

Stolen Rhetoric: The Appropriation of Choice by the ART Industry

subRosa

Biotech industries currently expanding globally, but especially in the United States, have opened new frontiers for colonizing bodies—and commodifying and patenting life—at the molecular and genetic level. Gamete harvesting and freezing, in vitro fertilization (IVF), intra cytoplasmic sperm injection (ICSI), pre-implantation embryo screening, and genetic manipulation of embryos are just some of the new techniques transcending previous limits of reproductive intervention that have profound repercussions for human genetic heritage. Under the guise of optimizing reproduction—and “improving” human beings—assisted reproductive technologies (ART) are rapidly being naturalized in everyday life. As feminist theorists have pointed out, the new biotech reproductive order has territorialized the female body as a pre-eminent laboratory and tissue mine for a lucrative medical/pharmaceutical industry.¹

The women’s liberation movement of the early 1970s formulated a politics of women’s autonomy and control over their sexuality and reproduction that included the right to safe contraception and abortion. By the late 1980s, after almost two decades of abortion wars, the politics of autonomy and liberation had been transformed into a rhetoric of “choice” typified by the slogan, “A woman’s right to choose,” which became identified with the pro-choice

movement. Since then, the rhetoric of “choice” has become firmly associated with reproductive liberalism.

Using strategic marketing, a seductive consumer industry intent on normalizing ART in everyday life, has appropriated the rhetoric of choice in order to appeal to a broad constituency of progressive consumers ready to produce “children of choice.” Marketers of new reprogenetic technologies (reprotech) were quick to capture this rhetorical territory, cashing in on the expectation that it would appeal to liberal, educated, middle-class consumers schooled by feminist activism to be proactive in personal health care. ART, principally driven by profit motives and embodying eugenic ideologies, have recuperated the politicized rhetoric of choice by concealing a deeply embedded conflict between the macro politics of rationalized reproduction in late capitalism and a micro politics based on individual desires.

Despite the highly invasive and risky procedures of ART, many feminists have explicitly welcomed the development of reprotech for its promises of an expanded range of reproductive choices for women. Others have recognized that reprotech can represent not only an ultimate form of body colonization, but that its practice and ideology often reinforces patriarchal systems of scientific and medical authority, control, and rationalization of reproduction—contradicting radical feminist philosophies of women’s autonomy.

Appropriation of liberational feminist rhetoric and practices by liberals and conservatives alike is rampant in the abortion movement. In the ’70s, the nationally mobilized Feminist Women’s Health Movement (FWHM) developed clinics that offered a wide array of feminist health care services. Most controversial were their abortion services, especially the technique of menstrual extraction pioneered by the Los Angeles Feminist Women’s Health Center. This vacuum suction procedure could be done by lay practitioners and was often used as a form of early abortion. Abortion services made feminist health clinics the target of vicious attacks from anti-abortion and right-to-life fundamentalist groups like Operation Rescue. These groups appropriated many of their confrontational direct action occupation and blockade practices, as well as their spectacular visual tactics, such as their use of images of the fetus, from

leftist activist movements including feminism. “Pro-choice,” “anti-choice,” and “pro-life” are rhetorics that now signify a divisive, often anti-feminist, partisanship. Diverse and bitterly contradictory feminist positions on abortion have been subsumed under the liberal rhetoric of choice.

Abortion became such a loaded political and cultural issue that the medical profession tried very hard to wash its hands of it. Clearly, abortion could not be made to suit capitalist ends since no sexy consumer market of clinics and products could be developed around the choice of abortion. But the rhetoric was perfect for the purposes of the new infertility industry that promises to be a lucrative new flesh industry. Some have estimated the potential worth of IVF procedures alone at \$40-\$50 million a year. It is time to question the capitalist marketing strategies of reprotch and the imbalance of macro and micro politics masked by the stolen rhetoric of “choice.”

MODELS OF CHOICE

Many feminists and bioethicists have argued that despite their risks, the new reproductive technologies represent greater reproductive choices for women and men. Most notorious among the latter is John A. Robertson, whose passionate advocacy of “procreative liberty” concludes: “There is no stopping the desire for greater control of the reproductive process. ...There is no better alternative than leaving procreative decisions to the individuals whose procreative desires are most directly involved.”² Such arguments appeal to the deepest democratic beliefs of Americans, but they overlook the way entrepreneurial marketers and fertility services providers are exploiting the rhetoric of choice to naturalize ART. Their clinic brochures, fertility advertisements, and Web pages pitch the many reproductive choices and techniques available to satisfy the desires of different sectors of the population—including people who are not biologically infertile. Rather than selling ART principally as a set of biomedical procedures designed to cure or circumvent severe cases of infertility, reprotch marketers highlight its many benefits for those who want the control made possible by scientifically managed reproduction. ART is represented as a means to realize lifestyle choices and support

career goals—key factors in reifying its use in every day life.

