

Postgraduate Conference

The Sociology of Technologically Mediated Reproduction

Thursday 29th May, 2014

Hosted by
The Reproduction Research Group
De Montfort University, Leicester

#bsareprotech



Welcome and Thank You

Postgraduate students and staff from the Reproduction Research Group at De Montfort University would like to warmly welcome you to this regional postgraduate event sponsored by the British Sociological Association.

The theme of this conference is the 'sociology of technologically mediated reproduction' and as such it is a pleasure to welcome Professor Sarah Franklin as keynote speaker. Sarah is currently Professor of Sociology at the University of Cambridge and her world-leading research in this field has been an inspiration to many and has had significant impact on the sociology of reproduction. Following the plenary, delegates have the opportunity to attend presentations on IVF, surrogacy, gamete donation and conceptive technologies and are invited to take part in an interactive professional development session on writing for publication led by Dr Nicky Hudson.

We are thrilled that this conference has attracted wide interest from people across the UK as well as from colleagues in Europe. We hope that this conference can signal the beginning of an international and active network of post-graduate and early career social science researchers working in the area of technologically mediated reproduction and we welcome the opportunity to establish new academic friendships and collaborations.

Thank you,

Kylie Baldwin, Caroline Law, Wendy Norton and Christina Weis.

Plenary Speaker

Professor Sarah Franklin, Cambridge University

Conception through a looking glass: the paradox of IVF

As we enter the fifth decade of human IVF, this technique presents a paradox. On the one hand, IVF has become more regular and ordinary, even a new norm of social life. On the other hand, it has arguably become, as Alice might have said, 'curiouser and curiouser', with the development of its applications such as intracytoplasmic sperm injection, preimplantation genetic diagnosis and gestational surrogacy, as well as human embryonic stem cell derivation. Five million miracle babies later, in the midst of 'the age of biological control', IVF can be seen as the source of important changes in how reproductive biology is understood – socially, ethically, medically and in terms of basic science. This article reviews three decades of social scientific research into IVF and suggests that, while the passage of time may have allowed IVF to become more 'routine', the opposite is also true. With hindsight, some of the more radical changes to the understandings of parenthood, kinship, fertility and technology to which IVF has contributed can be appreciated. Learning from this paradox must be part of the legacy of IVF's first half-century if its future evolution is to be directed wisely, safely and conscientiously.

Biography

Professor Sarah Franklin has published extensively on the social aspects of new reproductive technologies. She has conducted fieldwork on IVF, cloning, preimplantation genetic diagnosis (PGD), and stem cells. Her work combines traditional anthropological approaches, including both ethnographic methods and kinship theory, with more recent approaches from science studies, gender theory, and cultural studies. Professor Franklin has an MA in Women's Studies from the University of Kent (1984) and an MA in Anthropology from NYU (1986). She studied for her PhD at the Birmingham Centre for Cultural Studies from 1986-1989, taking her doctoral degree in 1992. She taught at Lancaster University for 15 years before moving to the BIOS Centre at the LSE in 2003. In June of 2011 she was elected to the Professorship of Sociology at Cambridge where she has established the Reproductive Sociology Research Group (ReproSoc) with funding from the British Academy, the Wellcome Trust, and the ESRC. Through her ethnographic studies and other writings, Professor Franklin has contributed to a number of emergent fields in social theory including the 'new kinship studies', the anthropology of biomedicine, feminist science studies, and the cultural analysis of new reproductive technologies.

