

Emerald Studies in Reproduction, Culture and Society

Reproductive Governance and Bodily Materiality

Flesh, Technologies,
and Knowledge



Edited by
Corinna Sabrina Guerzoni
Claudia Mattalucci

Reproductive Governance and Bodily Materiality

Emerald Studies in Reproduction, Culture and Society

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Reproductive Governance and Bodily Materiality: Flesh, Technologies, and Knowledge

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Contributor Biographies

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Lucia Gentile was awarded a PhD in Cultural and Social Anthropology by the University of Milan-Bicocca in collaboration with INALCO in Paris. A specialist in the Indian sub-continent, she has conducted ethnographic research into women's reproductive health and the representation of the female body in Madhya Pradesh and Gujarat.

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Dominique Memmi is Research Director in Social Science at the CNRS (French National Centre for Scientific Research) in Paris. She is the author of *Les gardiens du corps* (1996), *Faire vivre et laisser mourir* (2003), *La seconde vie des bébés morts* (2011) and *La revanche de la chair* (2014). She is also joint editor of *Le gouvernement des corps* (2004) and *La tentation du corps* (2009).

Kara Miller is a Cultural Anthropologist and Assistant Professor of Applied Anthropology at California State University, Long Beach, specializing in medical anthropology, body politics and eco-social well-being. Her work explores how embodied knowledge can enliven structures that affect and manage health. She investigates humanistic medical ideologies through lenses of empowerment.

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Governing Reproduction through the Matter

Corinna Sabrina Guerzoni and Claudia Mattalucci

COVID-19 and the confinement measures adopted worldwide to manage the ‘health crisis’ had profound impacts on our lives. The restrictions imposed especially on mobility and physical distancing, often referred to as social distancing, changed the way the majority of anthropologists conducted their research before the beginning of this pandemic. Doing an ethnographic research – namely physically moving in other places, meeting people, constructing a network, having deep interactions and observing human practices – has suddenly passed from being a normal and often taken for granted methodology to being an exception. *Reproductive Governance and Bodily Materiality: Flesh, Technologies and Knowledge* collects a series of *exceptional ethnographies*, namely chapters based on ‘classical’ ethnographic research conducted through live interactions, exchanges and negotiations on the field, as it happened before COVID-19.

Especially during the first lockdowns and confinements, we witnessed a series of new forms of governmentality acting on our bodies, not only isolation and physical distancing, but temporary ban over certain practices such as restrictions on access to abortion and assisted reproduction, withdrawal or on-line only provision of prenatal classes, denying the access to medical facilities for giving assistance to sick people, for partners who wanted to be present during childbirth, or for mourning in front of corpses. In addition to showing us inequalities in the management of emergency situations, these new restrictions bring us to the heart of this collective volume content. At this moment in history when, both locally and globally, the definition of reproductive rights appears to be a highly contested arena, the concept of ‘reproductive governance’ helps us to direct our attention to how reproduction is mobilized by different configurations of social actors and how religious, economic and political ideologies intersect and find expression in a range of domains related to reproduction (Morgan, 2019, p. 116). We have adopted two different perspectives to read social phenomena at the centre of our analyses. From one hand, we used *reproductive governance*, a concept theorized by Lynn Morgan and Elisabeth Roberts, defined as ‘the mechanisms through

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which different historical configurations of actors – such as state institutions, churches, donor agencies and non-governmental organizations (NGOs) – use legislative controls, economic inducements, moral injunctions, direct coercion and ethical incitements to produce, monitor and control reproductive behaviors and practices’ (2012, p. 243). On the other hand, we focused on bodies materiality to explain different forms of control and adhesion to practices that have developed in spontaneous and creative ways. In *La Revanche de la chair. Essai sur les nouveaux supports de l’identité*, Dominique Memmi (2014) proposes a reflection on the flesh as a ‘new support of identity’ in Euro-American countries, identifying a singular sensitivity permeating symbolic acts and specifically anchored in bodies materiality. What she calls the ‘flesh’ is at once physical and mental. This concept is useful to analyze the practices performed by average experts who have a profound influence over the management of birth and death. Subjects act under their impulses in a voluntary way to build good bonds, to take care of themselves, to perform proper parental behaviours. We argue that intersecting these two different perspectives – analyzing reproductive governances and the role played by body materiality – allows us to read social phenomena differently.

