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BIRTH: STORIES FROM CONTEMPORARY LITERATURE AND FILM

abstract

Advances in reproductive medicine have opened up new scenarios, changing our experience and our understanding of what it means to be a parent. Literature and cinema have quickly turned their attention to new forms of reproduction, and often do what doctors in centres for assisted reproduction advise against: they reveal secrets, re-unite the various different protagonists, who make the new life possible, and explore the dramatic and sometimes tragic entanglement of birth stories. Significantly, literary and filmic stories also give voice to those whose voice is seldom heard: the children. In my contribution, after providing a brief summary of the history of assisted reproductive technologies, I discuss some contemporary novels and films, in English and Italian, that deal with these new scenarios. Examples include The Kids Are All Right (2010) by American director Lisa Cholodenko, Google Baby (2009) by Israeli director Zippi Brand Frank, Venuto al mondo [Brought into the world] (2012) by Italian director Sergio Castellitto, Carissimi [Dearest] by Italian writer Letizia Muratori, Non mi vendere, mamma! [Do not sell me, mom!] (2016) by Italian writer Barbara Alberti, and Katherine Carlyle (2015) by British novelist Rupert Thomson. I argue that each birth has a story and that we cannot struggle free from the stories that make us any more than we can ignore the fact that we were brought into the world.

keywords

assisted reproduction technology (ART) and literature, ART and cinema, motherhood, surrogacy, birth stories

1. New scenarios – new dilemmas

Families are changing, as has always been the case.¹ Time passes, and old models are contested or simply give way to new ones. However, in the last forty years we have witnessed an entirely new phenomenon, propelled by advances in reproductive medicine as much as by new cultural paradigms. The emergence of increasingly sophisticated assisted reproductive technologies (ARTs) has brought about profound and astonishing changes, at a medical, legal, political, social and cultural level. These changes compel us to rethink what it means to be a mother, a father, a daughter, a son and a sibling. Advances in reproductive medicine have altered the very ‘facts of life’ through which babies were born and people became parents. “Nowadays”, write Linda G. Khan and Wendy Chavkin, “producing a child can involve half a dozen people or more – commissioning parents, egg and sperm providers, surrogates, and even cytoplasm donors, not to mention medical personnel and agents for the various parts that may be needed to complete the act”.² This proliferation of technologies has multiplied the number of the actors involved in human reproduction. It has also opened the severance of procreation from sex, thus dividing the act of procreation into distinct phases, each with its own risks, its own costs, its own hopes, its own tribulations.³

To explore these dilemmas, I will discuss a set of novels and films that deal with new scenarios that have emerged in the wake of ART. I have chosen two films, *The Kids Are All Right* (2010) by American director Lisa Cholodenko and *Venuto al mondo [Brought into the world]* (2012) by Italian director Sergio Castellitto, the documentary film *Google Baby* (2009) by Israeli director Zippi Brand Frank, and three novels: *Carissimi [Dearest]* (2019) by Italian writer Letizia Muratori, *Non mi vendere, mamma! [Do not sell me, mom!]* (2016) by Italian writer Barbara Alberti, *Katherine Carlyle* (2015) by British novelist Rupert Thomson. Before turning to these films and novels I will provide a brief summary of the history of assisted reproductive technology.

1 I am grateful to Rachel Bowlby and Aarathi Prasad for their precious suggestions and insightful comments on the first draft of this article.

2 Linda G. Khan and Wendy Chavkin, *Assisted Reproductive Technologies and the Biological Bottom Line*, in *Reassembling Motherhood. Procreation and Care in a Globalized World*, edited by Yasmine Ergas, Jane Jenson, Sonya Michel, New York: Columbia University Press, 2017, p. 38.

3 Some scientists have taken a step further and discussed the possibility, in the near future, of procreation without the co-presence of two genetic parents of different biological sex. On the topic of virgin birth – a widespread phenomenon in the animal kingdom, which could one day become the norm among humans – see the fascinating book by Aarathi Prasad, *Like A Virgin: How Science Is Redesigning The Rules Of Sex*, London: Oneworld Publications, 2012.

For many, ART began with Louise Brown, a baby who was born in England in 1978, thanks to a revolutionary technique invented by P.C. Steptoe and R.G. Edwards: *in vitro* fertilization (IVF). The embryo from which Louise developed was the first to have been created in a lab. Ms Brown's oocyte, extracted from the woman's body, was put together with Mr Brown's sperm in a Petri dish. Two and a half days later, the newly formed embryo was implanted into the woman's uterus. A pregnancy followed, with Louise delivered just over thirty-eight weeks later. IVF quickly became popular, and bypassed some frequent causes of female sterility: fallopian tube blockage, malfunctioning of the ovaries, difficulties caused by the advanced age of the intended mother. In IVF, ovaries are stimulated via hormonal treatment and encouraged to produce multiple eggs in a single cycle. The eggs (or rather the follicles in which they are contained) are then collected from the ovary via a surgical intervention and put together with spermatozoa. If the semen fertilizes the egg, the latter (now called embryo or pre-embryo) is implanted into the womb. Doctors, in agreement with the patient, may decide to implant more than one embryo to increase the possibility of success.

As Linda Khan and Wendy Chavkin point out, the birth of Louise Brown was not, in fact, the first case of medically assisted reproduction. Almost a century earlier, in 1884, a respected doctor from Philadelphia, William Pancoast, 'treated' a sterile couple by injecting the woman's uterus with a syringe of fresh semen that had been provided by a medical student. A pregnancy followed and nine months later a baby was born. During the following decades, this form of insemination became a common, albeit clandestine, 'cure' for male infertility in married couples. At the beginning of 1950s, experiments in the zoological sector lead to the discovery that semen could survive freezing and thawing. In 1953, the first successful human pregnancies were achieved using frozen (and duly thawed) semen. Soon after, the first semen banks opened, and the stigma around artificial insemination with third-party semen gradually lifted. But in 1992, a novel technique –intracytoplasmic sperm injection (ICSI) – brought about another revolution: a group of doctors found a way of injecting a single sperm, sperm head or nucleus, directly into the cytoplasm of a mature egg. This technique allowed men with low sperm count or qualitatively poor semen to father genetically related offspring. ICSI – which must always be combined with IVF – determined a drastic downsizing of the practice of sperm donation.⁴

At the beginnings of the 1980s, a new practice was introduced to circumvent the poor quality of some women's eggs and to increase the success rates of IVF: egg donation. In this process, a young woman donates her eggs, often in return for reasonable expenses, or, in countries in which it is legally permissible, sells them.⁵ Eggs are then fertilized with the semen of the intended father or, in the case of a sterile father, with the semen of a donor, and the embryo is implanted into the uterus of the intended mother. If the implant is successful, the intended mother carries out the pregnancy, and thereby establishes a biological link with the foetus, even if the foetus is not genetically related to her.

The most controversial form of assisted reproduction, surrogacy, was also developed in the 1980s. This process specifically addressed the needs of women who could not carry out a

4 Like all technologies that manipulate genetic material, ICSI entails some risks. On the medical risks associated with ICSI, and especially on the risk of transmitting male sterility from one generation to the next, see Scott Gilbert and Clara Pinto-Correia, *Fear, Wonder, and Science in the New Age of Reproductive Biotechnology*, New York: Columbia University Press, 2017, p. 213.

