

Substances, Knowledge, Gaze

The Bio-aesthetics of Reproductive Technology in a Sicilian Fertility Clinic

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Abstract The article is based on an ethnographic investigation and interviews to patients and medical personnel of a private fertility clinic in Sicily. An element that emerges as a peculiar characteristic in this specific context is the importance given by the prospective parents to the possibility of “seeing” and following visually the reproductive process, where the aesthetic dimension is central. It is through a complex network of translations within the practices surrounding reproductive techniques (where professionals comments and indications, medical practices, patients interpretations and visions are intertwined) that image/objects of reproduction (embryo and gametes) are made, becoming the focus of considerable emotional and corporeal investment. Knowing and watching reproduction through “bio-aesthetics” means getting the chance to manage and to produce contested possible spaces of agency, making up new different and unexpected comments and interpretations in the supposedly unquestionable domain of kinship and nature.

Keywords: reproductive technologies; vision; ethnography; kinship; Sicily.

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I. Introduction

The first anthropological efforts to address the nexus of technology and reproduction have focused on how the naturalized language surrounding kinship and gender begins to fracture, losing stability and becoming rearticulated (Strathern 1992a; 1992b; Franklin 1997). In the face of reproductive technologies the evidence of the “facts of life” (Schneider 1968) – and the whole symbolic system that carries forms of knowledge articulating a certain relationship between natural facts and social constructions – has come through a complex process of explicitation and resignification (Strathern 2005; Thompson 2005). This process is deeply

interwoven with forms of representation, gaze and imaginary.

In this article I discuss the imaginary related to assisted reproduction – or, in other words, a form of knowledge that is largely constituted by images (of the ovaries, uterus, oocytes, spermatozoa, embryo and fetus) – and how it plays a major role in the articulation of discourses. I will approach the issue by focusing in particular on the novelty represented by the patients' view of gametes and embryos, the constant link between the medical interpretation and the look of the prospective parent on the reproductive "objects", the relation between the distant scientific imagery and a gaze charged with affection, and finally the implications that these "visions" bear to the construction of kinship.

To build my analysis, I draw on a specific research context: a fertility clinic in Catania, Sicily¹. Research was carried out between December 2000 and June 2003 through extensive observations at the clinic, informal conversations with patients, doctors, and employees².

Although being asked to wear a white coat while in the clinic, I always introduced myself as an anthropologist interested in reproductive issues. I interviewed 31 patients (17 couples, and 24 women) and 12 doctors³. Interviews lasted one to three hours and almost always took place at the patients' home. The fieldwork was carried out just before approval of the Italian law on assisted reproduction in 2004, forbidding heterologous fertilization, denying access of reproductive technologies to single women, embryo cryo-conservation, and pre-implantation genetic diagnosis⁴.

2. Narrating the (micro)Reproductive Process

The relaxed and rather confidential relationship I could obtain with the people I met during the research is partly due to the fact that, as I was told, I was from Sicily, of the same age as the patients (in the middle of their thirties), and I had no children. Nonetheless, the willingness to explain and narrate such a private and often painful experience is due to the peculiar history and characteristics of the clinic and to the relationship between patients and doctors.

¹ See Gribaldo (2005) for the complete ethnographic account.

² My research has been carried through a PHD program in "Methodology of Ethno-Anthropological Research" of the University of Siena, Italy.

³ Of the 31 women interviewed, 16 were being followed for the first child, 12 already had a child by assisted reproductive techniques (of whom 2 were trying again for the second child), 2 were pregnant, one had given up and decided to adopt. One couple had a child through pre-implantation diagnosis in order to avoid thalassemia. Except this last couple, infertility was due to the woman partner in 13 cases; to the couple in one case and to the male partner in the remaining 16 cases. Eight cases necessitated heterologous donation: 7 with a male gamete donation and one with female gamete donation.

⁴ See VV.AA. (2004) for an overview of the debate and critical stances.