For example, an advertisement from the Genetics & IVF Institute offers a “large choice of fully evaluated and screened donors who are immediately accessible,” and a “revolutionary technique enabling men with long-term vasectomies to father children.”³ Though never mentioning any of the risks involved, such ads imply that almost anyone (who can afford it) can “make” a baby with purchased donor eggs and/or sperm, and the use of a hired gestational womb. ART would therefore seem to be the ideal choice for people living in non-traditional family configurations, as this group includes single women or men, older couples, affinity groups, lesbians, and gays. Thanks to entrepreneurship—although most fertility books are aimed squarely at married couples—there is a thriving niche market of reproductive choices. There seems to be a specialized clinic for almost every group; for example, there are feminist and gay sperm banks and insemination clinics as well as those that specialize in male infertility problems or treating older women. ART are also sold as the reproductive solution for couples or singles who have pursued career goals and postponed childbearing. Healthy people considered at risk for certain diseases, or exposed to environmental hazards at work, can choose to use ART procedures such as gamete banking before they are ready to reproduce as insurance against future infertility. Thus child-bearing becomes subordinated to a rationalized, efficient, and orderly life-style.

ART procedures promote new eugenic consciousness.⁴ Marketers sell IVF as a family-building technology; infertile couples are encouraged to bypass adoption and instead “make” a child of their own. IVF is a eugenic procedure because it involves screening and selection for ‘fit’ gametes and embryos. Currently, between 60 and 70 percent of U.S. pregnancies are already being screened using methods such as amniocentesis and ultrasound. The discovery of individual gene functions through sequencing of the human genome will further facilitate the routine use of embryonic genetic screening and manipulation. Parental “choice” now encompasses so much more than whether or not to have children. Consumers can purchase a wide selection of pre-screened and tested human gametes that come with detailed profiles of donor

characteristics promising improved success and health for offspring. IVF produces excess embryos, and multiple embryos are usually inserted to ensure implantation of at least one. By using pre-implantation embryo screening and selective reduction, parents can select precisely which embryo is to be gestated. Selective reduction—a euphemism for abortion—is justified by the eugenic argument that it is the necessary means by which only “fit” embryos are selected to be carried to full term. Here the rhetoric of choice is firmly bound to an individualistic micro politics of manipulating consumer desire. (subRosa is not making an argument for or against abortion here, but wishes to call attention to how the rhetoric of choice is used to make controversial issues acceptable.)

The liberal rhetoric of choice has long been used in the mass media to imply that women can “have it all” no matter what the personal or social costs. Infertility discourse similarly promotes as a given the idea that everyone has a right to choose procreative liberty, and have a child using whatever methods they can afford. ART can be used to tame recalcitrant bodies. The titles of infertility books clearly tell the story of the enterprise of conquering infertility, for example: *Overcoming Infertility*; *How to Get Pregnant with the New Technology*; *RESOLVE Infertility*; *Taking Charge of Infertility*. The imperatives to “take charge” and “overcome” urge the individual woman to take control of her body—with the help of her doctors and technology, of course. What she learns by reading further is that ART requires her to surrender her body to disciplinary medical manipulation, surveillance, and invasion. While clients are urged to shop around for clinics with the best specialists and success rates for particular procedures, they are given virtually no tools to assess the risks associated with ART. Instead, ART brochures and books highlight the hundreds of healthy babies that have been born using IVF. The models of choice offered by ART promote neither anti-authoritarian social and political values, nor do they liberate women from their biology. Rather, they reify cultural values of compulsory motherhood, and represent an intensified control of women’s bodies. In this context, the notion of choice is appropriated to promote corporate economic interests rather than personal autonomy.