5 Many commentators have pointed out that 'donation' is, in most cases, a benign euphemism. The extraction of eggs is a surgical procedure, invasive and entailing risks, also because it presupposes heavy hormonal treatments. No woman would understandably submit to such a procedure for free, unless in cases of authentically altruistic donations to relatives or friends.

pregnancy, normally for medical reasons. In surrogacy, another woman offers to gestate the embryo. This second woman, the surrogate mother, can either provide the egg or ‘merely’ gestate the embryo, or the embryos, that were created with the gametes of the intended parents (or with donor gametes, where this is requested by the parents). In the former case, the process is known as ‘traditional surrogacy’ (‘as though it came over with the Pilgrims’, as American feminist Katha Pollit sarcastically wrote).⁶ In the latter case, the terms ‘full surrogacy’ and ‘gestational carrier’ are used. Surrogacy can be altruistic, when it is not remunerated, or commercial, when it is regulated by a contract and remunerated. In all instances, the surrogate undertakes to carry the pregnancy to term and then relinquishes the child to the commissioning parents. This practice has prompted extreme reactions and seemingly irreconcilable responses. But it has also allowed gay couples and single men to father genetically related offspring.⁷

As technologies became more elaborate, new trends and variations emerged. Some lesbian couples, for instance, rely on an increasingly popular arrangement known as co-mothering. In this process, one partner contributes the egg, which is fertilized with donor sperm through IVF, while the other partner has the embryo implanted in her womb. In this way, one partner has a genetic link to the child, while the other shares a different biological link.⁸ In a similar fashion, gay couples occasionally request that their semen is mixed before it is brought into contact with the donor’s egg, as Liza Mundy reports. Some gay couples interviewed by Mundy arranged for at least two embryos to be created: one with each partner’s semen. The assumption, in this case, was that the hired surrogate would agree to having both embryos implanted.⁹

As this brief overview suggests, many complex situations can arise from ART. Possibilities depend on legal frameworks. Surrogacy, for instance, is banned in some countries, and surrounded by legal uncertainty in other countries. Regulations and procedures need to be brought up to date on a regular basis, as new scenarios emerge. Some surrogacy contracts have ended up in court, or have attracted considerable media attention. There are, for instance, the well-known cases of Mary Beth Whitehead and Anna Johnson – the former a traditional surrogate, the latter a gestational carrier – who refused to relinquish the children that they had gestated.¹⁰ Controversy also developed over the tragic case of Baby Gammy, a boy born to a Thai surrogate, whose parents refused to claim him because he had Down syndrome, and took home only his neurotypical twin sister.¹¹ Discrepancies in laws across nations have also

6 As Rachel Bowlby observes, the terms used to describe new reproductive practices are never neutral. See her *A Child of One's Own: Parental Stories*, Oxford: Oxford University Press, 2013, p. 41 and ff. From here I have taken Katha Pollit’s quote (p. 36).

7 The literature on the topic of surrogacy is vast. There are now several monographs devoted to the theme: Helena Ragoné, *Surrogate Motherhood: Conception In The Heart*, London: Routledge 1994; Elly Teman, *Birthing a Mother. The Surrogate Body and the Pregnant Self*, Berkeley: University of California Press, 2010; Amrita Pande, *Wombs in Labor: Transnational Commercial Surrogacy in India*, New York: Columbia University Press, 2014; Susan Markens, *Surrogate Motherhood and the Politics of Reproduction*, Berkeley: University of California Press, 2007. Among articles and book chapters, see: Claire Achmad, *Multiple “Mothers”, Many Requirements for Protection*, in *Reassembling Motherhood*, pp. 55–75; Yasmine Ergas, *Pregnant Bodies and the Subjects of Rights. The Surrogacy-Abortion Nexus*, in *Reassembling Motherhood*, pp. 99–124; Anton Van Niekerk and Liezl van Zyl, “The Ethics of Surrogacy: Women’s Reproductive Labour.” *Journal of Medical Ethics* 21 (6), 1995: 345–349; Lucia Galvagni, “New motherhood? Embodiment and relationships in the assisted reproductive technology” in this issue.

8 On the practice of co-mothering, see Liza Mundy, *Everything Conceivable. How Assisted Reproduction is Changing Men, Women, and the World*, London: Allen Lane, 2007, pp. 122–123.

9 See Mundy, *Everything Conceivable*, p. 141 and ff.

10 See Ergas, *Pregnant Bodies and the Subjects of Rights*, pp. 102–104.

11 See Kahn and Chavkin, *Assisted Reproductive Technologies and the Biological Bottom Line*, p. 44.

lead to cases in which children born from surrogates cannot be given to their genetic parents, or else are not recognized as citizens in the countries of their commissioning parents.¹² Surrogacy brings to light and exacerbates social inequalities, which are also implicit in other forms of ART. At international level, there are stark discrepancies between national jurisdictions and social attitudes. In some countries, infertility is considered a disease. This entails that every infertile person has a right to medical assistance, at the expense of the national health service. Elsewhere, like in the United States, the medical practice of assisted reproduction is heavily privatized. There are countries where same sex parents, or single parents, are denied access to ART and others, where the rights of infertile couples have been extended to all who request assistance. Those with sufficient financial means and access to information can easily evade prohibition in their countries of residence, and seek help from medical centres that operate under a different legislation. This has inspired a growing global 'reproduction tourism', premised on obvious differences of class and means.¹³ It is no accident, as Claire Achmad writes, that "international surrogacy markets have developed, particularly, in Global South states such as Thailand and India, with demand flowing predominantly from the Global North".¹⁴ The same class divide can also be observed within specific regions of the Global North. Vicken Sahakian – a doctor practicing in Los Angeles who was interviewed by Liza Mundy – puts it with almost embarrassing candour: "If you are looking at beauty or physical features you're not going to find that in the surrogate pool. It's a fact. [...] Most egg donors are smart young girls doing it for the money to pay for college. Most surrogates are – you know, they need the money; they are at home, with four kids – of lower socio-economic class".¹⁵ As biologist and writer Clara Pinto-Correia eloquently comments: "Much still needs to be done if surrogacy is ever going to become a healthy part of any social fabric. In the United States alone, 30 percent or more of gestational carriers are poor black women servicing well-to-do white couples. The couples often have many more resources available to them than the women gestating the embryos."¹⁶

Advances in ART have resulted in the birth of millions of children who would otherwise not have been born. But they have also triggered numerous controversies. Surrogacy, in particular, inspired heated debates, but disagreement is by no means confined to this particular process. Almost every aspect of ART creates new dilemmas, just as it creates new babies. The practice of implanting several embryos in the uterus of one woman, for instance, has dramatically enhanced the success rates of IVF. But is it ethical to induce multiple pregnancies, given the higher risks for women and foetuses? Studies have demonstrated exceptional levels of support and love among gay parents, and suggest that gay households, in particular, hold the power to educate a new generation of children to positive models of post-patriarchal masculinity and femininity. But is the desire to father genetically related children a good enough reason to recur to the controversial, and often exploitative, practice

12 See, for instance, the cases covered by these news reports: http://news.bbc.co.uk/1/hi/world/south_asia/7544430.stm (last accessed on 12 October 2020).