The fertility clinic, Hera, was built in Catania in the mid 90s on the initiative of a gynecologist and an embryologist, based on a non-profit organization for infertile patients. At that time, the public offer of reproductive technologies in Sicily was very poor and adversed by private interests. The clinic offered markedly lower rates⁵ than other private Sicilian clinics and thus attracts patients from all over the region, mainly from the middle and working classes. The organization has a policy of proactive openness and actively participates in public debates on reproductive techniques by organizing gatherings, community meetings, seminars and conferences as well as demonstrations. The members of the association also meet every month to discuss various issues, both organizational and beyond. The meeting rooms are used almost every day, even for events such as brief gatherings when couples come to celebrate their newborns, greet the doctors and the staff, what creates a particularly informal atmosphere. In particular, the procedure for assisted reproduction techniques produces groups of women who tend to meet up regularly every time they visit the clinic for the various “steps” of the procedure: medical tests, ovules aspiration and embryo transfers. Patients not only create shared narratives about sterility and the hope of “potential reproduction”; they also experience all together the steps of the reproduction process as part of a group of women sharing a common problem. These steps, all elements of the “standard procedure” of assisted reproduction, warrant a uniquely collective dimension to the usually extremely private reproductive event.

The clinic allows creating an unusual relationship among infertile couples as they embark on a process of deciding to give birth to children, to “make reproduction happen”; this possibility becomes particularly valuable in the Sicilian context (many couple come from small towns in the region) where a couple without children represents an anomalous case suffering from heavy pressure from relatives, and potential sterility problems tend to be kept hidden. In this context, perceptions of femininity remain strongly linked not only to maternity but also to the idea of sacrifice (the form of “female martyrdom” -as some of the women refer to- entailed in assisted reproduction techniques), and procreative and familial settings are of crucial importance in relationships (doctors use local dialect, for instance, and patients use familial metaphors when “relating” with the facility and its doctors).

A somewhat surprising element that emerged during my research is the way patients talk about reproductive techniques: their tendency to linger on the phases and the very process of reproduction. In fact, the majority of the interviews narrated at length the entire process leading to ovulation induction, oocyte aspiration and embryo formation.

In comparison with other studies carried out in Italy (Pizzini and Lombardi 1994; Bonaccorso 2009) and abroad (Lasker and Borg 1989; Edwards

⁵ Treatment prices are approximately one third compared to other private clinics. In Sicily there are 35 facilities offering reproductive techniques, 8 in Catania (Hera included). At the beginning of the years 2000 Hera provided about 800 cycles per year, out of 1500 in the town of Catania.

et al. 1993; Franklin 1997; Becker 2000; Kahn 2000; Inhorn and Van Balen 2002; Thompson 2001; 2005), in my research this special level of attention paid to the biological process of reproduction in itself – what we might call “micro-reproduction” – is particularly marked. In addition to describing the experience that women (and, to a much lesser extent, men) underwent, patients narrated in greater detail what occurred *inside* the body: specific problems or responses to pharmaceuticals, the quality of the gametes and embryos produced and what they looked like. We witness here of a markedly biomedical vision of the process of reproductive techniques that is “filtered” through the patients. The way patients narrate their experiences is entirely focused on the reproductive process in biomedical terms, comprising a sort of phenomenology of conception. This particularity is partly due to the way the staff deals with information about the medical-reproductive process: the way they invite patients to become involved in their treatment and seek to make them responsible for their choices and aware of the kind of treatment they are undergoing, the importance they place on medical information and their use of visual aids no doubt leads the couples to experience the process *through* a medical language and vision. Couples have the opportunity to follow and visualize the reproductive process in a way that completely changes the historical perspective through which reproduction has been thought and represented. This interest in a scientific observation of the biological event of procreation signals a possible shift in the conceptualization of reproduction.

A young woman from a disadvantaged neighborhood in Catania, standing next to a blow up picture of her wedding and with one hand resting on a medical tome about reproduction, provided me with a very precise explanation of what constitutes a karyotype; another woman, busy mending her husband’s fishing net, spoke with passion about gametes: these instances reveal a novel way of understanding the body, reproduction and biomedical knowledge. In these narratives the visual element is essential. A natural event and individual experience (for the couple) becomes an event in which nature, medical and visual technology, images, and forms of scientific knowledge variously interconnect to form a new and complex experience.

