, a pronatalist politics and the bioethical debate on the human-ness of embryos (Chapters 3, 8, and 10). The reticence to restrict technologies is driven, in part by the interests of medical practitioners who want to provide optimum, state-of-the-art

care and the interests of the population who would receive it. At the same time discussion about regulation is most often framed as an ethical necessity rather than a medical one.

There is no question that the regulatory challenges and inconsistencies in the move toward legislation of ART in Ireland are immersed in institutional, national and international politics. This has been described as a legacy of the abortion debate (McDonnell 2001) and the complexities of family law (Madden 2002) as I have discussed in Chapters 9 and 10. The recent decision by the Board of Regents at University College Cork to allow research on embryonic stem cells points to the contradictions between the policies put forward by the state in its negotiations with the EU and the practices related to ART and its spin off technologies (Chapters 8, 9, and 10).<sup>4</sup> These contradictions are part of the increasingly untenable position wherein the Irish state uses its constitutional protection of the "right to life of the unborn" in Article 40.3.3 to identify its position on a number of issues related to medical and bioethical politics without clarifying the meaning of the terms of this Article beyond its original intention in the context of the abortion debate.

The increasing normalization of IVF in everyday medical practice can be contrasted with the discursive portrayal of stem cell research as the real bioethical challenge in current political statements. In Ireland discussions on stem cell research have recently been marshalled into the ongoing discourse on reproductive, gender and family politics, sometimes to the exclusion of a bioethical debate on the value of medical

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<sup>4</sup> Barry Roche "Stem cell vote by UCC governors paves way for campus research" in *Irish Times* 29/10/2008

technology in addressing reproductive needs. Moreover, as has happened in the past with the issue of abortion, discussion on policy has been used to define Ireland as unique in relation to political others in the EU.<sup>5</sup> Whereas elsewhere, stem cell research is shaped by the scientific community as a part the healing and regenerative medicine paradigm (Franklin 2005; Roberts 2005), in Ireland stem cell research is discussed largely from the point of view of its relationship to embryos as potential life.<sup>6</sup>

My purpose in this research has not been to determine the impact or extent of social, political or economic change in Ireland. Rather, in my analysis, I seek to locate the meaning of reproduction and fertility in relation to people's perceptions of a changing social climate in which the politics of reproduction is negotiated. I do not propose to come to any direct conclusions on the extent to which Ireland has changed but rather to explore how people think about their experiences and articulate meanings in their reproductive lives at a point in time when the idea of social change appears to dominate many people's perception of Irish life. Moreover, I have tried to show that social change becomes not only a backdrop but an active motif that facilitates many aspects of their

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<sup>5</sup> Negotiations to protect Ireland's constitutionally enshrined 'right to life of the unborn' against challenges from EU law arose again with the writing of the Lisbon Treaty in 2008, when a protocol was attached to the Treaty in this regard. On June 12, 2008 53.4% of voters in a referendum in Ireland voted to reject a constitutional amendment to ratify the Treaty. While abortion politics was overshadowed by wider concerns for Ireland's ability to maintain military neutrality and issues of trade, the ongoing inclusion of the issue indicates the importance of Article 40.3.3 to the case for Ireland's unique political character within the EU (Eur-Lex 2007 Official Journal of the European Union

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2007:306:0165:0165:EN:PDF>; see also Eur-activ.com 2008 <http://www.euractiv.com/en/future-eu/irish-eu-treaty-referendum/article-172508>).

<sup>6</sup> The stem cell debate in the US took a similar turn under George W. Bush. The emergence of such organizations as Operation Snowflake, which finds "adoptive parents" for abandoned embryos, is indicative of the contrasting political positions and emotional difficulties provoked by embryos as entities with multiple possibilities (Roberts 2005).

stories. But where do we go from here? Clearly if change is a theme in Irish social and political life it must also resonate with the politics of reproduction. In this light a number of contradictions and questions remain in regard to the meaning of both fertility and infertility in Ireland. The answers may depend on the shape that regulatory debates and legislative statutes take and the willingness to provide flexibility in the meanings associated with reproduction and family.