<https://uk.reuters.com/article/us-foundation-statelessness-surrogacy/international-surrogacy-traps-babies-in-stateless-limbo-idUSKBN0HD19T20140918> (last accessed on 12 October 2020).

13 As Charis Thompson puts it, "the technologies might themselves be a site for class and other differentiation and mobility." (*Making Parents. The Ontological Choreography of Reproductive Technologies*, Cambridge, Mass. and London: MIT Press, 2005, p. 8. See also p. 66 and ff.). On the progressive commercialization of 'the baby industry', see Debora L. Spar, *The Baby Business: How Money, Science, and Politics Drive the Commerce of Conception*, Boston: Harvard Business School Press, 2006.

14 Achmad, *Multiple "Mothers", Many Requirements for Protection*, p. 56.

15 Mundy, *Everything Conceivable*, p. 133.

16 Gilbert and Pinto-Correia, *Fear, Wonder, and Science in the New Age of Reproductive Biotechnology*, p. 112.

of surrogacy? Would it not be preferable to campaign globally, internationally, to make the practice of adoption more efficient, and more easily available to gay parents? Is donor anonymity desirable? Have the offspring a right to know how they came into the world? Or should their parents be allowed to fashion their own story? In *Fare figli. Storia della genitorialità dagli antichi miti all'utero artificiale*, Carlo Flamigni and Carlo Bulletti – two of Italy's leading experts in the physiopathology of reproduction – note, with apparent satisfaction, that many couples choose to interrupt any contact with the birth clinic as soon as the much-desired baby is born. Everyone has played their part – male donors, female donors, gestational carriers – and it is only appropriate, according to the two authors, that everybody should now step back and let the social parents enjoy their new life with the child. Bulletti and Flamigni write:

Allo stesso modo, pensiamo che il problema del segreto sia un falso problema: non è difficile spiegare a un adolescente che è importante solo colui che ha preso la decisione di farlo nascere (e se n'è assunto la responsabilità) e conta invece meno di zero chi ha fornito il programma genetico, oltretutto insignificante per quanto riguarda la sua struttura di uomo.

[Similarly, we think that the problem of anonymity is a false problem: it is not difficult to explain to a teenager that there exists only one person who matters: the person who took the decision, and assumed the responsibility for his or her birth. The person who provided the genetic code, by contrast, counts less than zero and is, moreover, insignificant as regards his or her human structure].¹⁷

Are Bulletti and Flamigni justified to claim that the multiple dilemmas associated with ART are merely 'false problems'? To answer this question, I will now turn to some novels and films, from different national contexts. The United States, Britain, Italy and Israel mark four very different environments for ART, culturally, juridically, and politically. The United States are often described as the cradle of reproductive freedom, notwithstanding stark discrepancies between the various states. By contrast, Italy, where matters of assisted reproduction have been regulated since 2004 by the so called 'Legge 40', is home to one of the most restrictive legislations in Europe.¹⁸ The UK appears to occupy a middle ground,¹⁹ between the many prohibitions of the Italian law and the loose rules of the American system, where medicine is

17 Carlo Bulletti and Carlo Flamigni, *Fare figli. Storia della genitorialità dagli antichi miti all'utero artificiale*, Bologna: Pendragon, 2017, p. 137, my translation. Flamigni's and Bulletti's opinion is not uncommon among practitioners working in the field. The sudden abolition of anonymous donorship in the UK, in 2005, has provoked the indignant reaction of many doctors. Ian Craft, one of the best known IVF doctors in England, has been vocal in protesting the new law, pointing out that this unwarranted intrusion by the State into the private domain of parental decision-making will have the effect of enhancing fertility tourism: those who are able to afford it will visit Cyprus, Ukraine or Romania to buy eggs 'donated' by women in those cash-poor countries, usually under unregulated conditions. Many individuals or pro-choice organizations have protested in countries (like Sweden, Austria, Switzerland, parts of Australia), where a compulsory disclosure policy has been enacted. See Mundy, *Everything Conceivable*, p. 181 and p. 188.

18 Since 2009, various rulings of the Constitutional Court have dismantled some of the prohibitions that Legge 40/2004 had imposed: the prohibition to produce more than three embryos (with the attached imposition to implant all the embryos produced); the prohibition to recur to third-party donation; the prohibition to cryopreserve the embryos in excess; the prohibition to request pre-implantation diagnosis. See Letizia Palumbo, *The Borders of Legal Motherhood. Rethinking Access to Assisted Reproductive Technologies in Europe*, in *Reassembling Motherhood. Procreation and Care in a Globalized World*, p. 76.

19 In the UK assisted reproduction is regulated by the Human Fertilisation and Embryology Act 2008, a substantial revision of the Human Fertilisation and Embryology Act 1990 that first regulated these matters.

granted a much greater degree of self-regulation, but where, alas, “assisted reproduction is often not science but business”, as ob-gyn David Keefe, interviewed by Liza Mundy, puts it.²⁰ Israel, on the other hand, ranks highest in ART financing and legislation: the national health insurance covers nearly all fertility treatments, at least twice per couple. Surrogacy is legal, but regulated by strict guidelines, and it is mandatory to keep systematic records of every procedure.²¹ In addition to these contextual differences, there are considerable variations in style, artistic quality and political orientation, between the films and novels that I have chosen. Nevertheless, they all explore the moral complexity that lies at the core of many situations generated by ART. And they focus their attention on what Bulletti and Flamigni urged their readers to avoid: entanglement. Indeed, all novels and films probe the dramatic and sometimes tragic connectivity of birth stories. They reveal secrets, and re-unite the various agents who made the new life possible. Finally, they give voice to those who are at the centre of every drama, but whose voices are rarely heard: the children.

Lisa Cholodenko’s film *The Kids Are All Right* (2010) imagines what happens when the children of a lesbian couple decide to go in search of their sperm donor. Each mother chose to give birth to one child, using the same donor. Now the two children – an eighteen-year-old girl and her fifteen-year-old brother – agree to contact the medical centre that assisted their mothers. They receive permission to contact the donor, and arrange a meeting. The first encounter with the genetic father is awkward, but not unpleasant, and the three decide to meet again. Unbeknownst to the two mothers, a new bond is forged, and, in a sunny and libertarian Californian setting, the man and the two teenagers become friends. When the children finally confess to their mothers, the women react with shock and confusion. The director – herself a lesbian and a mother, thanks to artificial insemination – narrates this emotional turmoil with great subtlety. Paul, the genetic father, is invited home. “Let’s pretend to befriend him and then let’s put him to sleep”, suggests Nic, the woman who appears to be in charge of family decisions. But things take a very different turn. Paul spontaneously offers a job to Jules (the other mother) and develops a crush on her. Jules and Paul, confused and incredulous, end up in bed together. When their affair is discovered, the children rally around their betrayed mother, and Jules, repentant, asks for forgiveness. When Paul, also dismayed, knocks at the door of the large family home, Nic gives him a memorable lesson about parenting: a sperm donor is not a father, and the labour of parenthood is very different from masturbating in a medical laboratory.