3. Watching Reproduction

The people involved in reproductive techniques that I have interviewed underline the importance of the monitors and visual tools, from microscope to sonography, that make it possible to watch the invisible protagonists of the reproductive process and follow the development of the fetus in the mother’s body.

Emanuela’s⁶ account, provided below, reveals how the form of control that is exerted through visualizing the reproductive process provides proof that conception has actually taken place: what is novel about the experience is the meaning attributed by couples and professionals to this

⁶ All names are fictitious.

“event”, where transfer and conception overlap. Watching the embryo transfer in real time means seeing one’s own child being conceived. On one hand, being able to view the series of events that lead to pregnancy on a monitor, “just like watching TV,” involves the couple as participants in an act of reproduction that is no longer driven by chance (as with conception through sexual intercourse); on the other hand, this “proof” allows recognizing failure even before pregnancy occurs: pregnancy – here, simply the successful transfer of embryos – is defined in an entirely new way. It involves not so much the embryo’s (here called oocyte) attachment to the female body with its unmistakable indicators, but rather the visualization of a process through a monitor.

Emanuela: They turned the monitor on so I could see what was happening inside me...

Me: And what did you see?

Emanuela: Well, I saw the whole inside of my uterus, obviously black because it is in black and white, and then the needle going in, a kind of catheter the oocyte passes through and is placed down. And then I saw all my three oocytes, all placed in the uterus, obviously floating there in my uterus: that was the proof that they had transferred all three of them... then you can say, “no, this can’t be true, I saw the technique but I didn’t see anything.” “Of course you did,” says [the doctor]: “You left this room being pregnant.” I was actually pregnant when I walked out of there, but then I don’t know where they [the embryos] ended up along the way...

The answer to the woman’s doubts underlines the peculiar meaning given here to visuality by the doctor: the very moment the technique is displayed through the visual instruments proves that the transfer has occurred and the woman is pregnant. It is no longer relevant that this pregnancy is only potential: from the moment the transfer has been monitored, certified and *witnessed*, it becomes a fact – or even better, it has *technically* occurred. In addition to holding a privileged place in current bio-medical research, this viewing technique that in turn produces an effect of “realism” is conveyed through popular media (such as television and popular scientific magazines) and bio-medical information.

Not only is there “nothing to hide”, as Ester remarks, but there is actually a great deal to see.

Ester: They show you any kind of things. When I went to them, when they made the ultrasound, they showed me: this is a follicle, this is the endometrium, and so on. I mean, there is nothing to hide. (...) Then, when you do a transfer, (you’re) always awake, (the embryo) is injected with a syringe and then they show it to you through the monitor, you watch it, you can already see the embryo, you can see exactly where it is placed, just like watching TV, you know, how they show it... (...) They let

you watch the transfer on video, and even if (the result) is not successful, at least I got to see something, and do you know what that's worth, don't' you?

The importance to watch the embryo transfer is related to the fact that, as described above, it has been given the powerful meaning of conception. This visual event can give the perception that something really "happened" inside the body, a body that significantly in this circumstance can be described by a woman, as "almost pregnant".

The particular characteristic of assisted reproduction techniques that make it possible to visualize and follow the *micro-reproductive* process is often indicated as a key element of physical and emotional involvement in the reproductive act. Maddalena's story is significant: through the beauty of the embryos ("like gardenias"), the strength of visual power allows the patient to actually *see* her future child.

Maddalena: We went back to the room where the retrieval had been done two days before. I sat down and at a certain point the gynaecologist goes: "the embryologist had a gift for you today". I say: "what is it about?". "She will show you under the microscope". Believe me, when I saw the first embryo shaped like a gardenia, in four parts, she said, you see, it is all like this... then the fourth embryo, which was smaller, opened up and closed down again. From two cells it became four. Right at that moment when it opened up and closed down I really could see it, and the doctor said: "You were very lucky cause it is hard to see things like these..." and I answered: "No, I was lucky 'cause that is my child..."