It has been my contention throughout this project that a study of the meaning of reproduction, from the point of view of people who have faced challenges in conceiving children, is a critical source of information about Irish social, cultural and political life. The inability to conceive a child is an historically specific and culturally contextualized experience and is nuanced with the politics of reproduction, the meaning of procreation and the significance of family. It is precisely these issues that have been at the heart of many changes in social life in Ireland in recent decades. What is clear, however, is that the meanings of fertility and infertility from the past are continually drawn into the stories, idioms and rhetorical constructions of reproductive politics of the present in Ireland. As an ethnographic project, a study of the experience of infertility is also a study of discontinuity and misaligned experiences. Infertility stories are reproductive stories that illustrate the cracks and fissures where presumed norms of embodied potential do not necessarily align with the meaning of reproductive success.

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**Appendix I**  
**CONSTITUTION OF IRELAND – BUNREACTH NA hÉIREANN**

**The Family**  
**Article 41**

1. 1° The State recognises the Family as the natural primary and fundamental unit group of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law.  
  
2° The State, therefore, guarantees to protect the Family in its constitution and authority, as the necessary basis of social order and as indispensable to the welfare of the Nation and the State.
2. 1° In particular, the State recognises that by her life within the home, woman gives to the State a support without which the common good cannot be achieved.  
  
2° The State shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home.
3. 1° The State pledges itself to guard with special care the institution of Marriage, on which the Family is founded, and to protect it against attack.  
  
2° A Court designated by law may grant a dissolution of marriage where, but only where, it is satisfied that
  - i. at the date of the institution of the proceedings, the spouses have lived apart from one another for a period of, or periods amounting to, at least four years during the five years,
  - ii. there is no reasonable prospect of a reconciliation between the spouses,
  - iii. such provision as the Court considers proper having regard to the circumstances exists or will be made for the spouses, any children of either or both of them and any other person prescribed by law, and
  - iv. any further conditions prescribed by law are complied with.
- 3° No person whose marriage has been dissolved under the civil law of any other State but is a subsisting valid marriage under the law for the time being in force within the jurisdiction of the Government and Parliament established by this Constitution shall be capable of contracting a valid marriage within that jurisdiction during the lifetime of the other party to the marriage so dissolved.<sup>1</sup>

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<sup>1</sup> [http://www.taoiseach.gov.ie/attached\\_files/Pdf%20files/Constitution%20of%20IrelandNov2004.pdf](http://www.taoiseach.gov.ie/attached_files/Pdf%20files/Constitution%20of%20IrelandNov2004.pdf)

## Appendix II

### Historical Chronology of Reproduction and Legal and Constitutional Change In Ireland

**1935** – Criminal Law Amendment makes contraception illegal in the Irish Free State.

**1937** – Plebiscite on Draft Constitution (voter turnout 75.84%): Yes 56.52%, No 43.48%

**1979** – Health (Family Planning) Act provides for limited, legally defined access to contraceptives in the Republic of Ireland, with careful wording to retain prohibition on abortion.

**1983** – Referendum held on the Eighth Amendment of the Constitution Bill, 1982, proposed to add the subsection here following to Article 40.3 of the Constitution

*3° The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right.*

Results of the Referendum September, 1983 (Voter turn out 53.67% ):

Yes - 67% No - 33% (accepted) \*

**1986** – Referendum on the Tenth Amendment of the Constitution Bill, 1986, on the dissolution of marriage

Results of referendum on June 26, 1986 (Voter turnout 60.84%):

Yes 36.52%, No 63.48%. (rejected)

**1992** – Supreme Court overturns High Court injunction that prevented a 14 year old victim of rape from travelling to England for an abortion. The ruling determined that suicide was a risk to the life of a woman and represented grounds for abortion, meaning that Article 40.3.3 could be interpreted to permit abortion in Ireland under this circumstance.

Twelfth Amendment proposed to amend Article 40 of the Constitution by the addition of the text here following to subsection 3 of section 3 thereof.

