

Paola Mieli

Verde:

*Some Reflections On Medically Assisted Reproduction*¹

Al poco giorno e al gran cerchio d'ombra
son giunto, lasso, ed al bianchir de colli,
quando si perde lo color ne l'erba:
e 'l mio desio perb non cangia il verde.²

Dante, *Canzoniere*, 44 (CI)

In the depths of prostration -- she can no longer sleep without waking up from a recurrent nightmare of suffocation -- in the depths of a state of anxiety that is driving her nearly to suicide, Rachel seeks the help of an analyst after a series of failed attempts to become pregnant. She has already consulted four specialists, the last of whom urges her to let him attempt a second *in vitro* insemination. Rachel has no steady companion, and when she speaks of possible fathers for the baby she so desperately wants, she lauds only their physical endowments. These are not men you can count on, but then again none of them really counts in this quest she's on. The person she does trust is the medical specialist.

Her state of prostration is striking, and with it, a more insistent demand, a more insistent longing to experience motherhood, what she refers to as the miracle of birth. She visits one physician after another with the sense of approaching some final deadline. It takes five months of regular meetings for the taut wire of dreams that abruptly shatter her sleep to reveal the circumstances surrounding her own birth; only recently has she found out that she is not the biological daughter of the father who has raised her, but rather the sole fruit of a mother's transgression in a marriage that brought life to five children. It will be the course of analysis that impels her to discover that the family doctor, *the very same doctor* who helped her mother bring her into the world, is her biological father.

Let us merely point out here that Rachel, in her wish to be a mother, questions maternal desire, her mother's desire as a woman and as a mother, just as she questions in the doctor the desire of a man and a father. At the same time she questions the truth of which her coming into existence is the fruit, a truth that, though silenced, has continued to mark her entire life.

Needless to say, to hear out her demand by promising the success of an assisted fertilization is to evade the question underlying that demand and to strengthen the reasons for psychic infertility; it is to

push Rachel to the brink of acting-out.

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Marie-Magdeleine Chatel Lessana has shown in ample detail in her book *Malaise dans la Procréation* [Procreation and Its Discontents], that the occurrence of human fertility cannot be reduced to a pure bio-physiological phenomenon, to an anonymous encounter of gametes ³. Fertility is the result of a whole overdetermined set of elements that rest upon the materiality of the body, but that imply differentiated registers; a phenomenon of universal nature, it is inscribed in the specificity of individual history as the precipitate of a constellation of unconscious signifiers, of symbolic events, imaginary and real elements that constitute the uniqueness of subjective truth. The magical aspect of conception condenses the contingent and accidental character of an encounter, an encounter between the sexes that is an encounter between a man and a woman who each has a particular history; an encounter that becomes a life-breeding occasion. In this sense, a conception is an event that traverses the generations; it localizes both a certain relation to motherhood that goes from daughter to mother and mother to grandmother, and sheds light on a precise relation between femininity and maternity, as well as the appearance of a paternal function entrusted with a symbolic transmission between generations.

It has been observed that at the very moment in which new medical discoveries are giving women the freedom to program and decide maternity, interrupt it, or defer it, we are facing a new problem: that of infertility. Various statistics show that often, when women find themselves wanting to conceive a baby they have put off having, they can't manage to have it. Obviously, we are not considering organic dysfunctions here, much less the physiological consequences of contraception or abortion.

Infertility as an effect of programming, let us say, interests us here insofar as it sheds light on a fundamental aspect of what we may define as the *temporality of motherhood*. By intervening in subjective temporality, the techniques of contraception reveal the gap that exists between will and desire; they expose the fact that *the temporality of desire is logical*, not a matter of linearity or decision-making. The possibility of controlling procreation gets confused with the idea of being able to schedule a child whenever one sees fit, with the illusion that one's own fecundity can be dictated by a rational decision. Let us emphasize at once that these statements in no way imply a critique of the use of contraception, much less suggest the return to some mythical reproductive "state of nature." But if it is worthwhile dwelling on the existing relation between control and fertility, this is because the application of new medical technologies to a woman's body radically demonstrates the truth of *subjective division*: the fact, that is, that human beings are inhabited by a knowledge that eludes conscious thought and whose effects no rational decision can avoid. The time of motherhood is such that the instant of

conception compresses into one logical moment the falling into place of the set of signifiers that characterize a certain encounter, that inscribe such an encounter into a history spanning generations.