We assist here to a shift into a fully visible embryo that is at the same time a broadcast image, a living segmented flower that opens up and develops to finally close down again: a baby that grows up even prior to its transfer to the mother womb.

Such importance given to the visual element is a constant in all reports of experienced assisted reproduction. To watch means at the same time to judge the "biological matter" in terms of its quality, development and perfection. The medical field defines oocyte quality through a rating system from one to five, or through letters, starting with A for the highest quality obtainable. Patients come to learn the rating system through communication with medical professionals: doctors, biologists, and nurses. All medical and paramedical personnel, as well as patients, know the system; the classification for ova and embryos is commonly used and taken for granted. This is a code specifically related to the style of communication at Hera: albeit being known to the doctors in the domain of assisted reproduction in Italy, these classifications of oocytes or embryos are not always shared with the patients in other clinics, at least not in these precise terms.

Oocytes are central to the success of the reproductive techniques. Ovulation is controlled through minute variations in pharmaceuticals as well as constant and attentive monitoring. What patients spend most time talking about is the aspiration of the oocytes, but what concerns them the most is the quality of the oocytes. However, the production of good quality ova does not always lead to the formation of good and “usable” embryos; on the contrary, it is precisely because of this sort of disconnection that the quality of oocytes is identified, in order to highlight how chancy and unpredictable these techniques can be, even when the reproductive process sequence had worked perfectly up to that point. Even if produced “perfectly” by the patient’s own body through clinical work, this biological reproductive material does not lead to the formation of equally perfect embryos.

Ester: ... “beautiful oocytes”, they drew them... I haven’t seen anything, I just felt pain. They drew this oocytes and they said they were the best ones, but none of them got fertilised. (...) [then regarding a different cycle] “Here there are copybook oocytes!” they drew a lot of oocytes I don’t remember how many, 19...

On the contrary, as Teresa told me, while we are looking at her three one year old kids in the living room of a home in the suburbs of Catania, “miserable ovules” can lead to a triplet at the very first attempt.

Teresa: We made the retrieval [she laughs] it was such a mess!

Oocytes were not good at all, the embryologist did not want to try to fertilise them, because they were black and ugly...

Me: How do they know?

Teresa: They watch them through the microscope, they said they were black, sort of rotten eggs (...)

What we see here is an aesthetic of female gametes (beautiful, picture-perfect ova) in which only the “beautiful” and “top quality” ones are designated for the fertilization process. The more the ova look like the images in scientific and informational texts, the more “beautiful” they are.

Cristiana, who has some trouble in “producing” gametes and who manages to produce a single oocyte, talked about her experience this way:

Cristiana: He [the gynecologist] says: “You had such luck!” ... and I got pregnant. (...) There’s a picture in the operating room, of an ovum and the embryonic development... “Your ovum is top quality: it’s like that!” they told me, pointing at the image...

Only these oocytes are the good ones, the perfect oocyte is the one that matches the colorful image hanging in the surgery room. Associated with embryos in both language and practice, for couples seeking assisted reproduction treatment the female gametes represent microscopic parts of the self, invisible to the naked eye but yet observable, appraisable and

selectable through the use of video technologies: they have their own histories and represent the individuals from whom they originate. It is no longer their existence or lack thereof that might be problematic but rather their form or, even better, their effectiveness and productivity. Ovules are also living matter, and therefore subject to death.

Emanuela: They extracted one on Saturday, and on Monday they had to put it back, but they called me and told me that the ovule couldn't make it and it was dead.

It is a matter of biological life, but not human yet: in the "microreproduction" of oocytes, the idea of human life does not exist, and it is not by chance if ethics are not discussed in this context. Only embryos are object of ethical issues. Oocytes are a sort of pre-embryo: last products of the microreproductive process that still can be "treated" and frozen, biological matter that is still possible to manipulate, oocytes do not represent the relationship between male and female, as embryo do. But just like the embryo, they already are virtually a child (even if "half of a child").