Bodies are cultural and historical phenomena, also in their biological and material dimensions (Cohn & Lynch, 2017). The studies on the politics and governance of reproductive bodies have brought out a privileged aspect of human reproduction related to the political arena in which countless battles are fought (Butler, 1993, 1997; De Lauretis, 1996; Ginzburg & Rapp, 1991, 1995; Pandolfi, 2003). The goal of this essays collection is to analyze new practices and tensions around reproductive health, substances, genes, body parts and remains. Authors consider the body as an object of interest to analyze how practices related to reproductive governance (Morgan & Roberts, 2012) shape it and redraw its boundaries producing social bonds.

The volume opens with a chapter written by Dominique Memmi that explores the flesh’s growing centrality and the power of healthcare professionals, social workers, psychologists, funeral professionals and lay people (Boltanski, 2004) within the field of human reproduction. This author highlights how reproductive governances work through the ‘flesh’: the exhibition, manipulation or simple presence of the material body is increasingly considered as a harbinger of psychic effects. The book is then divided in three sections. The first part, *Parents by bodies*, is dedicated to parenthood. It explores the different ways in which subjects become parents by adhering to or distancing themselves from specific practices, often mediated by professionals. There are actions that parents need to perform in order to avoid social sanctions. Those who resist prescribed behaviours are considered bad parents, bad women in labor, bad nurturers etc. These sanctions, however, do not work on the public reproach level but rather act inside the subject itself, at a psychological level. Not following what is advised hurts them, producing some sort of psychological and/or identity problems. A growing number of practices, involving sustained attention to the body and naturalized interventions, testify a common need: an ‘identity requirement’ to avoid psychological damages. As Memmi argues in the first chapter, the body acts as a ‘reminder’ and has a

performative function by a 'materialist thought at the same time essentially metonymic aiming at saying the whole (the idea) via one of its parts (the body), and a materialist thought, turned towards concreteness and the physical to articulate the abstraction or the psychic' (p. 11). The body is 'materialized', 'shown', 'localized', proposing a new ideological device that could be defined as 'bio-psychologism': practices performed on and with the body are expected to have psychological consequences. This is particularly evident in the chapters by Chiara Quagliariello, Caroline Chautems and Corinna Sabrina Guerzoni: in situations related to pregnancy, childbirth and breastfeeding, when the *body mobilization* involves the entire newborn's and/or mother's body or its parts, either in the physiological form of the uterus, the breast, the placenta, or at the biogenetic level of the eggs and DNA. Childbirth is the object of special attention through strengthened bodily contacts between the newborn and its parents. This concern, which has existed since the 1970s, remains alive today through a symbolism that manifests itself in certain practices and rituals: home birth, revaluation of the placenta, bonding, breastfeeding and father's increased physical involvement in pregnancy, childbirth and the puerperium.

Quagliariello's chapter focuses on the reintegration of natural childbirth within the biomedical frameworks in Tuscany, Italy. Her chapter revolves around three key points. The first one is the failure to make naturalism and biologism coincide in the experience of natural childbirth. The second is the evolving character of 'nature' which is strongly related to social representations with vast dissimilarities in time and space (Descola, 2005; Latour, 1991). The third is about the natural birth model taking place in hospital settings, that has been used by specialists to defend their role. This aspect has been described by Memmi as 'social bond clinic', a process that presents a double peculiarity: it concerns crucial vital conjunctures (birth, death etc.). Professionals have become central figures promoting hospital practices in which the body is a privileged locus to control social destiny, especially that of being 'good' and/or 'real' parents. Quagliariello analyzes the stance against epidural anaesthesia that describes as modern-day heroines women who choose to endure the full suffering of giving birth becoming 'better moms'.

We can see the social bond clinic at work also in Chautems' and Guerzoni's ethnographies, which describe the practices and gestures performed by intended and actual parents to ensure their children's optimal physical and psycho-emotional development. Chautems analyzes breastfeeding of Swiss mothers who chose to give birth at home or in a birth centre. Breastfeeding has been described as the most appropriate infant feeding mode recommended by the World Health Organization. This recognition caused an intensification of its promotion by different health professionals as a good practice. To perform breastfeeding, mothers engage in a demanding self-discipline supervised by their midwives. Chautems describes the holistic care model where breastfeeding support techniques are different from the ones used in hospitals. However, both the holistic and the biomedical models use strict protocols to produce the lactating body and what Chautems calls a 'body-based' identity. In other words, breastfeeding, combined with other bodily practices, shapes the identity of a 'good mother'.