Psychoanalytical clinical practice, therefore, continually demonstrates the extent to which infertility may vanish in the course of a treatment.

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The New York Times recently published a series of articles devoted to what has rightly been defined as "The Fertility Market" ⁴: As everyone more or less knows, assisted fertilization is first and foremost a booming business. It should be pointed out that in these articles, which are the source of the interesting data I'll be drawing upon in these notes, no mention is made of the possible psychological causes of what is defined as "infertility." The notion that subjective causes of a non-organic order may result in infertility is a priori ruled out. What is taken at face value, meanwhile, is the current definition of "infertility" given by the American medical establishment, namely: "an inability to conceive after a year of unprotected sexual relations" ⁵. This is taken as a fact; there is no discussion of either the correctness or the consequences of such a definition. In this view, a physician, at the end of the fateful year, should advise those patients eager to have a child either to undergo fertilizing treatments or to begin the course of assisted reproduction. The possibility of questioning the woman's personal circumstances, by sending her, for instance, to a psychoanalyst before going the route of medical intervention, isn't a consideration.

Psychological motivations for infertility are given no credence, then. And how convenient this is. In a heated debate on the new possibilities of genetic engineering -- a different field from that of assisted fertilization but one that, ethically and socially, has rather similar implications -- a doctor of immunology recently declared to me that, when all is said and done, the motive for scientific research is the desire for knowledge. Yes. But how is it then that such desire goes only in a certain direction, preferring to shut out a priori any other knowledge -- psychoanalytical knowledge, say -- that does not stop at the mere genetic, physiological, and environmental factors, but at the same time questions the complexity of subjective reality? People always answer this by leaning on the crutch of empirical, quantifiable data: on the famous formula of Lockean empiricism, *nihil erit in intellectu quod non prius fuerit in sensu* (Nothing will exist in the mind that was not first in the senses). But here they quote out of context, forgetting how Locke finished his sentence: *nisi intellectus ipse* (except mind itself) -- which states unabashedly the idealist basis of such a doctrine of knowledge. It would be worthwhile to examine the basis of a certain contemporary scientific empiricism, which, clinging to the Truth of Statistics, spells Nature with a capital letter, thereby managing to rake in huge profits while giving the appearance of a clean conscience, free of the ethical implications of its own operations.

Obviously we are dealing here with a position that can be so deftly upheld not only because it nurtures an enormously lucrative business but also because in its own way it satisfies the demand of

those who use medical science. It is in the interest of a certain economic reality for medicine to nurture ignorance and belief. Faced with a dead-end situation, it's only natural to look for a quick fix. The promise of a certain scientific discourse applied to the medical sphere is that of being able to *quickly* resolve not only illness but every least discomfort, every psychic or physical obstacle, by intervening in the patient's body -- whether it's a matter of pharmacology, surgery, genetic engineering, or whatever. A solidarity is established between the logic of medical science and the logic of the symptom, which calls precisely for such direct intervention in the body. In the case of infertility we see assisted-reproduction practices reinforce the subjective conviction mentioned above -- namely, that to make a baby, you just have to want to; it doesn't matter, then, *who* wants to, whether it's the woman, her partner, the doctor, the clinic. Patients and doctors share the same faith in a totally rational, self-transparent subject; the response to the symptom, that is, is a symptom -- and so its roots proliferate⁶.

Current medical discourse separates the sickness from the sick person; it makes the sickness its privileged object of study *at the expense* of the sick person. In reducing the symptom to the sickness of which it is thought to be a sign and treating it quite apart from the subjectivity that manifests it, this discourse relegates the individual to second place. This sort of schism between the sick person and the sickness, obviously operative in the logic that governs various practices of assisted reproduction or genetic engineering, is at its most blatant in the realm of current high-tech implementations of Life Extension. In the United States this situation is tragically paradoxical. The dying sick are too often kept alive thanks to intrusive machinery that spares neither physical nor moral suffering. The challenge medical science throws up to death, supported both by scientific ideology and by religion, doesn't think twice about putting dignity and human suffering "on hold"⁷.