*It shall be unlawful to terminate the life of an unborn unless such termination is necessary to save the life, as distinct from the health, of the mother where there is an*

*illness or disorder of the mother giving rise to a real and substantial risk to her life, not being a risk of self-destruction.*

The Thirteenth Amendment of the Constitution Bill, 1992, proposed :

*This subsection shall not limit freedom to travel between the State and another state.*

The Fourteenth Amendment of the Constitution Bill, 1992 proposed:

*This subsection shall not limit freedom to obtain or make available, in the State, subject to such conditions as may be laid down by law, information relating to services lawfully available in another state.*

Results of Referendum November 25, 1992 (voter turnout 68.16%):

12<sup>th</sup> Amendment: Yes 34.65%, No 65.35% (rejected )

13<sup>th</sup> Amendment: Yes 62.39%, No 37.61% (accepted)

14<sup>th</sup> Amendment: Yes 59.88%, No 40.12%. (accepted)

**1995** – Referendum on the 15<sup>th</sup> Amendment to the Constitution to amend Article 41.3 to allow the court to grant the dissolution of marriage

*A Court designated by law may grant a dissolution of marriage where, but only where, it is satisfied that*

- i. at the date of the institution of the proceedings, the spouses have lived apart from one another for a period of, or periods amounting to, at least four years during the previous five years,*
- ii. there is no reasonable prospect of reconciliation between the spouses,*
- iii. such provision as the Court considers proper having regard to the circumstances exists or will be made for the spouses, any children of either or both of them and any other person prescribed by law, and*
- iv. any further conditions prescribed by law are complied with.*

Referendum results for November 24, 1995 (voter turnout 62.15%):

Yes 50.28%, No 49.72% (accepted).

**2002** - The Twenty-fifth Amendment of the Constitution Bill, 2002 proposed to insert the following section after section 5 of Article 46 of the Constitution:

1° Notwithstanding the foregoing provisions of this Article, Article 40 of this Constitution shall be amended as follows:

*6. The following subsections shall be added to section 3 of the English text:*

*4° In particular, the life of the unborn in the womb shall be protected in accordance with the provisions of the Protection of Human Life in Pregnancy Act, 2002.*

*5° The provisions of section 2 of Article 46 and sections 1, 3 and 4 of Article 47 of this Constitution shall apply to any Bill passed or deemed to have been passed by both Houses of the Oireachtas containing a proposal to amend the Protection of Human Life in Pregnancy Act, 2002, as they apply to a Bill containing a proposal or proposals for the amendment of this Constitution and any such Bill shall be signed by the President forthwith upon his being satisfied that the Bill has been duly approved by the people in accordance with the provisions of section 1 of Article 47 of this Constitution and shall be duly promulgated by the President as a law.'*

*2° If a law, containing only the provisions set out in An Dara Sceideal - The Second Schedule to the Twenty-fifth Amendment of the Constitution (Protection of Human Life in Pregnancy) Act, 2001, is enacted by the Oireachtas, this section, other than the amendment of Article 40 of this Constitution effected thereby, shall be omitted from every official text of this Constitution published thereafter, but notwithstanding such omission this section shall continue to have the force of law.*

*3° If such a law is not so enacted within 180 days of this section being added to this Constitution, this section shall cease to have effect and shall be omitted from every official text of this Constitution published thereafter.*

*4° The provisions of Articles 26 and 27 of this Constitution shall not apply to the Bill for such a law.*

Referendum results for June 5, 2002 (voter turnout 42.89%):  
Yes 49.58%, No 50.42% (rejected)

**2004 - The Twenty-seventh Amendment of the Constitution Bill, 2004 proposes to insert after section 2 of article 9**

*1° Notwithstanding any other provision of this Constitution, a person born in the island of Ireland, which includes its islands and seas, who does not have, at the time of the birth of that person, at least one parent who is an Irish citizen or entitled to be an Irish citizen is not entitled to Irish citizenship or nationality, unless provided by law.*

*2° This section shall not apply to persons born before the date of the enactment of this section.*

Referendum results for June 11, 2004 (voter turnout 59.95%):  
Yes 79.17%, No 20.13% (accepted).

\* (Dublin (urban): Yes 51.6%, No 48.3%; Roscommon (rural): Yes - 83.8, No - 16.2%)

Information in this Appendix can be found at ElectionsIreland.org  
<http://electionsireland.org/results/referendum/summary.cfm>