The Kids Are All Right affirms the importance of social parenting: a practice that is based on commitment, love, and responsibility, and that no biological bond can either guarantee or replace. This is a claim that has been frequently made in literature and film, from Charles Dickens’ *Oliver Twist* and *Great Expectations* to Carlo Collodi’s *Pinocchio* and Charlie Chaplin’s *The Kid*. Cholodenko’s film, however, also testifies to other needs. It explores the children’s wish to spend time with a man who is not their father, but who, at the same time, is no longer simply ‘the donor’. Also, there is Paul’s desire to belong: an emotion that remains difficult to narrate, because what lies between *donor* and *father* is a whole spectrum of human relations that are not taken into account by the medical jargon of reproductive technology. Despite Flamigni’s and Bulletti’s confident assurance, anonymity is not a false problem. As many novels and films

2. Secrets unveiled

20 Mundy, *Everything Conceivable*, p. 332.

21 Gilbert and Pinto-Correia, *Fear, Wonder, and Science in the New Age of Reproductive Biotechnology*, p. 189.

teach us, secrets are difficult to keep, but truths, when revealed, are impossible to ignore.²² The novel *Carissimi* (2019), by Italian writer Letizia Muratori, narrates precisely this impossibility. Nurit is an eighteen-year-old Israeli girl, who was told on her seventh birthday that she was born through artificial insemination. Her biological father, Giorgio Amati, has recently passed away, and prior to his death he and Nurit shared an intense correspondence. Nurit now wishes to reconstruct Giorgio's life and the story of his family. She works on a documentary, which she sees as a way of expanding her own life story, and making sense of it. In an interview, Muratori explains that her novel

non racconta la famiglia, ma l'invenzione della famiglia. Nurit somiglia un po' a quei ragazzi che a un certo punto della loro vita si inventano di essere stati adottati. La ragazza ha una famiglia e ha un donatore. Si sente, scrive, "creata" più che generata, e il donatore, malgrado sia realmente esistito, resta prima di tutto la sua invenzione, la sua fuga, non c'è mai il desiderio di conoscere i suoi consanguinei in quanto tali. Il sangue in questo libro, come in tutti i miei libri, conta davvero pochissimo. [does not tell the story of a family, but the story of the invention of a family. Nurit is a bit like those teenagers who invent that they were adopted. She has a family and she has a donor. She feels that she has been "created" rather than conceived. The donor exists, but for her he remains above all an invention, an escape route. She is never really interested in the blood relation, as such. Blood counts very little in this book, as it does in all my other books].²³

Nurit is perfectly happy with her own family and does not care about blood ties. What interests her is not the biological father *per se*, but the story, or rather the stories, of his life. Nurit is aware that somewhere between Rome, Turin, Haifa and Jerusalem, her own life intersected with these stories. This is the plot that Nurit wishes to unveil. *Carissimi* narrates the challenges of multiple parenting in a serene and playful manner and thereby asserts a fundamental right: a daughter's right to her own story.

Joni and Laser (the children in Cholodenko's film) and Nurit capture a mood that is not uncommon among ART offspring. Their stories raise an important question: do children have a right to the true story of their origin? Are they entitled to know the identity of their donor? Do parents have a right to fashion their own story, on the assumption that they know best what is good for their children? Should donors be allowed to preserve their anonymity? Certainly, most actual donors do not envisage any personal involvement in the lives of dozens of teenagers, scattered around the globe. But why would contact necessarily lead to unwelcome involvement? Liza Mundy's interviews with donor-conceived children reveal, unsurprisingly, that not everybody feels the same way. Some children burn with the desire to know their donor, others are less keen, and a majority would like to meet their siblings or half-siblings. Many parents feel that contact between their children and the donor would need to be accompanied by some counseling. The discrepancy between views and individual expectations suggests that we are undergoing a process of profound anthropological transformation, and that everyone – parents, children, donors – benefits from open dialogue. This idea inspires associations such as the Donor Conception Network, founded by Olivia Montuschi in 1993,

22 On the explosive force of secrets in some classical parental stories, see Bowlby, *A Child of One's Own*, especially chapter 12.

23 Letizia Muratori in conversation with Elena Marinelli, "Un romanzo epistolare per raccontare l'invenzione della famiglia", *Il Libraio.it*, 6 October 2019, available online at <https://www.ilibraio.it/carissimi-letizia-muratori-1127285/>, (last accessed on 12 October 2020), my translation.

or the Donor Siblings Registry, founded in 2000 by Wendy Kramer. Both networks have done much to encourage open, civil debate and to assist families.²⁴ Article 8 of the United Nations Convention on the Rights of the Child (1989) affirms the child's right "to preserve his or her identity, including nationality, name and family relations". Personal integrity presupposes the right to preserve the memory of the place where we were born, of the nationality that was conferred to us, of the personal relations that brought us into the world. Medicine is changing the ways in which many families are formed. I do not think that it is possible, or indeed desirable, to simply erase any of the relations that have allowed the creation of specific families. If we are to welcome with joy the new lives that ART has made possible, we must also aim to preserve their stories.²⁵

The social and legal practice of surrogacy presupposes that different maternal functions (providing the egg, gestating the foetus, raising and loving the child) may be split among various women, and that only the latter activity (raising the child and loving them) is what makes a woman a mother. Things need further adjustment in the (now very frequent) cases of two male commissioning parents. In these cases, there will be no mother at all, and parental responsibilities and affects are distributed within the same-sex couple. In traditional surrogacy, artificial insemination is used to impregnate the surrogate with the intended father's sperm. Over the years, and with the advent of IVF, this practice has increasingly given way to so-called full surrogacy, in which the surrogate gestates an embryo that has been created *ad hoc*, if possible with the intended parents' gametes. Today, the most common 'job' of commissioned surrogates is thus 'simply' to gestate the foetus. A full discussion of the numerous political and ethical debates and the multiple arguments in favour or against this practice would exceed the scope of this article. Instead, I shall proceed to explore, through a set of case studies, how literature and film have approached this complex cultural phenomenon.

In 2009, Israeli director Zippi Brand Frank directed a documentary film, *Google Baby*, which narrates the activity of the Akanksha Hospital in Anand, Gujarat, India: probably the most famous surrogacy hospital in the world.²⁶ The title refers to the film's main plot: Doron, a gay Israeli entrepreneur, has recently become a father and wishes to help his friends, who cannot afford the cost of an American surrogate. He contacts Dr Nayna Patel, the director of the Indian clinic, to set up a business that will allow Israeli clients to buy eggs in America, have them fertilized with semen shipped from Israel, and finally have them implanted in an Indian surrogate mother. As the title suggests, these programmed pregnancies involve a lot of internet surfing and international Fedex shipping, as ways of reducing 'production costs'.²⁷ The film documents the life of the surrogates employed by the Akanksha Hospital, who, during the nine months of their pregnancy, live in a shared house next to the clinic, lying

3. Mothers

24 See Mundy, *Everything Conceivable*, p. 176 and ff.

25 This is the position of the recent Report of the International Bioethics Committee on assisted reproductive technologies (ART) and parenthood (2019). The full text of the Report is available at <https://unesdoc.unesco.org/ark:/48223/pf0000367957> (last accessed on 12 October 2020). See in particular § VI.2.1 Best interests of the child. For an analysis of the Report, see Laura Palazzani, "Reproductive technologies and the global bioethics debate: a philosophical analysis of the Report on ART and parenthood of the International Bioethics Committee of Unesco" in this issue.