Today, according to the National Center for Health Statistics, infertility is a condition that strikes 4.9 million American couples. According to the same source, in 40% of these cases it is the woman who is infertile, in 40% the man, and in 20% the infertility remains inexplicable. Medical specialists judge that approximately 50% of the couples in question can be aided by conventional systems of so-called low-tech treatments (drugs, intrauterine insemination, surgery) and 50% require so-called A.R.T. (assisted reproductive technologies), which include: in vitro fertilization, gamete introfallopian transfer, zygote introfallopian transfer, micromanipulation, intracytoplasmic sperm injection, crypreserved embryo transfer, egg donation, surrogacy.

From 1981 to January 1996 in the United States, 40,000 babies have been born by in vitro fertilization and similar procedures; a number said to be five times lower than that of France, where assisted reproduction is covered by the state⁸. In the USA, 85% of the cost of such procedures accrues to the patient. The price of an in vitro fertilization or a GIFT (gamete introfallopian transfer, in which a mixture of sperm and eggs is inserted into the fallopian tubes) ranges from \$7500 to \$15,000; and such cycles are often repeated. The cost of a fertilization cycle for egg donation, on the other hand,

ranges between \$14,000 and \$20,000, depending on the fee the donor receives (usually between \$1,500 and \$3,000); and there are further separate medical expenses for the surrogate mother and the legal mother, hospital expenses, legal expenses.

Assisted reproduction is part of the vast contemporary market merchandizing the human body. The development of biological technologies has led to a boom in the industry of body parts and substances. Thanks to the spread of organ and fetal transplants, the use of fetal materials for medicine and cosmetics, reproductive technologies and genetic engineering, body parts and fluids -- from the organs to the blood, from tissue to cells -- are now the object of a world-wide industry that draws billions of dollars in profits ⁹.

The revenues in the market of reproductive technologies are such that hospitals and clinics compete over their assisted-reproduction services, often publicizing percentages of success that bear no relation to reality. In 1994, for instance, Mount Sinai Medical Center in New York paid four million dollars "to hundreds of childless former infertility patients to settle a suit over false success-rate claims."¹⁰

The egg, sperm, and surrogate-motherhood marketplace has led to the rise of a set of agencies to match donors with recipients (the Center for Surrogate Parenting and Egg Donation in Beverly Hills is a well-known example). A new type of entrepreneur has emerged, the so-called "donor brokers," most of whom are lawyers, nurses, and psychotherapists, who, for a certain fee, scout for ideal donors and surrogate mothers.

If it is worth relating these facts here it is to draw attention to the real extent today of assisted reproduction. It is necessary to recognize that in reflecting on the consequences of new fertilization techniques, we are not conjecturing over some future reality, but one very much in progress. Not only are we already having to come to terms with the new reality of infertility, derived in part from the effects of birth control on the temporality of conception; not only are we grappling with symptoms derived from the alliance between subjective discontents and medical knowledge as it is applied not only to therapeutic but also ideological, political, and mercenary ends; in fact we are already deep in the midst of a social reality in which many new-born children are the product of applied advanced technologies. For many of these children the issue of their birth -- an issue that, as ever, raises a host of other questions -- enters a new framework. It is well worth dwelling on this new framework for a moment; and it is from the vantage point of these children who've come into the world by means of new applied technologies that we shall try to put forward certain considerations.

All human beings are part of a determined social context that defines the symbolic universe to which they belong. From the moment they're conceived they occupy a precise place in the network of relations that characterize the world of the mother, the father, their families. Beyond a genetic

inheritance, a child receives a symbolic, cultural, inheritance, marked by the historical and material truth of the generations that have come before it. Whether their conception has been accidental or planned, human beings are marked by the desires of those who have wished to give birth to them, who have wanted them to live and grow. Their identity will be defined not only by a precise genetic map but also by a *symbolic map* that inscribes them in a history -- that of their family, their race, their language, their country, their geographical setting. This identity will take shape within the workings of a dialectical process of identification and differentiation between self and other that spans each individual's life.

In the realm of new genetic manipulations or of assisted reproduction, applied medicine, by emphasizing genetic heredity on the one hand and giving absolute priority to reproduction on the other, does not take into account the totality and the complexity of the components that define subjective identity. Content to consider the genetic map and environmental factors (geographic, nutritional, etc.), it pays no heed to the transmission of a *symbolic* inheritance between generations.