REPRODUCTION AND FEMINIST UTOPIAN THOUGHT

Understandably, feminist analyses or critiques of reprotech are rarely mentioned in mainstream ART literature. Feminist responses to assisted reproduction are too complex to be summarized here. However, contradictory strands of utopian feminist thinking regarding reproduction and maternity are well illustrated by two very different texts; the first, the extraordinary feminist utopian novel *Herland* (1915), written by the prominent socialist feminist Charlotte Perkins Gilman during the height of the first wave of feminist suffrage struggle; the second, *The Dialectic of Sex* (1969), by Shulamith Firestone, a fiery socialist feminist tract that inspired women during the second wave of feminism.

Gilman's *Herland* presents a country populated solely by women. Over the course of several thousand years they have created a rational, stable, peaceful, prosperous economy and social order, including voluntary eugenic reproductive practices, based on exalting the social principle of Motherhood. The grand task of Herlanders is "making people" in every sense of the word. There is no individual ownership of children. All the women act as nurturing and social mothers to all the children, who are all girls. There is no sexual intercourse and no "sex feeling." To solve problems of population control each adult woman is allowed to bear only one child. When born, this child, who is engendered by the intense inner desire and preparation of the mother-to-be, becomes part of the community, not part of a nuclear family. In *Herland*, women can only get pregnant because of their great desire for a child. For the good of the community, some women voluntarily defer or forgoe motherhood, satisfying their desire for it by tending the communities' babies. In *Herland*, hundreds of years of rational, diligent attention to the problems of weeding out undesirable characteristics and choosing good ones by voluntary eugenics have paid off in a population that is strong, healthy, beautiful, and multi-talented.

Gilman was simultaneously a radical socialist feminist and a believer in "positive eugenics." Her writings call for women to be liberated from the biological burdens of compulsory reproduction, motherhood, and domestic work. Gilman believed in "female values" of co-operation rather than competition, sharing skills and property, and the labor of raising children. Though she

welcomes technology to liberate women from backbreaking labor, in *Herland*, Gilman solves the problems of fertility and reproduction with social engineering and the development of a strangely mythic reproductive biology—a kind of parthenogenesis, like that practiced by creation goddesses. In her utopia, reproductive self-repression for the good of the community takes the place of autonomy, as the solution to overcoming the constraints of biology and sexual reproduction.

In *The Dialectic of Sex*, on the other hand, Shulamith Firestone is adamant that technology, and technology alone, will provide human mastery of matter, and free women from the tyranny of biology: “The biological family unit has always oppressed women and children, but now, for the first time in history, technology has created real preconditions for overthrowing these oppressive ‘natural’ conditions, along with their cultural reinforcements.”⁵ Only women’s technological control of their biology will change the patriarchal balance of power. Firestone was writing in the late 1960s, a time when research on reproductive technologies was developing rapidly. Astoundingly, by the mid ’80s, many of the reproductive techniques she anticipated were already in place. Firestone speculates that the invention of an artificial womb will solve the vexing problem that women are still the sole bearers of children; pending this invention, she suggests that women pay other women to be surrogate mothers. Concluding her feminist socialist analysis of the biological and material causes of women’s oppression, Firestone calls for a feminist revolution based on the creation of a humanly controlled ecological balance using cybernetic feedback systems and artificial reproductive technologies. Today, though the technologically based systems she advocated are highly developed, the feminist “revolution” is bogged down in conflicted debates about the impact and consequences for women of the purportedly liberating new technologies. In different ways, both Gilman and Firestone pin their utopian dreams on women freeing themselves from traditional (heterosexual) and ‘natural’ biological reproductive processes. However, neither Gilman’s eugenicism nor Firestone’s techno-utopianism, (which is also racist), is defensible, since both depend on repressive or rationalized bodily and social processes, anathema to the goals of feminist autonomy.

INDIVIDUAL DESIRE AND REPRODUCTION IN LATE CAPITALISM

From the mid 1960s onward, women's liberation, widening use of the birth control pill and availability of abortion, began to give large numbers of women the experience of separating sex from reproduction. Feminist health and abortion services supported a politics of female autonomy and helped to change women's attitudes toward childbearing and motherhood. Books like Adrienne Rich's *Of Woman Born* and Nancy Chodorow's *The Reproduction of Mothering*, provided generative theoretical studies of female ambivalence toward societies' constructions of reproductive functions and the institution of compulsory maternity. Crucially, they questioned and challenged the assumption that the desire to bear children is a natural and innate one common to all women.