Sandra: To me the simple fact that my oocytes are potentially my children and because I wanted children of mine and couldn't have, well, that other people could have children with my oocytes...in any case, I consider oocytes my children, I mean, potentially they are half children of mine, I am open to accept them from someone but not to donate them.

We could hardly think the spermatozoon as playing the same role of the oocyte as "half of a child": none of the interviewee refers to it this way. Unlike the analogous withdrawal of oocytes, on which the process dwells at length, patients do not linger on the "withdrawal" of semen: this is considered almost pornographic, rarely mentioned and with some embarrassment. I would suggest that the role of semen in procreation disappears not only because people are uncomfortable discussing solitary sexuality in a totally desexualized context; it is almost as if its contribution was irrelevant. Unlike the discursively excessive ovum, semen is surprisingly lacking in characteristics, visual qualities and classifications. There is no classification scheme for sperm, as one of the biologists briefly says: "the more motile sperms are chosen from the seminal fluid, and those that have a modified morphology are discarded". The spermatozoon, in the narratives I collected, is immaterial, impossible to classify, not the center of discourse: it is either available or not. This lack of focus on semen is due to a way to conceive paternity as a sort of secondary form of parenthood: as a young man declares about male donation: "motherhood is the fact, fatherhood is always a sort of adoption".⁷

⁷ As stressed by Carol Delaney in a review of the historical "Virgin Birth debate" in anthropology (Delaney 1987), the idea of paternity implicitly mirrors a vision of

The “romance” between oocyte and spermatozoon analyzed by Martin (1991) in textbooks for students in medicine, does not seem to be present in the narratives that I gathered on Icsi and Fivet cases. Once the oocyte is shown through the microscope, detached from the female body, it becomes the main actor of the reproduction process, the semen being always under-narrated. The woman’s body is the stage for a performance where the man’s role is underplayed. The role of male is to fertilize, an essential but paradoxically not “substantive” act: it is the oocyte that “makes” the embryo as the woman “makes” the child. Just like oocytes, embryos too are classified by identical “quality” degrees. There is often a semantic shift from embryo to oocyte: the two terms are interchangeable and the embryo is frequently defined as a “fertilized oocyte”. In the Sicilian context the act of watching reproduction in its material making is definitely shifted toward the “she-gamete”.⁸

4. Visibility and the Process of Interpretation

Reproductive technologies may offer an example of how technology enters into the very process of knowing one’s body, where forms of knowledge-power are produced. In his critical analysis of how and where the truth of the subject is constructed and produced, Foucault (1976) highlighted how, in the era of bio-power, emerging between the end of the eighteenth and the beginning of the nineteenth century, issues surrounding the body and sexuality came to constitute privileged discursive domains. It is a process that was accompanied by the birth of the “natural body” as the object of practice-based knowledge and control. The form of knowledge borne by the field of biology is particularly recent:

Historians want to write histories of biology in the eighteenth century; but they do not realize that biology did not exist then, and that the pattern of knowledge that has been familiar to us for a hundred and fifty years is not valid for a previous period. And that, if biology was unknown, there was a very simple reason for it: that life itself did not exist. All that existed was living beings, which were viewed through a grid of knowledge constituted by *natural history* (Foucault 1966/2002, 139).

reproduction where “paternity” is not the semantic equivalent of “maternity”, and refers to the idea of “creative act”, as opposed to the maternal “materiality”. On “Virgin Birth” debate, started by Edmund Leach at the end of the sixties, and its relevance for reproductive technologies issues, cfr. also Franklin (1997) and Shore (1992).

⁸On gender issues related to the same research and the difficulties to identify male infertility as responsible of the couple infertility, cfr. Gribaldo (2005).

The discipline of natural history did not set out to segment and probe into nature, but rather to classify living beings: the object, therefore, was not so much nature in the abstract as it was the multiplicity of natural beings. The “living” as an object of modern biology belongs to a more recent episteme.

