

CHANGING HUMAN REPRODUCTION

SOCIAL SCIENCE PERSPECTIVES

EDITED BY
MEG STACEY

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Social Science Perspectives

edited by

Meg Stacey



SAGE Publications
London · Newbury Park · New Delhi

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First published 1992

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SAGE Publications Ltd
6 Bonhill Street
London EC2A 4PU

SAGE Publications Inc
2455 Teller Road
Newbury Park, California 91320

SAGE Publications India Pvt Ltd
32, M-Block Market
Greater Kailash – I
New Delhi 110 048

British Library Cataloguing in Publication data

Changing Human Reproduction: Social
Science Perspectives

I. Stacey, Meg
306.461

ISBN 0-8039-8653-X
ISBN 0-8039-8654-8 (pbk)

Library of Congress catalog card number 92-056382

Typeset by The Word Shop, Bury, Lancashire.
Printed in Great Britain by Biddles Ltd, Guildford, Surrey.

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Naomi Pfeffer writes about medical history, women's health, research ethics and social policy. Her publications include *The Experience of Infertility* (Virago, 1983), *Infertility Services: a Desperate Case* (Greater London Association of Community Health Councils, 1988) and chapters on 'The hidden pathology of the male reproductive system' (Gower, 1985) and 'Artificial insemination, in-vitro fertilization and the stigma of infertility' (Polity Press, 1989). She is completing *The Stork and the Syringe: a History of Medicine and Infertility in England in the Twentieth Century* (Polity Press, forthcoming).

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Meg Stacey, Emeritus Professor of Sociology of Warwick University, has focused on issues in the sociology of health for the past 30 years, editing *Hospitals, Children and their Families* (Routledge and Kegan Paul, 1970) and (with David Hall) *Beyond Separation: Further Studies of Children in Hospital* (Routledge and Kegan Paul, 1979), and writing *The Sociology of Health and Healing* (Unwin Hyman, 1988). She served on the Welsh Hospital Board, the Michael Davies Committee on Hospital Complaints Procedure and, as a lay member, on the General Medical Council. From this derives *Regulating British Medicine: the General Medical Council* (Wiley, 1992).

Marilyn Strathern, Professor of Social Anthropology at Manchester University, has contributed to the anthropology of both Melanesia (with, for example, *Women in Between*, 1972; *The Gender of the Gift*, 1988) and Britain (*Kinship at the Core*, 1981; *After Nature*, 1992). Recently she has also compiled a collection of essays on anthropology, kinship and the new reproductive technologies: *Reproducing the Future* (Manchester University Press, 1992).

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1

Introduction: what is the social science perspective?

This book presents a social science perspective on the issues surrounding the development and use of forms of new reproductive techniques, such as *in vitro* fertilization, semen and egg donation. The contents were first brought together in the Sociology Section of the 1990 Annual Meeting of the British Association for the Advancement of Science by the section president, Margaret Stacey, with the express purpose of demonstrating (i) that a distinctive social science perspective on these techniques exists; (ii) that problems arising from the use of these techniques, which might otherwise continue to trouble both users and providers, can be elucidated through the theoretical and empirical research carried out by social scientists; and (iii) that therefore such a perspective requires greater recognition.

The chapters cover a broad range of topics, from the history of infertility treatment, the responsibility for and consequences of multiple births, the notion of assisted kinship and the narratives surrounding the process of conception to the debate over the release of information about the identity of gamete donors. Each of these topics raises questions on a variety of levels: the conceptual (for example, can contemporary usages of the term 'kinship' embrace the developments in assisted reproduction when these developments appear to undermine the premises on which that term has previously been used?), the cultural (for example, what are the symbolic meanings attributed to the

origins of persons in this society?), the political (for example, why in liberal democracies is involuntary childlessness seen as an issue of health and wellbeing and not a social or specifically a population problem?), and the practical (for example, how do parents cope with quads or quins?)

Other levels are also at issue, and this is the point. Investigations in this area require a critical awareness of the assumptions underlying the research, the complex and often contradictory dimensions of the issues being investigated, and the location of social science in relation to the knowledges, representations and practices about reproduction. These last are themselves transformed by the social science research concerning them and also transform the research.