26 *Google Baby*, produced by Brandcom Productions in 2009, was first broadcast in the USA, and subsequently in the UK on Channel 4. It is now available, for free, on YouTube <https://www.youtube.com/watch?v=pQGLAM0iWFM>.

27 In Patel's hospital, foreign clients pay approximately \$30,000 (Indian clients pay 20 percent less), while surrogates receive between \$2,500 and \$5,000: a wage for their gestational labour which works out as an hourly rate of approximately \$0.5. See Sophie Lewis, "Surrogacy as Feminism: The Philanthrocapitalist Framing of Contract Pregnancy", *Frontiers: A Journal of Women Studies*, Vol. 40, No. 1 (2019), p. 29.

mostly in bed, in rooms for eight women or more. This seclusion serves many purposes: it protects the women's privacy, saves them from the potential criticism of neighbours and relatives, and ensures that certain clauses of their contracts are respected (an adequate dietary regime, abstinence from sexual intercourse during the surrogate pregnancy, etc). In several highly publicized interviews (from *The Oprah Winfrey Show* in 2006 to *Hard Talk* in 2013, the English BBC World talk-show hosted by Stephen Sackur), Nayna Patel has strenuously defended the work of 'her' surrogates, and has described their employment as a dignified and well remunerated job that allows families to escape poverty and eventually to buy their own homes: "much better than a laborer, construction-work or a maid", as Patel puts it. Another slogan that Patel frequently reiterated is "one woman helping another woman": one woman gets a baby, another woman gets the money that is necessary to buy a house or guarantee a better future for her children.²⁸ *Google Baby* demystifies both myths. In the documentary, there is no trace of sisterly solidarity. Only one surrogate is ever shown in a meeting with the future mother of the child that she has agreed to gestate, and in this scene arrangements are discussed and the contract is signed. While the surrogate, sitting next to her husband, listens in silence, Patel, with the brisk self-assurance of the "philanthrocapitalist" – as Sophie Lewis puts it – monopolizes the conversation and explains in brutally simple terms the rationale of the arrangement: "You get a baby and you get to buy a house". For much of the duration of the documentary, the surrogates are shown in a recumbent position: lying in bed while dozing or watching TV, or sprawled out on the operating table, anesthetized and semi-unconscious. The viewer struggles to recognize in them any form of agency (unless one considers pregnancy as one of the highest forms of agency). The hospital manager, by contrast, appears to overflow with a sense of agency. In one of the film's opening scenes, we see Patel answering phone calls to set up business arrangements, while she cuts into the body of one of her surrogates on the operating table. After the baby has been extracted, we see the surrogate silently sobbing and Patel asks: "Why are you sad? You must be happy, you have done a good job". Through overlapping sequences, the film provides insights into the lives of the various actors involved: the egg donor from Tennessee, the commissioning couple in Tel Aviv, the surrogates in Anand. In this way, the film highlights the caesura between the different aspects of a pregnancy on which surrogacy is premised. Multiple lives are assembled together in a puzzle that is orchestrated by skillful managers, in what Charis Thompson has called "the ontological choreography of reproductive technologies". The clear separation of roles, and of the various actors who are involved in assisted procreation is, after all, one of the operating principles of surrogacy. Like many doctors working in the reproductive sector, Patel has praised the principle of disjunction: a clear separation of roles, according to her, improves the overall process. Protesting against the recent abolition of international surrogacy in India, Patel underlines its main advantage: when there is an ocean between surrogate and parents, the risk that the surrogate may one day "come knock at your door" decreases dramatically.²⁹ Having mothers or children 'knock at your door' is what literature does particularly well. Many literary texts narrate stories of children who are born of one woman and raised by another, only to be reclaimed, sometimes with tragic consequences, by the original mother.

28 Allegedly. Sophie Lewis argues that the wage earned by the surrogates is definitely not enough to buy a house. See Lewis, "Surrogacy as Feminism: The Philanthrocapitalist Framing of Contract Pregnancy", p. 26.

29 At its peak, surrogacy in India was estimated as a \$400 million to \$500 million annual business. In the last seven years legislation governing this sector has undergone radical changes. In 2013 commercial surrogacy for foreign homosexual couples and single parents was banned. In 2015 commercial surrogacy was banned altogether. Shortly after, in 2016, a Surrogacy Bill was introduced, proposing to allow only compassionate surrogacy and to limit its access to heterosexual Indian married couples. Some more steps are requested before the Bill becomes a law.

There are numerous versions of this story, from Sophocles' *Oedipus Rex* to Shakespeare's *The Winter's Tale*, and all the way into our present. It has been argued that surrogate motherhood is as old as literature itself, and that it has existed since time immemorial. In *Genesis*, we find at least two relevant narratives: first, the tale of Abraham, Sarah and the servant Hagar, who is asked by the barren Sara to give birth to a child 'for her'; secondly, the story of the two sisters Rachel and Leah, both lovers of the same man, Jacob, and his wives at different moments in time. In *A Child of One's Own*, Rachel Bowlby offers a beautiful and compelling analysis of both stories, and notes, in passing, that "neither of these stories is remotely a happy one".³⁰ In these biblical stories of surrogate motherhood there is neither a clear separation of roles, nor the contractual clarity of today's arrangements that cleanly assigns roles, costs, wages. Roles get mixed up, Hagar and Sarah become rivals, God seems to side with Hagar, the surrogate, Abraham finally names Hagar's son and takes the full role of father. Until she manages to beget a son herself (at the venerable age of 90), Sarah, the commissioning parent, is pushed out of the picture. Rachel's and Leah's story is just as messy: here the begetting of children through surrogate servants (a method to which both sisters recur, even though only Rachel is afflicted with sterility) becomes a way of perpetuating the ancestral rivalry between the two sisters. As Rachel Bowlby puts it, here "surrogacy is neither a solution nor a disaster; it brings neither completion nor calamity for anyone. And as a strategy, it is simply self-perpetuating: one sister's use of the practice leads to the other one doing the same thing." (p. 54).

As these examples suggest, literature typically explores the political and ethical challenges of surrogate motherhood by enfolded the two mothers in one story. As a fictional character, the surrogate is granted a history of pain and suffering, which becomes interwoven with the life-stories of the social mother and the child. Cinematic treatments of the theme, by and large, appear reliant on the same established narrative format. It is therefore perhaps no accident that the most brutal depiction of a caesura of the emotional bond between surrogate mother and child can be found in *Google Baby*: not a work of fiction, but a documentary. Zippi Brand Frank shows the surrogate lying immobilized, anesthetized and sobbing on the operating table, while a busy nurse leaves the room with the child, on Patel's order: "Take it to its mother!".