The following three decades saw significant changes in women's reproductive patterns and choices. Many women began to defer childbearing to pursue higher education and careers. Many opted for single lifestyles, child-free marriages, lesbian relationships with or without children, or experimented with collective household and child-sharing arrangements. The entrepreneurs of new repro-tech took advantage of these new cultural and social patterns. Deferring childbearing lowered women's fertility rates, and ART was ready to step into the breach with techniques of ovarian hormone stimulation, IVF procedures, and egg donation. During this time new definitions of infertility were established by medical authorities, and "infertiles" supporting a growing medical industry of infertility, demanded that it be recognized as a disease or disability whose treatment should be covered by insurance. (At present, infertility treatments and ART are financed almost entirely by the private monies of mostly middle-class and affluent users, who often mortgage houses, sell stocks, or raise bank loans to pay for treatments.) Fertility doctors have supported this move; for example, the American Society of Reproductive Medicine (ASRM) and RESOLVE (an infertility support group) have joined in endorsing the Fair Access to Infertility Treatment and Hope (FAITH) Senate Act that calls for insurance to pay for up to four IVF treatment cycles and promises "minimal impact on the cost of health insurance."⁶ While such legislation may seem like a progressive

move to make ART widely accessible to all economic classes, it still won't benefit the millions of Americans who have no health insurance at all.

American commodity desire is immediate, and is fed by the belief that science can provide technological solutions for every biological problem. The still highly experimental technologies of assisted reprotch have a low success rate and their long-term safety and biological and genetic risks have not begun to be adequately assessed or studied. But ART is being driven by the twin engines of manipulated consumer desire for new technologies, and the enormous profits to be made from the infertility business. At the macro level of politics, the function of reproduction in late capital is to produce compliant workers and successful consumers to serve and feed a global commodities economy. Corporate biotech entrepreneurs must find ways to divert reproductive desire and autonomy to serve market imperatives to control and patent genes, germ lines, and life processes. Rationalized and optimized methods of new eugenic reproduction are represented as being far more efficient than the random chance method of sexual intercourse, because they can be technologically controlled, and promise improved human characteristics and successful offspring. Even though the success rate of ART is still very low (between 15 and 22.5 percent of IVF cycles result in take-home babies), its spectacle is one of scientific authority and control. The ideology and practice of new eugenic principles that is part of the macro discourse of ART has been masked by the micro discourse of individual choice. Many sperm banks, for example, accept only certain categories of donors—Nobel Prize winners, successful professionals, heterosexuals, athletes—and all require extensive genetic, medical, and racial background profiling. Preferred and highly paid egg donors must generally be young, intelligent, college educated, from selected ethnic and racial backgrounds, healthy, good-looking, and able to pass a battery of psychological tests.

RADICAL IDEAS AND NORMALIZED/ NATURALIZED PROCESSES

In order to be territorialized by capital, radical ideas and processes must be normalized/naturalized in everyday life, and their dangers rewritten as bene-

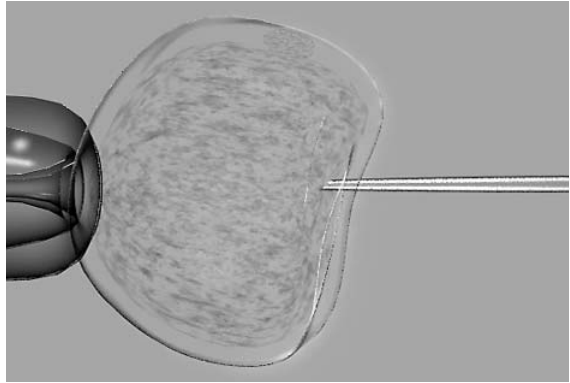
fits. This is done through literature, art, and mass media representations. Religious indoctrination works this way, as does political propaganda. Science too relies on these instruments to make it appear rational, humanistic, and necessary, rather than outlandish and threatening. In the consumer culture of late capital, public acceptance of formerly frightening or taboo scientific ideas is managed through carefully orchestrated propaganda campaigns that domesticate the previously unthinkable with promissory rhetorics of “improvement” and “choice,” and with seductively aestheticized images of scientific processes, products, and services.