Conference Programme

Thursday 29th May 2014

Hugh Aston 1.47- 1.49, De Montfort University, Leicester

9:30-10:00	Conference registration	
10:00-10:15	Welcome	
10:15-11:15	Opening Plenary-Professor Sarah Franklin	
11:15-11:30	Break (tea and coffee)	
	Stream A-Session One Chair: Kylie Baldwin	Stream B-Session One Chair: Caroline Law
11:30-12:00	<p>“Born to Birth”? Gestational Surrogacy as a form of reproductive body work in Russia <i>Christina Weis, De Montfort University</i></p>	<p>“Being affected by IVF” – On the construction of a political and epistemic category <i>Anna Pichelstorfer, University of Vienna</i></p>
12:00-12:30	<p>Biopolitical border-zones: The state and gay surrogacy <i>Adi Moreno, The University of Manchester</i></p>	<p>Imaginaries around eggs within scientific contexts <i>Sara Lafuentes-Funes, Spanish National Research Council</i></p>
12:30-1:30	Break (lunch and poster viewing)	
	Stream A-Session Two Chair: Wendy Norton	Stream B-Session Two Chair: Christina Weis
1:30-2:00	<p>Donor-recipient matching in the UK <i>Priya Davda, Royal Holloway London</i></p>	<p>Reconfiguring Fertile Bodies through Home Ovulation Technologies (HOTs) <i>Joann Wilkinson, The University of Lancaster</i></p>
2:00-2:30	<p>Reversing the mirror: Looking at the meaning of resembling the donor <i>Astrid Indekeu, University of Leuven</i></p>	<p>The hope (and hype) of reproductive technologies: mitochondria disease and techniques of mitochondria donation <i>Dr Rebecca Dimond, Cardiff University</i></p>
2:30-3:00	<p>Making a name for yourself: What does it mean to be an identity-release gamete donor? <i>Leah Gilman, University of Edinburgh</i></p>	<p>Egg Freezing – Between Fascination and Fear <i>Stephanie Bernstein, University of Göttingen</i></p>
3:00-3:30	Break (tea and coffee and poster viewing)	
	Session Three	
3:30-4:30	<p>Interactive professional development session: Writing for publication in the area of assisted reproduction <i>Dr Nicky Hudson</i></p>	
4:30-5:00	Poster prize giving, summary and close	
5:00-6:00	Networking nibbles and drinks	

The abstracts for these presentations are provided below listed alphabetically by the surnames of the presenters.

Egg freezing: between fascination and fear

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Egg freezing for healthy women, so-called “social freezing” (SF), is becoming a more realistic option due to technical improvements. As one result, SF has gained a significant coverage by the Western media within the last years. Enthusiastic descriptions praising women’s equality and empowerment by the media are contrasted with a much more critical evaluation of this technique by sociologists and ethicists in the academic discourse. Matters of concern relate to the individual woman as well as to possible changes to society as a whole. Critics fear that overoptimistic perceptions of success of SF mislead women and result in possible harm. Late motherhood is also analysed critically, in particular because of the high risks for the mother and the child. On a societal level, SF is often seen as an unnecessary trend to a medicalization of reproduction leaving the effort to find societal solutions for gender equality untouched (Harwood, 2009). I analyse the critical arguments of diminished autonomy, late motherhood and medicalization with regard to SF from an ethical perspective. In contrast to the critics I show that the risk of SF for mother and future child is minimal and that the autonomy of the women involved is not compromised. The negative ethical evaluation of late motherhood is partly due to a biased approach highlighting only the medical risks for the female body. I will further address the question of whether the fear of medicalization is appropriate with regard to SF and put the results of my ethical evaluation up for discussion.

Donor-recipient matching in the UK

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Despite being an integral stage in the fertility treatment of patients using donor gametes, the process of donor-recipient matching in the UK has generally been taken for granted and under-researched. In the UK, matching is clinic-mediated, whereby a particular donor is allocated to a particular recipient by medical staff based on their physical and social characteristics. Matching thus provides both a method of resource allocation for the scarce commodity of donor gametes and is simultaneously the stage at which the potential genetic parent of an infertile couples' child will be chosen. Whilst some attention has recently been given to donor-recipient matching by theorists of biomedicalization, commercialization and the family, there remains a paucity of literature and understanding as to how and why specific donors and recipients are selected and matched in practice. Little is known about the process of matching, the contextual factors which shape it or about the views and experiences of patients and clinicians which inform it. Existing empirical research has predominantly been undertaken outside of the UK context and has focused on recipients' isolated experiences of selecting their own donor (non-clinic-mediated matching). In this presentation preliminary findings from a doctoral study of clinic-mediated matching in a UK fertility clinic will be reported. Based on ethnographic observations and individual patient and clinician interviews, the subjective and contingent nature of clinic-mediated matching will be explored and the ways in which matching characteristics such as 'ethnicity', 'skin colour', and 'religion' are conceptualised and operationalised within this process will be presented.

The hope (and hype) of reproductive technologies: mitochondria disease and techniques of mitochondria donation

Dr Rebecca Dimond

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In this presentation I draw on interviews with patients with mitochondria disease, media reports and public documents to explore the hope and hype surrounding new developments in reproductive technology. Mitochondria donation is considered a 'germ line' technique. Within the IVF process, mitochondrial DNA from a 'donor egg' would become part of the child's genetic inheritance, alongside maternal and paternal DNA. A change in law would be required for it to be offered to patients, and the challenge to existing ethical and legal frameworks has triggered extensive public consultations. Underlying much of the debate is the assumption of technological determinism. That is, that if these techniques are made available, this will 'stop children suffering' and 'eradicate the disease from families'. However, personal response to reproductive risk is complex, and can be highly contingent on the embodied experience of health and illness. A discrepancy emerges between the public accounts of hope and expectation and the private accounts of living with a variable and often late-onset disease. How and whether patients will opt for invasive reproductive technologies depends on the assessment of complex risk information about themselves and their families, and this is a current silence within public debate.