The film *Venuto al mondo* (2012), directed by Italian director Sergio Castellitto, is based on a novel of the same name by Margaret Mazzantini. It narrates a drama of motherhood and surrogacy against the tragic background of the Yugoslav civil war. In the film's opening scene, Gemma, a middle-aged Italian woman, receives a phone-call from Sarajevo. Gojko, an old friend, invites her and her fifteen-year-old son Pietro to visit a photographic exhibition about the Yugoslav wars, which ended ten years earlier. The exhibition, he explains, will feature photographs by Gemma's beloved husband Diego, who died in Sarajevo during the war. Castellitto's film hence interweaves three different temporal layers: the present – the end of the first decade of the Twenty-first century, Gemma's first trip to Sarajevo in 1984, and her experiences during the early 1990s. *Venuto al mondo* looks back to the passionate love story between Gemma and Diego, which begins in Sarajevo during the 1984 Winter Olympics. In 1991, the two – now husband and wife – return to Sarajevo in order to mend their relationship, which has been damaged by a long and vain pursuit of pregnancy: Gemma has discovered that she is infertile. In a city on the brink of catastrophe, Gojko introduces them to Aska, a young musician who dreams of moving to London and offers, for money, to lend her womb. A planned artificial insemination fails because the responsible doctor has left the city at the first signs of war. But the three decide to carry out their project anyway. Diego and Aska shelter in a farmhouse on the outskirts of Sarajevo, while Gemma nervously wanders around. One hour later, we see Diego

30 Bowlby, *A Child of One's Own*, p. 52.

leave the house, evidently shocked. He tells Gemma that he could not do it. The couple flies back to Rome to resume their life together, but it soon becomes clear that Diego has lost his peace of mind. One morning, unbeknownst to Gemma, he returns to Sarajevo. Gemma enlists in a peacekeeping mission and, after weeks, reunites with Diego and some old friends in Sarajevo, now a besieged city. Gemma accidentally observes Diego as he brings food to Aska, who is visibly pregnant. He finally 'confesses', and some months later Aska gives birth to Pietro in a ramshackle hospital, while the bombs keep falling. The Italian mother receives her baby and Aska her pay. In the following sequence, we see Gemma board a UN airplane, with the baby and a fake birth certificate, while Diego, pretending to have lost his passport, unexpectedly stays behind. A few months later, the news of Diego's death reaches Gemma in her flat in Rome: the messenger speaks of an accident, but to Gemma it sounds like suicide.

Only in the final scenes of Castellitto's film – a dramatic encounter between Gemma and Aska – the whole truth is brought to light. On that tragic afternoon, sixteen years earlier, a group of Serbian soldiers had broken into the house where Diego and Aska had sheltered to make love. The soldiers repeatedly raped Aska, after killing the other male inhabitants of the house, and finally carried her away, while Diego, hidden behind a curtain, witnessed the whole scene. Aska tells Gemma how Diego, tormented by feelings of guilt, returned to Yugoslavia to look for her, and how he finally paid a ransom to liberate her from captivity by the same Serbian soldiers. Gemma discovers, at last, that her husband only told her a very partial and misleading truth.

Pietro is not the son of the man whose memory Gemma continues to venerate, but a child of the war. And indeed, the boy has always refused to think of himself as Diego's son. He sees Gemma's second husband as his real father: an Italian police officer, who, fifteen years earlier, took care of Gemma and her baby at a military airport in Rome, and who later married her. In an interesting and unsettling display of metafictional self-reflexivity, Sergio Castellitto (who in the film plays the police officer, Gemma's second husband) casted his own son, Pietro Castellitto, as Pietro. Consequently, the actor playing Pietro looks remarkably like the actor playing his social father, Gemma's second husband (i.e. Sergio Castellitto, who in real life is the young actor's father). The effect on the spectator is startling: Pietro, whom Gemma erroneously believes to be Diego's son, likes to imagine himself as the biological child of his social father. He is in fact the son of a Serbian rapist, but looks very much like the father whom he has 'chosen' for himself, and thus invites the audience to consider the entangled stories that often surround biological life. With tragic irony, the film narrates how Aska loses control over her body, which she initially treats as an asset that can be traded for a better life, and which subsequently becomes the site of brutal dispossession. Human bodies are at the centre of Castellitto's narrative: from the erotic passion that overwhelms Gemma and Diego to the terrible discovery of Gemma's sterility; from Aska's carefree sensuality at the beginning of the film to her violent objectification at the hands of the soldiers, who laugh at the fact that they have filled her body "with their shit". Finally, there is also Pietro's body, which we see emerge from Aska's womb, wrapped in a wrinkled umbilical cord, and which we encounter again, fifteen years later, in the shape of a young man standing next to his mother, Gemma. Pietro is the new life that has come into the world ("venuto al mondo"). His existence gives a hopeful meaning even to the darkest moments of Castellitto's narrative, at least in retrospect. Pietro is therefore both the sum of everybody's individual choices and the consequence of a brutal act of violence, yet his birth marks an unpredictable triumph of vitality. His existence marks the mystery of life itself, beyond individual choices, and beyond evil itself.

Young, funny, lovable Pietro reminds us that the ultimate outcome of surrogacy is marvelous. Castellitto, however, does not allow us to forget that surrogacy is more than just a transient 'enabling' process. With melodramatic figurativeness, his film substitutes the planned

surrogacy with a brutal act of rape, and thereby underlines that even the former practice leaves marks on real bodies: effects that do not simply vanish with the birth of the child. When Aska and Pietro finally meet again, at the end of the story, they seem light years away from the day when Pietro emerged from Aska's body, in a ramshackle hospital. Pietro ignores who Aska really is and Aska is happy to keep silent about her identity, while she looks in admiration at the handsome young man whom she delivered sixteen years earlier. Aska lives now with her new partner (Gemma's friend Gojko) and their daughter on the small, beautiful island, where she and Diego took refuge many years before. This is also the place where, subsequently, Diego committed suicide. But the world that Gemma, Pietro, Aska, Gojko, and their many friends now inhabit is a new world. While Pietro converses with his teenage half-sister, unaware of their relation, the camera frames for a second a tattoo on Aska's neck. It is not actually a tattoo, but a burn scar, which one of the rapists inflicted on her with the butt of a cigarette. After rescuing Aska, Diego had transformed the bruise into a tattoo, giving it the shape of a flower. In one of the final scenes of Castellitto's film, the camera frames the tattoo on Aska's neck, because it has attracted Gemma's attention. The frame only lasts for a brief moment, then the camera moves on. Gemma does not know what the tattoo conceals, even if she has now just learned the truth about Aska's tragic story. In a couple of hours, Gemma and Pietro will leave, and return to Italy. This powerful last sequence, then, shows once again how the many threads of Pietro's birth story are infinitely entangled. Gemma, Aska and Pietro do not share the same memories, and their stories of suffering and joy diverge, but at least they are allowed, perhaps for the last time, to unite in the same space.