Guerzoni focuses on surrogacy pregnancy and especially on labors and deliveries observed in six different Southern Californian hospitals. She shows how body parts – or practices involving body parts – are described as crucial elements (genetic, bonding, breastfeeding etc.) and some as non-essential (pregnancy, labor and delivery) in the making of parenthood's identity. Within the US surrogacy arena, the author shows how the body's materiality, albeit used in an ambivalent way in relation to different social actors, is elaborated in this process. These three ethnographies show how in Euro-American societies the body is mobilized to produce parenthood. Both in the biomedical model and in the holistic care model, people are becoming more and more dependent on expert advices and practical support in order to become 'good' parents. As these studies show within the normative and practical frameworks governing reproductive behaviours, there is a growing recognition for the individual needs. These needs, however, are subject to structural socioeconomic constraints and gender inequalities which are often concealed by the neo-liberal emphasis on choice.

The second section, *Body's imaginaries and ontologies*, discusses the variety of cultural and historical meanings of the 'flesh'. The imagination and ontology of the body change depending on socio-cultural settings but also, within a given context, depending on the configurations of social actors involved in the governance of reproductive bodies. This section opens up with Claudia Mattalucci's chapter on burials of abortive remains as a battleground for reproductive governance in Italy. Public debate on pregnancy loss is often intertwined with the abortion debate (Layne, 2003); in the Italian case, she argues, this association has caused a delay in the spread of the new practices related to pregnancy loss (Memmi, 2014). Mattalucci analyzes burial regulations and the ways in which they are enforced, asking what is at stake when the State, the regions, the Catholic church, healthcare and cemetery professionals and women undergoing termination or pregnancy loss decide what to do with bodily remains. These peculiar bodies are invested with different value. The ways these remains are described and named, and the actions performed on them affect the lived experiences of women and couples with different reproductive stories. As this chapter shows, human flesh is both material and symbolic: a biological reality that takes on different meanings and emotions over time and within relationships.

Lucia Gentile analyzes how women perceive contraception in Bhuj (a city in the state of Gujarat, India) and why female sterilization has become the most widely used contraceptive method. Despite a widespread resistance to biomedicine, sterilization is seen by women as an effective mean to manage their reproductive power. In order to grasp women's understanding of contraception, Gentile reconstructs the ways in which the reproductive body is imagined and perceived locally and the practices women follow to preserve their reproductive power. Her study shows how local biologies (Lock & Kaufert, 2001), institutional practices and reproductive governances are embodied in this specific context, outside the Euro-American space, where the increasing use of reproductive technologies have re-organized women's knowledge of their body. Gentile

explains the popularity of sterilization by tracing women's complex negotiations with bodily suffering, socio-economic constraints and the micro-physics of the powers surrounding them, rather than as a direct consequence of medical authority and governmental policies.

Kara Miller's chapter explores birthing and body politics in the United States and Uganda, electing the placenta as the core of her comparative analysis. In this chapter, Miller clearly positions herself: 'Decolonizing the flesh requires policy that ungrasps bodies from control and regulation, returning authority to bodily ways of knowing, and decentering dominant systems of power in favour of reproductive justice that recognizes holism' (p. 124). The industrialization of agriculture and medicine, Miller argues, are toxic and intrinsically disembodiment. Uganda and the United States are differently affected by this process. Through the placenta, however, it is possible to see its entangled effects on different ways of inhabiting the body and the environment. Reproduction is a ground of ideological, ethical, religious, economic and socio-cultural conflicts. As Lynn Morgan underscores, 'anthropological work is essential to advocacy', because it can untangle the ways in which neoliberal economies, religious and political ideologies intersect with reproductive governance (2019, p. 116). Miller's chapter explores the bio-ontologies of the placenta in terms of toxic contingencies embedded within the relationship between health and industry, highlighting the plurality of meanings laying behind concepts such as 'health rights', 'reproductive rights' and 'reproductive justice'. As this chapter shows, many anthropologists and sociologists of reproduction, in different ways, take active positions within their fields of expertise. They engage in 'crucial political interactions with the analyzed context' (Boni, Koesler, & Rossi, 2020, p. 9) so that the meanings that emerge from and within ethnographies do not exclusively circulate inside Academia but become important tools for policymakers and social movements.