What we wish to convey is the view from social life. Current technological advances in reproductive medicine affect people's lives, endorse certain values, run into stereotypes and have consequences for the management of relations that may extend well beyond their immediate application. They are in that sense part of society, and will help shape its future. To think of such technologies as having 'social' dimensions provides a way of thinking about the multiple nature of their impact. For if social life is a manifold and complex phenomenon, then the one perspective it affords is that of the complexity and interrelatedness of acts and effects. In terms of disciplines, that apprehension is by social science.

Since it is hoped that this collection will be read by a variety of professionals and by members of other disciplines, it is not enough merely to assert the benefits of a social science perspective. Rather, it is necessary to explicate further what we mean by that phrase and also to explore how such a perspective can become more widely recognized. That is what the rest of this introduction briefly sets out.

Among the social sciences, sociology predominates here. However, the crucial importance of history and anthropology for an understanding of the social has been argued by

sociologists from Ginsberg to Giddens. As the latter argues:

If the first dimension of the sociological imagination involves the development of an historical sensibility, the second entails the cultivation of anthropological insight. To say this is again to emphasize the tenuous nature of the conventionally recognized boundaries among the various social sciences. (1982: 22)

Although it is not the case in this collection that the two disciplines are seen as the servants of the third, we do find that the benefits of an interdisciplinary social science approach are numerous. Sociology provides the analysis of institutions within industrialized societies, such as the 'family', the 'state', 'law' and 'medicine', which underpin the technological interventions in reproduction, but which otherwise have a hidden or taken-for-granted character in discussions about clinical or social practice (Haimes, 1990: v). Through the concept of interest and its multiple modes of realization, sociology forces us to look at but also beyond the rhetoric used to justify the new techniques and consider whose needs and desires they serve: childless women and men, parents, children, professionals (medical or legal) or society in general? Anthropology provides the broader conceptual tools for the analysis of two recurrent themes in these discussions, that is, notions of kinship and relatedness and notions of what is 'natural'. Both these themes, explicitly or implicitly, run through many of the chapters. History reminds us not only of the perils of presuming the 'newness' of these issues but also makes us aware of the connections with past and future developments.

The links between the three disciplines represented here also mean that we provide a comparative perspective which ensures that our assumptions as social scientists as well as the assumptions of others are open to challenge and re-examination. This introduces another distinctive aspect of the social science approach, which has been identified by Giddens as the task of breaking free 'from the confines of

the familiar' (1982: viii) and from thinking in terms only of the society in which we currently live (1982: 26). The task is made urgent by the very fact that the technologies being addressed here have *already altered* what can be taken for granted about reproductive processes (such as conception and pregnancy), reproductive identities (such as motherhood and parenthood) and reproductive ties and obligations (such as kinship). That such changes have mobilized considerable public concern is evident in the many debates surrounding them.

Many of the situations described in the following chapters appear to conflict with normal everyday expectations. It is commonly presumed that conceiving a baby is a straightforward matter, that most people will be genetically related to the parents who rear them, and that most women will have only one baby at a time. Such expectations encourage judgements and decisions which at best marginalize and at worst stigmatize those who apparently deviate from them. Questioning the status of those expectations can yield benefits by showing, from a comparative perspective, that they are arbitrary or ambiguous. Practically, the lives of specific individuals may directly be improved (for example, by feeling less stigmatized by their involuntary childlessness, by being given domestic and economic support to bring up children who have a disability or children from multiple births). Theoretically, the apparently normal is subjected to as much investigation and analysis as the apparently deviant and thus we learn more about what constitutes our ideas of 'society' and 'the social'.

This approach does necessarily lead to a critical stance, however, and one which can be uncomfortable for those working in the areas analysed. The approach has in the past also sometimes led social scientists to make inappropriate claims (cf. Moser, 1990). These claims have at one and the same time been too narrow and too extensive: too extensive in so far as they present the social scientist as the 'expert' on the 'social consequences' of these developments; too narrow

when the social scientist is regarded merely as a 'social technician', to be called in once the parameters of the debate have been set by others. As the following chapters show, social scientists have as many questions to ask about the processes by which these 'issues' have been constructed and presented for public debate as they have about the 'issues' themselves.