All human beings must come to terms with a genetic *and* a symbolic inheritance, articulating themselves -- their own self -- in a constant dialectical relation with the outer world. The subjective symptoms, be they psychic or somatic, are often one of the ways such coming-to-terms is expressed.

What are we to say, then, of the reality the children of the new technologies must come to terms with? Let's state, above all, that these children may find themselves faced with a redefinition of the notion of family. Through the new technologies, five different people can be directly involved in the birth of a child: the woman who supplies the ovules, the man who supplies the sperm, the woman who bears the fetus, the woman and the partner who raised the child. "What does it mean to be a mother, a father, a family member?" some therefore ask ¹¹. The question is broached above all from a legal standpoint -- through the attempt to define these roles in relation to the law. Through special centers, egg or sperm donors act for the most part in anonymity; legally their services end the moment they're paid. Many infertile couples, however, meet these donors. They ask for donors who meet specific requirements, and not only from the standpoint of health or race: they are expected, for instance, to be of a certain height or hair color, to belong to a certain religion, or play certain sports, excel in science or literature. Sometimes the donors are friends.

In the case of surrogate mothers the law ensures above all that the woman has no right over the child she has carried and given birth to. She has a direct contact with the child's legal parents during the pregnancy; sometimes, if they desire it, during its rearing as well.

In a word, then, the law decides who is father and mother. It defines a symbolic and civil function, at least partially independent of biological reality; which is nothing new, given that equivalent decisions have taken place for years in the case of adoption. We should add, moreover, that such a symbolic function does not always correspond to different sexes: in certain instances, the couples in question may be same-sex.

Yet biological reality counts, and not just genetically. It goes without saying that it counts from a genetic standpoint. To carry a certain genetic baggage rather than another is something that defines a fundamental aspect of individual uniqueness; to know or not know from whom this genetic baggage comes can have both medical and psychological repercussions. Every clinical case demonstrates this; we don't even have to look here to the example of many adopted children raised in happy circumstances, where the need to know about their own origins ends up determining the course of their lives.

What vicissitudes of desire have created a certain child? Faced with this question, we realize that the reality of assisted reproduction calls into question an unprecedented dynamic of desire. If it is true, as noted above, that five people can be directly involved in the baby's conception, then at least as many vicissitudes of desire will be involved in its coming into the world. There are the vicissitudes of desire of its civil parents, who have done so much to have this child, with all the burden of infertility hanging over one or the other, and the meaning of such infertility coloring both their histories. There are those of the surrogate mother, who accepts such a role in order perhaps to feel she's "a good soldier," as Monica Loustlot, a two-time surrogate mother and one-time egg donor, has put it ¹², or to re-experience the ecstasy of gestation, or simply to pay for her own children's schooling. And there are those of the sperm or egg donor, who may feel motivated by friendship, love, a sense of omnipotence, a will to populate the world, or the idea of easy money. Into this web of desires at work in the protagonists of an assisted procreation, we must add the weight of the desire of the doctor who matches and follows them, of that doctor who answers the question posed by infertility by assuming the role of the creator-father.

A hundred years of analytic practice have shown that the fact that a human being comes into the world through the desire of the other (parents, family, a socio-cultural context, etc.) and that, in the wretchedness of physiological prematurity, he can survive only through such desire, is something that radically determines the orientation of subjective identity. That human desire is the desire of the other is one consequence of this structural condition. The drama of the neurotic must always be defined in relation to a wavering acknowledgment of the desire he/she is the fruit of and whose symbolic debt must be paid. Whether he/she ignores or recognizes this onus doesn't prevent running up against it at every turn. Let us say that the malaise of the human condition will draw comfort from one's recognizing the plot one is woven into; that this recognition will allow a person to interrupt certain transmissions of symptoms between generations.

The circumstances of a birth through assisted reproduction are not without consequences, then. But we must immediately add here that the circumstances of *any* birth are not without consequences. All well and good, but if it is worthwhile reflecting on this question in light of the new reproductive technologies, it is because the current discourse of applied medicine in this field doesn't know, or pretends not to know, the ethical and symbolic implications of its own operations. It is unaware of the

scope and import of the vicissitudes of the desire of the parents, the relatives, the milieu, of the newborn child. To shed light on this reality, to take cognizance of it, is one way of gauging the consequences of this new social situation, seriously assessing its ethical implications and lifting one's own ostrich-head out of the sand.