In her novel *Non mi vendere, mamma!* (2016) Italian journalist and writer Barbara Alberti treats the theme of surrogacy in a deliberately politicized style. *Non mi vendere, mamma!* reads more like a pamphlet than a novel, starting from its revealingly programmatic title. The book tells the story of a surrogate pregnancy, with all the indignation that tends to characterize the Italian debate on this topic. The surrogate mother is a young woman, who grew up in an orphanage and is exploited by her mean-spirited boyfriend. This caricature-like crook does not hesitate to force her into prostitution to pay his gambling debts. The couple in search of a surrogate mother is also heavily caricaturized, not least through its family name, Trump. The commissioning mother, Ms Trump, is a swimsuit model and does not want to ruin her figure with a pregnancy. Her husband is a ruthless tycoon, who wants a male heir for his financial empire. The plot unfolds, quite predictably, until the foetus' little voice is heard, talking to his mother from inside the womb. He is, it turns out, a wonderfully cultured and eloquent foetus, who entertains his surrogate mother during long, sleepless nights by reciting William Blake and Marina Cvetaeva, or the fables of Charles Perrault. Chico (as the surrogate names him) refuses to consider her simply her 'carrying' mother, as if she were a vehicle. For him, she is, purely and simply, *mamma*. The young woman protests that she is not, in fact, his mother, that he was made with the Trumps' gametes:

- Ma che vuoi tu, che non sei manco figlio mio?
- Già... Vaglielo a dire, al corpo. Vaglielo a dire, all'anima. Ma come, mi tieni nove mesi dentro di te e poi chi si è visto si è visto? Mi dai via? Io non sono in prestito! Che brutto tiro... concepito per essere venduto. Io e te siamo una cosa sola, respiriamo insieme...
- Ma ovulo e spermatozoo sono dei Trump!
- Ma tu sei mia madre.³¹

31 Barbara Alberti, *Non mi vendere mamma!*, Rome: Nottetempo, 2016, p. 45 (my translation).

[–What do you want from me? You are not even my son!
–Well... Go and tell the body. Go and tell the soul. You keep me for nine months inside you and then... who cares about the rest?! Will you give me away? I am not for borrowing! What a bad joke... to be conceived only to be sold. We are one and the same thing, we breathe together...
–Egg and sperm came from the Trumps!
–But you are my mother.]

It turns out that the foetus is magical, with an array of superpowers at his disposal. To entertain and educate his surrogate mother, he projects in her mind the films of his favourite directors: Charlie Chaplin, Federico Fellini and Roman Polanski. Every night Chico implores her not to hand him to the Trumps. At first, the young woman does not want to listen. She needs the money, not the baby – in fact, the only creature she really misses is a little dog that she had to give away because the Trumps vetoed any contact with animals. But Chico's eloquence eventually wins over the woman's resistance.³² She flees with her new-born baby from the Swiss birth clinic, and takes refuge in a park where they are quickly surrounded by the clinic staff and by Trump's private guards. To save himself, the child resorts to a cinematic trick that he has learned from Chaplin's *The Kid*: with a temporal leap, just like in the film, he transforms himself into a five-year-old, from one scene to the next. As the guards approach, mother and son hug each other in a steely embrace, with fiery eyes, and the guards are scared away. The reader mentally recalls the famous scene in *The Kid*, when the policeman is chasing the kid to take him to the orphanage. Despite the tramp's strenuous resistance, the kid is abducted and hurled into the orphans' carriage. The tramp chases the abductors, running across the city's roofs and finally plunges himself into the carriage. When the brute driving the carriage swoops on the tramp with menacing eyes, the tramp and the kid, instead of running away, hold each other tight. The brute is paralysed: their embrace scares him, because it speaks of a love too great for him to understand.

The Kid and the Tramp, holding each other tight, are a quintessential symbol of the love that exists independently from biological ties: an enduring emotional bond that links the child to his adoptive father. Paradoxically, in the final scenes of Alberti's novel, this is precisely the image that triggers the love of the surrogate mother, who only hours earlier had wanted to give the child away. For the author of *Non mi vendere, mamma*, the 'stranger' who discovers her affection is not a random woman in the street, but the child's biological mother, who must learn to love the newborn. The intricacy of Alberti's intertextual reference reminds us, once again, of the infinitely complex, rugged conceptual terrain on which birth stories walk. Parental love is not purely defined by biology and, certainly, it has nothing to do with money. Like in many traditional moral tales – a genre that shares many traits with Alberti's novel – the message is clear: surrogacy must be condemned, not only because it treats women's bodies as if they were 'containers', but also because it is predicated on abysmal social inequalities. Markets should have moral limits: there are things that money should not be allowed to buy.

4. Frozen embryos, frozen time

During IVF, embryos are normally made in larger numbers than can be implanted, unless regulations impose a legal limit on numbers. These excess embryos are frozen, and put aside for future use. Some may be used later by the same couple who commissioned them, some might be given 'in adoption' to other infertile couples, some are likely to be used for

³² While reading Alberti's novel, I was reminded of another terribly eloquent and poetic foetus, the protagonist of Ian McEwan's *Nutshell*. Both novels were published in the same year, by an interesting coincidence.

research – provided that the law permits such a use. Others will remain stored in labs for as long as time and space allow this, and will then be destroyed. The freezing of human embryos has proved extremely successful: not all IVF embryos survive freezing and thawing, but many do, even when they have been frozen for years. Nobody knows how many frozen embryos are stored in labs around the world: hundreds of thousands, possibly millions.³³

This practice – which has proven to be divisive, like many other forms of ART – provides the inspiration for British writer Rupert Thomson’s novel *Katherine Carlyle* (2015). Narrated in the first person, in a lucid and urgent present tense, this book tells the story of a nineteen-year-old girl, or rather, as she explains to a friend, of a girl who is nineteen, but also twenty-seven. Thomson’s prologue opens with a meticulous but also poetic description of Katherine’s conception:

I was made in a small square dish. The temperature was 37 degrees Celsius, like the inside of a human body. Like a womb. [...] My mother’s eggs were placed in the wells, no more than three in each, and then my father’s sperm was introduced, the sperm allowed to seek the eggs in a simulacrum of the reproductive process.³⁴

What follows next is a description of the various stages of IVF: the transfer into a solution called the “culture medium”, the progressive division into cells, the monitoring by the doctors. Suddenly, however, Katherine’s story comes to an abrupt halt: “Though I was one of several ‘Grade 1’ embryos – clear cells, tight junctions, no evidence of fragmentation or ‘blebbing’ – the technicians did not select me for immediate implantation. I was preserved instead” (p. 4). Katherine’s embryo is kept in a steel barrel, filled with liquid nitrogen. It is suspended in a bath of cryo-protectant and other assorted nutrients, and exposed to an extreme and constant temperature of minus 196 degrees. There she remains for eight years, after which her parents decide to have the embryo implanted in her mother’s womb.

Every now and then, and just for a few seconds – reads the last paragraph of the prologue –, the lid was lifted off the storage tank and a torrent of white light poured down through the swirling mist. A number of embryos would be removed, but I stayed where I was, in my see-through straw. The lid was replaced. Darkness descended once more. (p. 5)

When the main part of the novel begins, Katherine is nineteen and lives in Rome. She has been accepted to study in Oxford, but spends her days wandering aimlessly. She has no particular desire to go to university, nor, for that matter, to continue the life that she has led until now. Her mother’s death of cancer, seven years earlier, left a wound that refuses to heal. Her father, a war reporter for CNN, is rarely home and has spent even more time traveling since he lost his wife. Alone, despite her many friends, Katherine feels oppressed by a sense of non-existence that she describes as

the feeling that I’m not there. It’s not that I’m dead. I’m simply gone. I never was. Panic opens inside me, slow and stealthy, like a flower that only blooms at night. The eight years are still with me, eight years in the dark, the cold. Waiting. Not knowing. (p. 11)

³³ See Gilbert and Pinto-Correia, *Fear, Wonder, and Science in the New Age of Reproductive Biotechnology*, pp. 76-78, and Mundy, *Everything Conceivable*, pp. 288-306.