The third and last book section is dedicated to *Reproductive and bodily disruptions*. The notion of 'reproductive disruption' has been introduced by Marcia Inhorn (2007) to describe reproductive trajectories, departing from ideal ones, when the desire for parenthood and conception are followed by birth and development of healthy children. Oftentimes reproductive disruptions are experienced as the cause and/or the result of 'defective bodies'. Three chapters included in this section analyze reproductive technologies and their effects on patients bodies and lives. Natalia Fernández-Jimeno investigates how infertile bodies are shaped by reproductive governances in Spain. She uses gender as an analytical category to understand how infertile bodies are depicted in social discourses and reproductive medicine. Her analysis of infertility in Spain is based on interviews with IVF patients and health professionals, but also on newspapers, biographical books and media information. From these sources, she retrieved two main perspectives: whereas the first one describes infertility as a social problem, the second describes it as a disease. These representations of infertility have different social, political and gender implications. When described as a disease, infertility appears as a temporal dysfunction of bodies that can be 'cured' with the support of reproductive medicine. In the arena of assisted reproductive technologies, however, failure is frequent and oftentimes is placed inside the female body.

Léa Linconstant conducted an ethnographic study in a centre for assisted reproduction in Northern Italy. As Fernández-Jimeno, she reads infertility through the prism of gender to understand what infertility does to people's sense of self. Linconstant shows how patients' bodies are treated differently based on their gender. The infertility of female bodies is made more visible in comparison to the male ones. This, she argues, is due to the fact that the female bodies are involved in reproduction in their entirety, while the male only partiality. Linconstant stresses that governing reproduction, 'medicine transforms infertility into a gendered social experience' (p. 158).

Alexandra Desy and Diana Marre chapter focuses on French citizens seeking ARTs treatments in Barcelona (Spain). This chapter shows how specific bodies are excluded and delegitimized by the realm of reproduction in one state, but not in others. The French national reproductive healthcare system, they argue, describes some infertile bodies as 'rotten', 'old', 'useless', 'illegitimate' and 'incomplete', denying any chance to have successful offspring through IVF. These narratives are completely overturned in Spain where the same bodies become reproductive. Within the European reproscape (Inhorn, 2015), the authors show that cross-border reproductive care produces new reproductive rituals and practices, managed by different social actors, that affect emotional and physical patients' experiences. IVF patients as infertile bodies are delegitimized in France but are welcome as potential reproductive clients in Spain.

Rossana Di Silvio's final chapter shows the permeability of different dichotomous categories which are used currently to describe bodies and relations such as normal/abnormal, visible/invisible, inner/outer. This author conducted fieldwork on reproduction and disability in two different regions of Italy. Based on the myth of 'the perfect child', Di Silvio explores how parents of children with 'defective bodies' face their unexpected reproduction. She shows that biomedicine domesticates some forms of bodily defectiveness restoring the ideal of bodily appropriateness, but also that some abnormalities resist domestication. Parents, in Italy, seem to be less worried about their children's physical or visible disabilities than about their mental or behavioural one. Oftentimes, invisible or immaterial disabilities, whose causes are increasingly traced back to the materiality of genes, are the harbingers of a greater stigma, qualifying them as bad parents.

How do reproductive governances develop and travel? How are they made and re-made in different contexts? Which reproductive bodies do they materialize? As the chapters in this collection show, the body in its very materiality is a mobile category that cannot just be taken for granted: it can take different forms and have different relevance; it can also be used, contested and experienced in many ways, being the ground on which and instrument through which the governance of reproduction is exercised. Thinking about the government of reproduction through the prism of bodily materiality, in its interactions with technologies and knowledge, this book provides a privileged point of view on theoretical debates of a wider scope concerning gender and power, naturalized functions and identities, reproductive work, local biologies, sexual and reproductive rights. In addition to analyzing the data collected through field research in a specific context, our edited

volume reflects on how the contemporary biomedical practices, legislative controls, moral injunctions and ethical incitements travel from one country to another while being supported, mimicked and/or resisted by specific social actors (Morgan, 2019).

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