Naively, embarrassedly, people ask what to tell children born by assisted reproduction. According to the New York Times, among the parents of children conceived through in vitro fertilization between 1982 and 1992 at Yale University Medical Center, 8 percent don't want to reveal to their children the circumstances of their birth, 26 percent are uncertain what to do, and 66 percent plan to discuss it with them. Doctor Dorothy Greenfield comments: "There are a lot of people telling and others who are not comfortable with that. We don't know whether it's important or whether it's like discussing with kids the circumstance of their conception -- who was on top, who was on bottom -- which we normally don't do." ¹³. A remarkable statement, all the more so for being made by the director of psychological services of the Yale Center for Reproductive Medicine. She candidly reveals what seems to her an obvious equivalency: that speaking of a test tube birth is the same as speaking of details of a sexual embrace. We learn that, in the judgment of the doctor, there is no difference between the sexual act and the encounter of ovules and sperm in a beaker -- same mechanics, after all. And facts are facts. But to smile over what such a vision unveils of the erotic universe of those who uphold it does not eliminate the fact that it generally feeds into the ideology and practice of assisted reproduction. A perspective that fits easily into the puritanical tradition of the U.S. scientific discourse, where, as in some fifties Hollywood film, we are assured from the outset that couples sleep in separate beds.

Advanced technologies in the realm of assisted reproduction exalt the separation between conception and eroticism. Reproduction is reduced to a pure mechanical event, at least in the eyes of technicians who do their utmost to succeed where what they call Nature fails. Such a reduction easily fits within the puritanical and capitalistic logic promoted by the body-parts industry: stripped of its erotic nature, the body is reduced to so many components that have above all a commodity and product value. Stellar profits are obtained through the asepticness of an exchange thought to be emptied of any libidinal component -- which is obviously sheer illusion. To eroticism falls the task of forming a new enclosure, a wholeness, for a body fragmented by the commercial value of its real parts.

If in the eyes of technicians, reproduction and libido coincide through a pure useless accident, in the eyes of children, things are a bit different. The technicians are forgetting, or perhaps don't know, Freud's lesson: that children are sexual beings; that rearing, the evolution of subjective individuality, is structurally accompanied by the articulation of a sexual geography that charts a map of the human body. The body is an erogenous site, marked by an exchange with the other that, from the child's very entry into the world, inscribes jouissance in it. ¹⁴

Children's longing for knowledge, the same longing that animates their insistent questioning --

the same longing that forms the basis for intellectual or scientific research -- is born out of sexual curiosity. Such a thirst for knowledge, animated by the child's libidinal development, founders on the mystery of origins, the enigma of sexual difference. In questioning the limits of the knowable, this longing raises the question the human being feels it hangs upon: that of its own origin, its own reason for being.

Let us recall that Freud showed how longing for knowledge emerges in childhood as a consequence "of vital need" ("*der Lebensnot*"): it is when the child feels threatened, for instance, by the Oedipal prohibition or by the arrival of a new-born baby in the family, that the drive for research is kindled. Because of the prohibition that separates the child from the object of desire, the drive-related urge of current eroticism is associated with the sense of threat. As I have stated elsewhere, it is danger that hastens the clinging to causal logic; it is danger that induces production of rational explanations in the face of what takes the guise of the *unthinkable* ¹⁵. And the unthinkable, the unsymbolizable, takes the guise of danger. The sexual theories of children -- the phallic theory, the cloacal theory, the sadistic theory of coitus -- are exemplary in this regard, in their attempt to offer an answer to the unthinkable aspect of origin, of sexual difference.

The fact that John Aspinwall, four years old, should explore the dish in which, as he's told, his life originated, and uses this small transparent object as a lens through which to gaze at the camera that captures his image, doesn't alter the fact that his provenance remains as mysterious as the gesture he mimes well represents. More perhaps than the scientists who've brought him into the world, John understands that 'seeing' the place of one's own conception, or knowing that one is the offspring of a successful meeting of ovule and sperm, takes away nothing of life's enigma; in no way does it remove the basic question of what meeting of desires one is fruit of. ¹⁶

The empirical data exhaust neither the reality of the fantasy nor the encounter with an unsymbolizable real. To know that the longed-for object is inaccessible in no way prevents us from imagining its love. Knowing how a tumor kills a human being does not release us from the inconceivability of impending death.