Making a name for yourself: what does it mean to be an identity-release gamete donor?

Leah Gilman

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Since April 2005, men and women donating gametes in UK clinics must consent to identifying information about themselves being released to any person conceived from their donation, should they request it after the age of eighteen. A possibility therefore exists for future contact between donors and their offspring. However, given the previous norm of anonymity for donors and since no donor-conceived child has yet “come of age” under the new system, it is far from clear how those involved will negotiate these relationships and what expectations are attached to the role of “donor parent” (indeed the appropriate name for this role is not widely established). Reproductive technologies have the *potential* to create new roles and relationships, ones which could, theoretically, transform how we make sense of parenthood, kinship and genetic inheritance. However, the extent to which these roles are experienced as new or transformative by those that inhabit them, is influenced by legal regulation, medical policies and cultural norms.

This presentation draws on 23 in-depth interviews with post-2005 donors to analyse how men and women make sense of their position in relation to donor-conceived offspring. Participants constructed their role in various ways. Some articulated a fairly limited role for themselves, some saw themselves as an information resource for donor offspring and others imagined more reciprocal relationships developing. However, not all narratives were equally available to all donors. A donor’s gender and the circumstances in which they had decided to donate, appeared to limit or encourage particular perceptions of their role.

Reversing the mirror: looking at the meaning of resembling the donor

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Comments about a child's physical resemblance to parents and other family members are one way in which the notion of genetic relatedness is expressed. Resemblance is seen as the outward, bodily expression of a biological relationship and resemblance talk is seen as one of various strategies to establish connections. Children's physical traits also place them in a particular position in their social world. Resemblance and resemblance talk thus play a role in the creation of bonds and a shared identity, and in the choreography of kinship.

Psycho-social and anthropological research has explored the meaning and creation of resemblance and the (ir)relevance of genetics on kinship relations *within* donor conception families: How is resemblance (or its absence) experienced as a (dis)connection *between parent and offspring*? What role does resemblance play in managing family-boundaries and creating kinship? Nonetheless, the way in which parents talk about the resemblance (or its absence) between a non-biological parent and the offspring or when they refer to (presumed) resemblance with the donor, also reveals elements about the meaning of the *donor* in relation to family and kinship. This knowledge has possible implications for the emerging trend of donor-linking and future contacts between donor offspring and identifiable donors.

Data from qualitative studies on Belgian heterosexual donor conception families are used to explore the meaning of 'resembling *the donor*'. These findings will be placed within a wider societal and research context including the difference in viewpoint of parents and offspring, the context of fertility clinics, and the culture of kinship.

Imaginaries around eggs within scientific contexts

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This research focuses on how imaginaries around eggs within scientific contexts are developed through gendered socio-political and economic ideals. It draws on feminist studies on how gametes are understood through gender stereotypes (Martin, 1996; Moore 2007). The theoretical framework opens a dialogue between feminist and social studies of science (Franklin, 2000, 2006, 2013; Thompson 2005, 2014; Pavone, 2012), feminist economics (Pichio 2003; Pérez-Orozco 2006) and queer theory (Butler 1990, 1997).

First, I have analysed the imaginaries around parthenogenesis, a process involving only eggs, within news on *Nature* and *Science* and found that a heteronormative imaginary around fertilization works as a latent and normative imaginary affecting the ways gametes and other types of reproduction are explained. This latent imaginary builds on anthropomorphic understandings of gametes that describe eggs as feminine, sperm as masculine and their relation as if following a heteronormative logic. Also, an economic discourse emphasising the idea of productivity was found while referring to parthenogenesis as a technique within stem cell research. Taking into account those findings within parthenogenesis, this thesis aims at acquiring more knowledge on the imaginaries around eggs in four different contexts: biology courses on gametogenesis and reproduction, research on parthenogenesis, laboratory practices within research on oocyte quality for assisted reproduction, and egg donation for research. Ethnographic research in Spain is starting to gather data so as to answer the main research question: Are heteronormative and neoliberal discourses affecting imaginaries around eggs within scientific contexts? And if so, how and with what consequences?