The often extreme, biotechnological procedures of ART have been naturalized in this way within a few short years. Starting with the birth of Louise Brown, the first IVF baby, in Britain in 1978, the new reproductive technologies were at first both sensationalized and glorified in the media, often by the use of apocalyptic language, or by dire warnings about the monstrous experiments scientists were conducting in their labs. These media reports played on the fears and fantasies of people worried about becoming guinea pigs in an authoritarian scheme to remake humankind. The media revisited all the classic archetypes and eugenic myths from *Frankenstein* to *Brave New World*. The icon of the baby in the bottle *in vitro* [literally, in the glass] was replaced with pictures of doctors mixing gametes in petri dishes, and hundreds of frozen embryos crammed into cryotanks.⁷

To counter much of the negative publicity and push their business, ART doctors and entrepreneurs entered the battle of representation, writing their own books and launching Web sites that present reassuring images, human interest stories, and descriptions of ART in matter-of-fact and easily assimilated ways. For example, detailed diagrams of the interior of the female pelvis and reproductive organs are often shown with a vision machine or surgical instrument in place. These cyborgian images help normalize the idea of technological intervention into the reproductive body. The literature is usually directed at the white, educated, middle-class, professional couple or career single; it is reassuringly scientific (i.e., it gives assurances that ART is cutting-edge medicine, not stitching together corpses), affirmative, and upbeat. It represents

ART as an exciting creative venture any couple could undertake with their doctor.

ART literature also paints a picture of how clients can integrate these processes into their everyday lives (i.e., “Our clinics open early and close late so you can



3-D REDNERING: CHRISTINA HUNG

Intra Cytoplasmic Sperm Injection (ICSI).

come in for your tests every day”), and systems that help them work out payment plans. Crucially, this literature pitches its utopian and promissory rhetoric in the non-sensationalized, calmly authoritative voice of the expert: “I helped to create the United States’ first pregnancy produced from a frozen embryo.”⁸ Disguised as consumer advice, this approach benefits capital and reinforces scientific authority.

Consumer persuasion also works by aestheticizing scientific processes. An iconic representation of ART that has been circulated widely is a colorized microphotograph of intra cytoplasmic sperm injection (ICSI), a delicately precise micro manipulation process in which a single carefully screened, washed, and capacitated sperm is inserted through the zona pellucida of a selected egg by means of a hollow glass needle. This is an image of willful creation every bit as compelling as Michelangelo’s iconic Sistine Chapel image of God creating Adam. It is simultaneously the ultimate image of scientific control and triumph, and a secular visualization of miraculous creation. Most viewers have no scientific understanding of the precise biotechnological process this image demonstrates, but the ideological reading is clear: Technological control over life processes. Further, it is an image of eugenic choice that brings one superior egg and one fit sperm together in a technologically mediated act of fertilization. Without needing to spell it out directly, the ICSI image has become an unparalleled poster child for the new eugenic processes of genetic screening and manipulation. Such consumer-friendly representations have been effective in helping to naturalize the often fright-

ening and extreme processes of ART in everyday life.

The abstract beauty of the aestheticized scientific ICSI image is made possible by sophisticated new visualization instruments including sonography, hysteroscopy, laparoscopy, microphotography, tunneling microscopy, PET scans, and MRI. After all, the breakthrough step of being able to “see” the fetus in the womb opened the way for it to become a strategic icon in the abortion battles. Both ART and abortion foreground the fetus or take-home baby, not the mother or the woman. Since the fetus icon was contested territory already claimed by anti-abortion crusaders, ART adopted the image of the radiant (usually white) biotech baby, the child of choice. After all, what ART was promising was a live baby, not just an unformed fetus. (Hard statistics of ART success are measured in “take-home-babies,” not pregnancies.) These iconic baby pictures have helped to domesticate strange and threatening technologies that were previously unthinkable.

CONCLUSION: NEW CYBERFEMINIST PRACTICES

The micro and macro politics of the public discourses of ART are conflicted; currently the forces of market capitalism have won the field with the consumer-friendly appropriated rhetoric of choice. Consequently, this rhetoric is too compromised to be useful to feminists any longer. Instead, new critical practices and language must be introduced to address changed political and cultural conditions. Corporate research in assisted reprotch is still advancing rapidly, and increasingly there are contestatory interests at stake. Meanwhile, growing bodies of feminist cultural theory and literature, as well as new media practices and artworks, play with concepts of the posthuman cyborg body and the recombinations of women and machines. The 1980s saw strong feminist activism, both in the U.S. and internationally by groups such as Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE), founded in 1984, that critiqued and opposed new reprotch using many classic feminist arguments and tactics. But there is still a wide gap between liberal and radical feminist theory, activism, and practice in the domains of biotech and ART. In her groundbreaking article, “A Manifesto for Cyborgs,” Donna

Haraway suggests it is of utmost importance that feminist politics address the social relations of science and technology. This would seem to be a productive strategy for cyberfeminist artists working with biotech issues.