What a certain scientific discourse seems to ignore is that the human being is oriented in the world, in a world of objects, moved by desire.

One is therefore made aware here that the question of what to tell or not tell children about the assisted reproduction they are the fruit of, reflects, above all, an ignorance; ignorance of the world of children, which is in reality no different from ignorance of one's own adult world. But let us add that such a question may be the sign of the bad conscience of whoever utters it; the sign, that is, of discomfort aroused by the valuing of a practice which, *in its very description*, suddenly unveils all its symptomatic character.

Anyway physicians, psychologists, specialists, social workers and so on, seem united in paying no heed to what, after a century of psychoanalysis, everyone should know: that what condenses into a

family secret is by definition doomed to persist, to return, to weigh upon the life of children and future generations -- to produce effects by the very fact of being hushed up.

Let us recall that the truth of their own genealogy does not prevent children from inventing one they prefer. The reality of things, so-called empirical data, far from silencing desire, allows instead for activation of the fantasy. Freud showed how the family romance, that waking, open-eyed fantasy through which children correct the circumstances of their coming into the world -- inventing the scenario, say, that they've been adopted by those who claim to be their parents, or imagining that they are the fruit of a relation that substitutes one parent by someone they prefer -- is one of the techniques by which children free themselves from parental authority. An emancipation as painful as it is necessary, since "the whole progress of society rests on this opposition between successive generations." ¹⁷ Freud distinguishes two phases in the family romance: the one preceding knowledge of the sexual premises of procreation, in which both parents can be replaced by better parents; and a successive phase in which, on the basis of the principle that *mater certissima est*, the father remains the variable. Freud does not fail to point out that this 'sexual' phase, as he defines it, of the family romance, revolves around the desire to bring the mother " who is the object of the most intense sexual curiosity, into situations of secret infidelity and into secret love-affairs" ¹⁸.

Not only does the fantasy correct one's own genealogy in a way consistent with desire; it also seeks out answers to the question of the mother's jouissance. That such jouissance is unknown and unknowable, barred by the interdiction that distances her, by the universal prohibition of maternal incest that is the condition of the social order and the symbolic order; that such jouissance should by definition be inaccessible -- none of this alters the fact that human beings continue to question it. *Che vuoi?* -- What do you want? -- is, precisely, the question that guides the vicissitudes of one's sexual identity. Taking the form of the horror of castration, the mystery of the jouissance of the mother's body represents the impossibility to know as an absence.

We can observe that through interventions that alter the structure of the body, genetic discoveries and assisted reproduction partially change the facts on which the family romance rests. For anyone interested in ascertaining this, the biological father has for some time now ceased to be *semper incertus*, a pure reference of the mother's designation; on the other hand, with surrogate motherhood and egg donation, it is the certainty of the *mater* that is starting to waver. Biological truth gets complicated; we can say that this complication creates new options for the family romance. In a certain sense, it creates variants for it, enriches its pattern.

Perhaps the practice of assisted reproduction also says something about the fantasies, the forgotten family romances, of those who invented it.

Anyway, the questioning of the jouissance of the mother, of the one who takes the place of the primordial Other, be it one's real or civil mother, remains central. On the other hand, birth in a test-tube

or by a surrogate mother, birth by sperm or egg donation, does not eliminate the question of what jouissance has led to one's coming into the world.

For all that assisted reproduction may try to separate conception and eroticism, the eroticism that was chased away from the door reappears at the window-- only now it does so in the guises of symptom, inhibition, perversion. And the children of advanced technology will have to come to terms with such eroticism -- whether it's a matter of the libido of infertile parents, potent donors, or busily assisting doctors.

But let us note that assisted reproduction also puts a wrench in aspects of the prohibition against incest. The Reproductive Medicine Society of the United States suggests that donors should not contribute to more than ten births, to reduce the chances -- already infinitesimal -- that a person could mate with a half-sibling. This suggestion is not an injunction; yet it is likely that in time stringent guidelines will be set. But with or without regulations, the fact remains that society, albeit in a context of improbability and denial, concedes the possibility of a transgression of the order that establishes exogamy between blood relations. The fact that incest with one's father or with siblings often occurs doesn't mean that the law doesn't prosecute it. But in the case of the possible consequences of assisted reproduction, society, in not expressing itself on the subject, does undermine its own foundations.