Biopolitical border-zones: the state and gay surrogacy

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Cross border surrogacy involves traversing both legal and social borders. Commissioning parents, gamete 'donors' and surrogates travel away from regulatory zones; from prohibition into permissiveness and even neglect. These movements typically correspond with travel from the global north into the global south, based on economic inequalities and colonial histories. In my research, which analyzed surrogacy commissioning by Israeli gay men, I see these movements as intimately linking zones of biopolitics and necropolitics. As gay men travel in their search for reproduction, their movement across borders also transfers them from being seen as degraded form of kinship into respectable family and citizenship. And as surrogates and gamete-donors cross borders, they move into zones of illegality and neglect. My analysis is based on Foucault's concept of biopower (Foucault 1977, 1978), a power emanating from knowledge-power apparatus concerned with creating and fostering proper living. In the case of surrogacy these apparatuses operate in the reproductive clinic, as well as state legislation and child welfare services that determine who has access to medical technologies. The mirror image appears in zones of necropolitics (Mbembe 2003), through which state power involves inducing death and letting die. Gross economic inequalities between east and west, gender hierarchies and porous prohibitions govern reproduction commerce and encourage impoverished women to travel across borders and serve as reproductive workers, away from potential networks of support and protection and into states of neglect and exploitation. Through the materiality of borders and movement through border zones, the biopolitical and necropolitical materialize.

Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison*. London: Penguin

Foucault, M. (1978). *The History of Sexuality, Vol 1*. London: Penguin

Mbembe, A. (2003) 'Necropolitics', *Public Culture*, 15(1): 11-40

'Being affected by IVF' – On the construction of a political and epistemic category

Anna Pichelstorfer

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Bioethics has become an epistemic and normative framing in public controversies on assisted reproductive technologies through which life itself is apprehended and regulated. It was assumed that an ethical framing of these technologies would lead to more public involvement, especially of so-called 'affected people', in governing processes. In that regard, affectedness has been identified in social scientific as well as bioethics literature as the foundation for specific epistemic and political claims, e.g. specific rights and responsibilities that are based on a specific form of knowledge coming from personal experience. However, these discussions often lack a clear definition and critical reflection of what it means to be affected.

Using empirical data from my dissertation project, which investigates the currently reemerging public debate on the regulation of assisted reproductive technologies in Austria, I want to explore how 'being affected by IVF' is constructed as an epistemic and political category in the context of the debate. Therefore, I pursue three questions: Who is considered to be affected by IVF practices and on the basis of which criteria? How is this categorization related to specific epistemic claims? And which possibilities, rights or responsibilities regarding their (il)legitimate participation in the debate emerge from those affected by IVF? In doing so, I want to contribute to a better and empirically grounded understanding of affectedness in the context of governing assisted reproductive technologies.

“Born to birth”? Gestational surrogacy as a form of reproductive body work in Russia

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Gestational surrogacy is the process whereby a woman gets pregnant and gestates a baby with who she shares no genetic link for another person or persons, the intending parents.

In Russia, gestational surrogacy has developed into a lucrative business; intending parents seek surrogacy agencies and clinics, concentrating in major cities such as Moscow and Saint Petersburg, from all over Russia and abroad. While professional guidelines exist, there is no federal law that regulates surrogacy. Unlike in the USA and India, surrogacy in Russia has so far attracted little academic investigation.

Drawing upon five months of ethnographic fieldwork, including participant observation in surrogacy facilitating agencies and clinics, and interviews with surrogacy workers, intending parents, doctors and agency workers, this paper argues that surrogacy should be conceptualised as a form of reproductive work. The paper explores the embodied work of making and keeping the body available for the surrogacy process, the management of further tasks such as co-ordinating surrogacy with other employment and family life and, finally, discusses the professionalization of surrogacy workers. In doing so, the paper illustrates the intrinsic contestations of control and power inequalities, and the precarious character of surrogacy as a form of embodied wage-earning work.

Reconfiguring fertile bodies through home ovulation technologies (HOTs)

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Ovulation has become a key area of interest for those who are trying to conceive and home ovulation technologies (HOTs) such as fertility monitors claims to provide a means of identifying this. The *National Institute for Clinical Excellence* does not recommend ovulation monitoring, considering it a cause of stress and anxiety when trying to conceive. However women's interest in these technologies, and in understanding how ovulation works, is becoming more apparent. Such devices have been affected by a *technological somnambulism* within the social sciences, which tends to focus on more sophisticated reproductive technologies or costly, invasive procedures based within the clinic. So what happens when reproductive technologies are used within the home? And how do such technologies change women's understanding of their bodies and their fertility?

This talk examines women's experiences of using home ovulation technologies when trying to conceive. It looks specifically at the reawakening of women's dormant relationship with ovulation through using such technologies and the changes in perception of fertility that these bring. It reflects on the transition from an understanding of fertility as 'risky', and the body as continuously fertile, to an understanding of conception as complex, difficult and something which must be worked at. Finally, it considers the potentialities of ovulation technologies as feminist tools for reconfiguring fertile bodies.