This is not to assert a sense of the certainty of social science knowledge. That all knowledge is recognized as essentially contestable is a major benefit of comparative analysis. This opens up the possibility of a dialogue, enabling the contribution of social scientists to be recognized by other disciplines (Silverman, 1985). Dialogue comes from a recognition of the different ways each discipline constitutes its body of knowledge (in terms of its intellectual starting points, the kinds of questions being asked, its conceptual framework, theoretical assumptions, the methods of empirical investigation and analysis and finally what counts as an appropriate answer to the questions asked (see Cuff and Payne, 1984: 3). While no body of knowledge can make any absolutist claims, none the less each can claim to help us 'know better' (Cuff and Payne, 1984: 11) about hitherto unexplored areas.

Dialogue also makes explicit another feature which social sciences have in common with other disciplines: the commitment to sustained, systematic and rigorous inquiry. Such a commitment enables a series of connections to be made: connections between different branches of the social sciences and other disciplines; connections between apparently narrow aspects of applied reproductive techniques and broader questions about the nature of social order; connections between the theoretical, the empirical and the practical; connections between the past and present; and cross-cultural connections. Connections, it must be added, which are based on analysis, both theoretical and empirical, rather than mere opinion or prescription. These features characterize the chapters in this collection.

In Chapter 2 Meg Stacey discusses research in relation to developments in the medicalization of childbirth, particularly those associated with assisted reproduction. Starting from the assumption that birth is as much a social as a biological event, she finds the tardy involvement of the social sciences in these developments both disturbing and hard to understand. Naomi Pfeffer's historical account of the treatment for infertility which follows shows how, in order to evade the enactment of an overt population policy in Britain, this treatment was left, once serious medical attention was paid to it, largely to the private sector. She is disquieted by the failure to examine the organization of infertility services in the political round and by the absence of universality in the delivery of assisted reproduction.

Sarah Franklin then demonstrates in Chapter 4 how the way we think about and explain conception has been and is being crucially changed by the introduction of the new procedures. Drawing her data from interviews with mothers who have undergone IVF, most of them without achieving a live baby, she shows that our simple narrative about how babies are conceived is being complicated and elongated, now involving many more than two people. What was once seen as a simple natural process now appears as an obstacle race in which success is a miracle. In contrast to those who do not achieve a live baby, success for others means they give birth to three, four or more babies at once. Frances Price (Chapter 5) reports on the increased incidence of such multiple births following the introduction of medically assisted conception; she describes the meaning for the parents, and especially the mothers, of finding themselves with more children than they have breasts or hands. Her chapter draws particular attention to the lack of understanding about the help such mothers need and to the shortage of much needed support services.

The development and use of assisted reproduction is closely associated with the desire experienced by many in the Euro-American world to have a baby of 'their own'.

Paradoxically, techniques such as *in vitro* fertilization (IVF) and gamete intrafallopian transfer (GIFT) may mean that in practice the child who is born may lack biological connection to its social parents in a number of different ways – s/he may not have inherited genes from both her/his parents, or may not have been carried by the woman who is rearing her/him. This has given rise to many problems, one of which is whether the donors of eggs or semen should remain anonymous and in whose interest that might be. Erica Haimes in Chapter 6 describes the opposed opinions on this matter and reports on her interviews on the question with members of the Warnock Committee which inquired into the issue of human fertilization and embryology. Her analysis of the data shows that there is more common ground between the antagonists than one might expect, since the debate hinges around the importance attributed to biological origins in constituting the individual.

This theme is taken up by Marilyn Strathern in Chapter 7, where she discusses the implications of assisted reproduction for our cultural understanding of kinship: human kinship, she argues, is a fact of society rooted in facts of nature defining, in Euro-American society, who we are and who our 'real' relatives are. However, assisting reproduction changes the facts of nature, introducing uncertainty into this definition. In discussions of the resulting problems, such as those during the passing of the UK Human Fertilization and Embryology Act, 1990, a cultural asymmetry emerges: in talking about human beginnings no reference is made to social factors, whereas in the legal debate about who shall be *socially* acknowledged as parents constant reference is also made to *biological* parents. Recognizing this asymmetry is crucial in understanding how the medical interventions and the consequent legal decisions will change the kinship system and thus the way people think about each other.

In concluding the book we seek to show how, as social scientists, we have already been able to increase understanding of the meaning and implications of assisted reproduc-

tion. We also draw attention to the great need for further research into the relationships between the management of human reproduction and the reproduction of the culture and structure of our society.