A curious phenomenon, which gives rise to the perception to what extent applying new technologies in the realm of the structure of the body prompts a set of transformations that have effects both real, imaginary, and symbolic. Might we be witnessing here a new vision of the human, as Serge Leclair asked some time before his death.

Reproduction by egg donation or surrogate mother even raises the possibility of a transgression of the prohibition that universally upholds the social order, that of maternal incest. Why, after all, shouldn't a child accidentally meet up with his own biological mother? It doesn't matter whether this actually happens or not; what does matter is that society lets this possibility exist, and at a higher rate of frequency than in the case of adoptions. Between decadence and technological revolution, are we perhaps in an era that augurs a new tragic classicism?

What seems implicitly to oscillate within this framework is the *paternal function*. The structure of the paternal metaphor, as it is organized in the Oedipal articulation that decides subjective sexual identity, shows that the signifier of the father intervenes to replace the signifier of the mother's desire. It governs the relation between mother and child through interdiction, guaranteeing the maintenance of the symbolic order in which the human subject is inscribed. It is because law and desire are two sides of the same coin that, as Freud shows in *Totem and Taboo*, the interdiction represented by the paternal function is the condition of symbolization, of civilization. Ensuring that a vacuum is set up between mother and child, the paternal function ensures the place of a transmission between generations.

The nature of the paternal metaphor shows how it is not necessarily the real father who assumes such a function. Since such a function is represented by a signifier, it can take place in the

absence of the real father. It is this that, for example, does not prevent the articulation of a classic Oedipal configuration in cases -- increasingly common -- where the parents are of the same sex. The vagaries of the subjective structure within this configuration would vary on the basis of the specificity and uniqueness of the individual history, the signifiers, the desires, that have marked it. And such an individual history, in being inscribed, will stretch back at least three generations.

Surreptitiously enough, though, the present-day reality of assisted reproduction is putting the paternal function to the test; on the one hand, it undermines its very premises, for instance, allowing a fault-line to open up in the incest prohibition; on the other hand, it blithely upholds a separation between the real father and the paternal function, as though such a separation had no importance at all. The fact that the paternal function can take place in the absence of a real father does not mean that the separation between a father and his function is not, both at the individual and collective level, fraught with consequences. We see signs of this in the current crisis of American society; and signs, on the other hand, in the current crisis of masculine identity.

It is odd to observe how a phallic ideology of the sort that inspires the scientific discourse surrounding the new body-related technologies, animated by the myth of universalism, the elimination of differences -- biological, sexual -- of the manufacture of an ideal species in which disease, decline, and death will not occur, ends up reducing the male gender to impotence. It is no accident, since such an ideology calls into question the very premises of the symbolic order -- of the trinary structure that the paternal function represents -- through the fetishized illusion that symbolic castration (human beings' uncertainty in the universe, the inaccessibility of the object of desire, deterioration, death) can be avoided.

Reduced to sperm by the practices of artificial insemination, nullified by a collective hysterical position that regards him as a contingency within procreation, a man begins to question a desire to be a father that embarrasses him. Confused, he questions his role in transmission. He may dodge the question by going off and playing with new gadgets; he may decide to leave his mark elsewhere, in historical, political, economic, medical exploits; he may engage in an acting out of carnal violence as a last resort for reuniting fatherhood and eroticism; he may test the weight of his virility in a seductive, brutal comparison with other males or by mounting the slick pedestal of bodybuilding; yet try as he will, a man will find himself ousted from the legation of his function.

Enacting fantasy in reality does not make reality a less real place.

[1. The present is the English version of the paper "Verde: note sulle implicazioni attuali della riproduzione assistita"](#), published in *La maternità tra tecnica desiderio*, Edited by M. Fiumanb, Edizioni La Tartaruga, Milan, 1996. The paper was published in U.S.A. in *JPCS: Journal for the Psychoanalysis of Culture & Society*, Volume 2, Number 1, 1997 and in *Being Human, The Technological Extentions of the Body*, Marsilio Publishers, New York, 1999. English translation by David Jacobson and Paola Mieli.

[2. "I have come to a short day and a great arc of shadow, alas! and to the hill's whitening when color vanishes from the grass; and my desire does not, for this, change its green..."](#) *The Penguin Book of Italian Verse*, ed. George R. Kay, Penguin Books, Harmondsworth, 1957, p. 89.