³⁴ Rupert Thomson, *Katherine Carlyle*, London: Corsair, 2015, p. 3.

To overcome this nagging sense of unreality, Katherine decides that she must undertake a journey, without knowing where it will take her. A set of mysterious, apparently random signals seem to suggest a destination: a banknote found in the street, a phrase caught from a conversation between two strangers, an amulet collected from the ground. These ‘messages’ indicate the North, cold and silence. Katherine catches a flight to Berlin and there she makes friends with strangers who welcome her, listen to her and help her overcome her sense of emptiness. But Katherine is obsessed with the idea of escape, and continues her journey. She changes names, to confuse her father who she believes may be looking for her. From Berlin, she travels to Warsaw, then to Moscow, to Arkhangelsk on the White Sea, and to Norway. Finally, she reaches a most remote place – an islet in the Arctic Ocean – where she leads a minimal life, little more than bare survival.

What is the goal of Katherine’s journey? In one of the novel’s final pages, Thomson’s protagonist muses that the small island near the Arctic Circle has given her a sense of the eight years spent in the steel barrel, filled with liquid nitrogen. She even believes that she has been joined by the lost embryos of her unborn siblings: “the thawed embryos implanted at the same time as me” whose cells degraded, “their gorgeous yellow darkening to a grim doomed black” (p. 307). One evening, during a bath in the public swimming pool, she sees them float by, evanescent like bubbles of water.

But is this really what Katherine was looking for? During her drawn-out inner monologues, she repeatedly deplores the fact that she had to spend eight years in a frozen state. “Why did you make me wait?” she asks her father, one night; and then answers her own question: “I know why. It’s because you thought I’d be a monster, didn’t you. And maybe that’s exactly what I am – to you” (p. 149). Another time she rebukes her father for having deprived her of eight happy years with her mother, whom Katherine could have been close to for twenty years, not twelve. Eight years of frozen time weigh on Katherine’s conscience, and heighten her profound sense of abandonment. If only her mother was still alive, or if her father spent more time with her, these years would acquire a different meaning. But Katherine feels abandoned by her mother and also by her father, and she flees, in order to be pursued.

Katherine Carlyle, then, is not so much a novel about *in vitro* fertilization, but rather a tale of mourning, loss, and the need to be loved. Between the lines of Thomson’s novel, we hear echoes of Mary Shelley’s *Frankenstein*. Katherine’s painful longing for her absent father recalls the creature’s tormented quest for the indifferent Viktor Frankenstein.³⁵ At the end of the novel, in the ghostly and icy city, Katherine suffers a terrible violence. But she survives, and suddenly feels a wish to see her father again: a desire that is stronger than the feelings that had led her to flee from him. When she is helped by two strangers, Katherine tells them: “I’d like to call my dad” (p. 340).

And yet, it is hard to believe that the reference to the frozen embryo, waiting for eight years, only serves to add pathos to the story of an absent father, who does not fill the gap left by his dead wife. Thomson’s novel also explores the limits of wilfulness, and asks how far we can go

35 Early in the novel, Thomson draws the readers’ attention to this important reference. The first of the two exergues (“How slowly the time passes here, encompassed as I am by frost and snow!”) is a quotation from *Frankenstein* by Mary Shelley. The intertextual play with Shelley’s novel is discussed by Andrew Ervin in his review of the novel, *The New York Times*, 20 December, 2015, available online at <https://www.nytimes.com/2015/12/20/books/review/katherine-carlyle-by-rupert-thomson.html> (last accessed on 12 October 2020). Ervin writes: “The novel raises any number of ethical questions about parent and personhood. Much to Thomson’s credit, he offers no easy answers. Readers will decide for themselves if Kit is meant to be a stand-in for Dr. Frankenstein, for his creature or for something else entirely. At times, she comes across as both the pursuer and the pursued. Her motivations don’t entirely make sense, but perhaps that’s true of most teenagers.”

in our desire for total freedom. Katherine, like the doctors in a birth clinic, ‘experiments’ with her own life. *Katherine Carlyle* is thus not only a novel about mourning, but also a philosophical meditation on freedom and audacity: what does it take to create an embryo, *ad hoc*, and to keep it frozen for eight years? What does it take to re-invent one’s life, as Katherine does, madly and recklessly?

Thomson’s novel raises questions that do not have an easy answer. Is it ethical to create an embryo and to suspend its development for eight years? “Such a curious notion, to be the defunct or superannuated version of something that hadn’t even existed. Like being a ghost, only the wrong way around”, as Katherine puts it in the prologue (p. 4). Are we ready to live with the consequences of such a decision?

Last but not least, *Katherine Carlyle* is a reflection on the power of the stories that precede and surround our birth. Some might argue that there is little difference between the decision to postpone the conception of a child for a few years – to continue one’s career and prolong one’s youth – and the decision to freeze a newly created embryo. But Thomson reminds us that, for Katherine, the difference exists and that parents cannot ignore the psychological consequences of their reproductive choices, for the child. Thomson, who is himself the father of a daughter conceived with IVF, has declared in an interview that Katherine’s obsession with her own conception is somewhat pathological: “She’s not entirely aware of what she is doing, but she’s right to try to break the spell she’s fallen under, which is the belief that she isn’t loved. To do that, she must go to the very limit”.³⁶ The story of her conception has become, for Katherine, a spell that conditions her life. Even when she tries to break the spell, the story remains with her. We cannot struggle free from the stories that make us any more than we can ignore the fact that we were brought into this world.

Liza Mundy’s sensitive and nuanced inquiry into the world of assisted reproduction draws from hundreds of interviews with people who are or have been involved with ART: doctors, parents, children, psychologists, women’s groups, activists on both sides. In the conclusion to her study, Mundy observes that “one of the most striking things about assisted reproduction is the way it creates dilemmas that are so much harder for women’s groups to grapple with than abortion, which seems, in contrast, almost easy to think about”. Notions are slippery: choice, reproductive freedom, rights. Whose choice? Whose freedom? Whose rights? The rights of the parents, of the children, of the donors, of the surrogates, of the human species? The right of the doctors to offer services at whatever costs patients are willing to pay? The freedom of the private individual against the State?

Many stories of assisted reproduction convey a sense of unpredictability. In this respect, they resemble all birth stories. By definition, a birth changes the world where it happens. But medically assisted births mark an especially dramatic change. Ironically, medically assisted reproduction is often the least controllable form of reproduction. Situations frequently take unexpected turns. This is why novels and films, and any kind of artistic reflection on these themes, can help us explore the brave new world of reproductive technologies. Literary and filmic narratives have a clear inclination to embrace the complexity and unpredictability of human experience, to stage and listen to different and divergent voices. For this reason, novels and films can offer an epistemic aid to navigate the troubled waters of our present. If they cannot

5. Conclusion

³⁶ Max Liu, ‘A lot of what you write comes true’ (book review of *Katherine Carlyle* by Rupert Thomson), “The Independent”, 7 November 2015, available online at <https://www.independent.co.uk/arts-entertainment/books/reviews/katherine-carlyle-by-rupert-thomson-book-review-a-lot-of-what-you-write-comes-true-a6724436.html> (last accessed on 12 October 2020).

provide definitive answers to the many dilemmas created by the incessantly evolving techniques of assisted reproductive medicine, they can at least help us formulate new questions.

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