The challenge for feminist activists/artists is to create practices that counter and subvert corporate biotech's increasing ability to control the female body and reproductive processes by means of advanced technologies. Recent reprotch controversies, such as women growing embryos to be harvested for fetal stem cell research, suggest the urgent need for new ways to assess the threats to women's bodily sovereignty posed by rapid naturalization and deployment of such corporate-driven technologies. Since most women do not understand many of the complex implications and consequences of reprotch, it is necessary that feminists begin to generate autonomous (free from state, corporate, or entrepreneurial control) cross-cultural, decentralized, biomedical sex and reproduction education projects trans-nationally. In her book, *Women as Wombs*, radical feminist Janice Raymond cautions that science has become overly focused on developing techniques employing lucrative high-end technologies. Raymond calls for a new feminist reproductive and sexual science that doesn't hinge solely on often risky, high-tech approaches that are financially unavailable to most women anyway.⁹ Such a science could recombine diverse sources of knowledge to create new sexual and reproductive options that take into account women's differing economic, social, and political conditions and desires. New feminist reproductive science would have to devise flexible information and distribution mechanisms, perhaps based on a combination of electronic networking and embodied, performative practices. As the autonomous method of menstrual extraction practiced by lay people (bypassing the medical authority system) proved, new approaches to reproductive science can enlist feminist activists from diverse backgrounds to act as trained, non-specialist practitioners teaching methods that foster principles of autonomy and individual and social well-being. Feminists should lead the critique of the ways in which intensified biotechnological intervention is increasingly offered as the solution to every problem from infertility to world hunger:

subRosa, has begun to activate a resistant cultural practice based on the goals

discussed above. Initially, we focused on aspects of ART that have largely been silenced in public discourse. We hope to disrupt the current “choice” discourse of ART; to initiate an interventionist debate and practice among diverse non-specialist audiences; and to further probe and expose biotechnology’s far-reaching repercussions for women’s health and bodily autonomy worldwide. Our projects to date: 1) “Does She or Doesn’t She”(poster), “SmartMom”(web-site), and “Vulva De/Reconstructa” (video) expose gender differences in ART practices and highlight the effects of high-tech body invasion on women’s health and autonomy. 2) “Expo EmmaGenics”(performance and website) and “The Economies of ART” (article) question and challenge the ways in which market forces drive the research, development and deployment of reprotch’s products and services through an analysis of the economies of ART; and 3) “Sex and Gender Education in the Biotech Century,”(performance, workbook, and web site) interrogates the intersecting ideologies and practices that serve to normalize and naturalize ART, exposing their historical connections to eugenics and colonial ideologies.¹⁰ ★

This essay was originally published in German in *Kunstforum International*, January–March 2002, Germany.

- 1 For a bibliography on women and biotech, see Appendix.
- 2 John A. Robertson, *Children of Choice: Freedom and the New Reproductive Technologies* (New Jersey: Princeton University Press, 1994), p. 235.
- 3 Advertisement appearing in the New York Times Magazine, July 21, 2000. p. 42.
- 4 For a discussion of “new eugenic consciousness” see Critical Art Ensemble, *Flesh Machine: Cyborgs, Designer Babies and New Eugenic Consciousness* (New York: Autonomedia, 1998).
- 5 Shulamith Firestone, *The Dialectic of Sex: The Case for Feminist Revolution* (New York: William Morrow, 1970), p. 193.
- 6 See <http://www.resolve.org/RELEASE_FaithBill.htm>.
- 7 Susan M. Squier, *Babies in Bottles: Twentieth-Century Visions of Reproductive Technology* (New Brunswick: Rutgers University Press, 1994).
- 8 Marrs, Bloch, and Silverman, *Dr. Richard Marrs’ Fertility Book* (New York: Dell Publishers, 1997), p. xiii.
- 9 Janice G. Raymond, *Women as Wombs: Reproductive Technologies and the Battle over Women’s Freedom* (New York: HarperCollins, 1993).
- 10 For more information on subRosa’s projects visit our web site: <<http://www.cyberfeminism.net>>.