The very conditions to the development of natural history and modern biology have been dictated by a specific interest in vision as a means of understanding nature, privileging the gaze above all other senses. The representational and classificatory practices of eighteenth century science were based on a process of simplifying and reducing natural elements:

To observe then is to be content with seeing –with seeing a few things systematically. With seeing what, in the rather confused wealth of representation, can be analyzed, recognized by all, and thus given a name that everyone will be able to understand (...)
(Foucault 1966/2002, 146).

Up to the eighteenth century, classification of the body was based on excluding certain visual elements from representation on the basis of their not being usable, and therefore on a “visibility freed from all other sensory burdens and restricted, moreover, to black and white” (Foucault 1966/2002, 145). If vision has historically represented a privileged path to scientific knowledge in the West (Fox Keller 1990), contemporary visual knowledge, in continuity with those classification and visual representation schemes mentioned by Foucault, presents some novel characteristics with respect to the past. Although Foucault’s analyses remain valid in many ways, it must be noted that an additional shift has been taking place in recent decades concerning the social production of the “natural” body. Technology is literally what reveals the body, recounting what still cannot be known about it. In the contemporary practices surrounding reproductive medicine, nature undergoes further alteration: in addition to being segmented and probed, it is also enhanced, helped, in other words, produced.

Vision of the human body anatomy, via passage through photography and video, returns color to representation and transforms it into an element that is not only about classification but is actually even more aesthetic than were past images. As far as reproductive micro-actors (gametes and embryos) are concerned, the color in question is the fruit of a form of graphical processing that adds elements to the visual image rather than removing them. It is no longer relevant, however, what relationship the color added to photographs of the micro-reproductive process might have to the reality of gametes and embryos – the color does not add information. In addition to seducing the observer’s gaze, the added color allows viewers to distinguish elements and see “better” and, ultimately, to create *ex novo* a new object of vision. New image-related technologies and digital reproduction techniques have led to the emergence of a dis-

course that simultaneously constructs and instructs the visible, wherein images contain and deploy a measure of knowledge and, at the same time, bear an aesthetic dimension (Renaud 1989, 12).

In this way, the video-technologies of reproductive medicine take part in the rhetoric of the natural body and the strategy that Haraway defines as a “technology of vision” (1997) that exceeds the limits of science to preside, in every visual setting – from science and advertising to visual art – over the formation of a symbolic and scientific imaginary about the truth of our existence.

The issue of vision in reproductive technologies has been dealt especially relating to sonographic fetal images. Feminist literature has drawn its history (Duden 1993) and analyzed the consequences for female identity and reproductive choices (Petcheski 1987; Newman 1996; Haraway 1997; Taylor 1998; Mitchell 2011; Rapp 2000). In this perspective, the fetus as constructed by images has been a main object of analysis, a new object of vision, a key player of reproduction.

The visual image of the fetus is like the DNA double helix – not just a signifier of a life but also offered as the-thing-in-itself. The visual fetus, like the gene, is a technoscientific sacrament. The sign becomes the thing itself in ordinary magico-secular transubstantiation [...]

It does not seem too much to claim that the biomedical public fetus – given flesh by the high technology of visualization – is a sacred-secular incarnation, the material realization of the premise of life itself. Here is the fusion of art, science, and creation. No wonder we look (Haraway 1997, 178-179).

The black and white pictures of the sonography have largely been used by anti-abortion campaigns and Petcheski (1987) notes as the image of the human fetus in the amniotic fluid have become an icon reminding the astronaut in the space, a decontextualised abstract figure, independent from the mother’s body. Techno-scientific practices are saturated with visual communication: the inner space of the natural body is constructed as the interstellar space is. Although we watch graphic elaborations and electronically-manipulated pictures, images are displayed (and perceived) as self-evident realities. Around the sixties, the time of emerging sonographic techniques, “‘looking’ was mainly the point, since, as in many medical technologies (and technologies of visualization), physicians seem to have applied the technique before knowing precisely what they were *looking for*” (Petcheski 1987, 65).