By participating in the British Association for the Advancement of Science we have undertaken the task of communicating the contributions of our disciplines to other scientists and to the general public; by the range of substantive topics covered and the diversity of analyses offered, we demonstrate the breadth of the perspectives available to social science. By our commitment to the activities of social inquiry, namely asking questions and making connections, we also demonstrate the vitality of social science both as knowledge and as practice.

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2

Social dimensions of assisted reproduction

MEG STACEY

The scientific revolution in human reproduction

A reproductive revolution began some 200 or more years ago when medicine joined with post-enlightenment science and when medical men (all men in those days) took over the management of childbirth – when midwifery became obstetrics. That history has been well recorded and analysed from more than one point of view (Arney, 1982; Donnison, 1977; Kitzinger, 1962; Oakley, 1976, 1984; Rich, 1977; Stacey, 1988, ch. 17; Towler and Bramall, 1986). Over the past 30 years the practice of obstetrics has become more interventionist in ways which women having a normal delivery have not always been pleased about, but for which women in trouble with their labour have had cause to be grateful.

More recently the nature of this revolution has speeded up and taken on something of a new direction. Ever since the birth of the first IVF baby in 1978, all of us have become familiar with the possibility and actuality of conception outside the womb – popularly known as ‘test tube babies’, although petri dishes rather than test tubes are the vessels in which sperm and egg are combined. Antenatal tests administered to pregnant women to diagnose whether the child they

are carrying is impaired have become common knowledge. *In vitro* techniques can also be used to ensure that embryos placed in the womb are not carrying a hereditary disease. The possibility of genetic manipulation to remove inherited impairments is also on the agenda.

It is less than 40 years since James Watson discovered DNA – the material of which genes are constituted and wherein information about our inherited characteristics is stored. The new genetics, so christened according to Sir David Weatherall as recently as 1979 (Weatherall, 1985: 1), has opened new understandings about the transmission of life and growth. The speed of acquisition of new knowledge has been truly remarkable. In a number of named diseases geneticists now know precisely which are the genes which carry them and where they are located on the DNA. One hears news of fresh discoveries almost daily. Embryologists are constantly increasing their understanding of the beginnings of human life, of what may go wrong and, they hope, how later on they may be able to put matters right.

Between them, the new genetics and the reproductive technologies are making *a scientific revolution in human reproduction*. By that I do not mean to suggest that uncontrollable changes have been unleashed (McNeil, 1990); rather, that their very use implies the creation of totally new ideas and practices, which in principle could be taken in a variety of directions.

These developments will have consequences well beyond their immediate applications, for the new ideas and practices created are changing the culture and structure of our society. To say that birth is as much a social as a biological event is a sociological truism, although one not generally recognized, as later chapters, notably 6 and 7, make plain. Reproduction is about the future of the society as well as about the future of the species; the way reproduction is handled will inevitably affect the future, not only biologically but also socially and culturally. Reproductive techniques influence as well as reflect the basic values of societies which use them.

In this context it is astonishing that no call was made for adequate and thorough social science research before widespread application of the new techniques was proceeded with. Faith has been put in science and technology to provide solutions to problems of childlessness and of congenital impairments. The insights which social science research could offer into the probable secondary consequences (for good or ill) of the technical applications have been almost totally neglected. Nor have they been referred to in determining rules of practice or legislation to regulate practice. The role of ethics and of law has been recognized, but many matters surrounding the new human reproduction remain in the arena of uninformed opinion. This chapter aims to describe how social science has been neglected and to indicate what it can offer.

Putting the social science case

My attention was first drawn to the existence of a problem in the recognition of the social science role when I was a scientific adviser on health research bodies in the UK and Europe. Some ten or so years ago I raised the issue on a Department of Health liaison committee at a time when, in response to the new genetics, increased funding was being offered for medical genetic research. The case for parallel social science research seemed to me clear, given the obvious social component of the application of such research, particularly in relation to prenatal diagnosis. There was some recognition of the need for counselling, an application of a social-work kind, but this was seen as the limit of the relevance of the social. I failed to convince the assembled doctors and civil servants that there was an aspect to the developments which required *fundamental* social scientific analysis, initially at a theoretical level and also at an empirical level.

In the early 1980s on the European Advisory Committee