[3. M.M. Chatel Lessana.](#) *Malaise dans la procréation*, Albin Michel, Paris, 1993.

[4. T. Gabriel. F.R. Lee. J. Hoffman. E. Rosenthal.](#) *The New York Times*, January 7, 8, 9, 10, 1996.

[5. T. Gabriel. ibid..](#) *The New York Times*, January 7, 1996, p. 18.

[6.](#) It should be mentioned here that psychoanalysts are not free of responsibility for the alliance that has arisen between individual malaise and collective denial, for instance, in increasingly popular areas like pharmacology or surgery, in response to various subjective problems, from ordinary unhappiness to so-called mental health. Traditionally trained themselves on scientific ideals, they often confuse treatment with ethical and behavioral prescriptions. Many of them are convinced deep down that the unconscious must be translated into the conscious for things to work; and the text of this translation is known in advance. No wonder such a form of psychoanalysis should be unsuccessful, and that patients should turn to other "doctors."

[7. On the subject of the separation between sickness](#) and the sick that medical discourse achieves, see J.P. Lebrun, *De la maladie médicale*, Edition De Boeck, Bruxelles, 1995. On the sad paradox of extending life by means of the indiscriminate use of specialized machinery, see the article "Study Finds Doctors Refuse Patients' Requests on Death," *The New York Times*, November 22, 1995, pp. 1 and C7. Despite the widespread practice in the United States of establishing a Living Will, a legal statement by which one safeguards oneself in a state of health against emergency and resuscitatory medical treatment in the event of physical decline or terminal illness, the article shows how physicians persist in misunderstanding and deliberately ignoring the requests of the sick in their care. As a result, a huge number of people die alone, in severe pain, often attached to mechanical ventilators in intensive-care hospital units. As Doctor Knaus, the director of the department of Health Evaluation Sciences of the University of Virginia, puts it: "The hospital culture is geared to high-tech treatments. The philosophy is, we have all these machines available and we have to use them."

[8. T. Gabriel.](#) *The New York Times*, ibid., January 7, 1996, pp. 18, 19.

[9. See A. Kimbrell.](#) *The Human Body Shop*, Harper, San Francisco, 1993. It is worth listing some of the body parts that are for sale: cornea, various parts of the ear, heart, valves, lungs, pancreas, liver, kidney, stomach, 206 separate bones, various types of cartilage, 60,000 miles of blood vessels, etc. Kimbrell recalls the case of William Norwood, a 22-year-old, killed in a robbery in 1985; parts of his body were transplanted into 52 different people. Only after was it discovered that Norwood was HIV-positive.

[10. T. Gabriel.](#) *The New York Times*, ibid., January 7, 1996, p 19

[11. E. Rosenthal.](#) *The New York Times*, ibid., January 10, 1996, pp. 1 and C6.

[12. J. Hoffman.](#) *The New York Times*, *ibid.*, January 8, 1996, p 10.

[13. E. Rosenthal.](#) *The New York Times*, *ibid.*, January 10, 1996, p. C6.

14. The word *jouissance*, used in place of pleasure or enjoyment, accounts for the fulfillment of the erotic drive according to the pleasure principle *and* its beyond.

[15. P. Mieli.](#) "Dolci melodie." in *Legenda* no. 9, Tarchida Editori, Milan, 1994.

[16. John Aspinwall's photo appears in the](#) *New York Times*, January 10, 1996, p. C6.

The medical illusion that 'seeing' the place of one's own conception answers the human question of the enigma of origins, calls to mind the lesson taught by a noted American porno star, Annie Sprinkle. In an often repeated performance that has been filmed, Ms. Sprinkle, on stage with her legs spread wide, invites the audience to look deep into her vagina with a speculum. One by one the spectators approach, moving through the seduction of this fantasy. No need to point out that the gynecological fantasy bursts at once before the dead end of a piece of reddish flesh.

Which in no way prevents the erotic, fantasmatic implications of sexual curiosity from springing up again like mushrooms, in new woods.

[17. Sigmund Freud.](#) "The Family Romances of Neurotics." 1909 [1908]. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 9, The Hogarth Press, London, p. 237.

[18. *ibid.*](#) p. 239.