The foetus is no longer the primary or sole object of the reproductive technological gaze; rather, it is replaced by the invisible micro-particles of reproduction. Barbara Duden (1993) in a comparative analysis between

the popular pictures by Nillson⁹ published on “Life” in 1965 (illustrating a foetus) and another picture series of the same author on the same magazine, 25 years later (illustrating an embryo), detects a push towards abstraction and a much greater readers’ disposition “to see on command”.

By 1990 the illustrative function of the picture has been inverted. In this issue, the pictures confront the onlooker with a cloudy chimera for which one has no simile. Without the instructions from the writer, one cannot read anything into these shapes. Nothing seen, perhaps nothing ever dreamt, gives a clue to what has been photographed here. The text in 1990 is further from one’s experience than that in 1965, but the sentences are more apodictic. We are told what we see; we are told that these clouds and masses were recorded by a scanning ultramicroscope *and* that they represent a human being. Our readiness to see on command has grown tremendously in the intervening twenty-five years. (Duden 1993, 12)

The gap between the two kinds of images that illustrates the shift from the image-fetus to the image-embryo is not only due to the color addition, but also to the impossibility for the image to mean for itself, to be self-evident without a comment, a caption, that goes with the images.

If, as Duden seems to suggest, the question of distance in the present day is crucial inasmuch the image is not *immediately* recognizable anymore – or as Baudrillard puts it, the image is “located at a very special distance that can only be defined as *insurmountable by the body*” (Baudrillard 1989, 34, my translation) – nonetheless the relationship between gaze, technological images and reality can be read in a more complex way.

The operation of distancing and displacement in creating objects of knowledge, as Latour – following Foucault’s suggestions – has stressed about visualization and cognition processes, is decisive in making “immutable mobiles” (Latour 1986), i.e. objects circulating in a potentially endless chain on translation through different actors’ mediations. This process of “inscription” (Latour 1999) involves a material series of acts, images and classifications that gives coherence and continuity to mobile entities. The ethnography of medical reproductive practices can give an example of how this process works. It is exactly through this “risky intermediary pathway” (Latour 1999, 40) within the practices surrounding reproductive techniques (in which professionals’ comments and indications, medical practices, patients’ interpretations and visions are intertwined) that this image/object –not exceptionally alien anymore – is made, becoming the site of considerable emotional, corporeal we could

⁹The photographer’s pictures are used also in the Hera brief brochure and are hung in the hallway (embryo) and in the operating room (oocyte).

say, investment. What future parents see is not only “life itself” (Franklin 2000) but something that is very peculiar. Here, watching life means watching a unique life, a part of oneself, a virtual child: prospective parents gaze declares its non-objectiveness, bringing its aesthetic, ethical and affective component. This component is crucial in the making of the object of knowledge.

As Perrotta, among others, states: “the use of digital images as evidence in the research practices and communication can bring the non-scientific audience to embrace the idea that these instruments are able to pick up the ‘reality’” (Perrotta 2012, 170). Through the aesthetization process the objectivity of the scientific representation meets the beauty and mystique of disembodied life in its making (Haraway 1997; Lie 2012). It is a process of “entification” based on the use and dissemination of images that “literally make human cell materialize” (Lie 2012, 477). The “reality effect” in the field of reproductive techniques is loaded with investment and emotional involvement inasmuch gametes represent a part of oneself: in particular it is the part that *makes* kinship, regarding the notions of continuity and identity through time.

Nevertheless, this same affection is constantly remarked by the prospective parents to stress the foundational role of the decision to being parents. What makes the relationship between the prospective parent and the “fertilized cell” is not, or not only, biological connection, but it is the choice, the desire and the effort reproductive techniques entail. Therefore, reproductive cells are *everything* to reproduction, but are *nothing* without this emotional and material investment. Gametes represent life, the child, the magic of bio-technology and at the same time they are *just* images.

What seems to make the difference is the work of interpretation, in other words the action played by the patients through which images of reproduction are subject to the choice of emotional and identity related investment.

The relationship between interpretation (or decodifying) and representation is extremely complex; indeed, these two dimensions are constantly present in the microscopic images of the body. The visual experience, so fundamental in contemporary times, is based on the activity of interpreting. As Lury documents, during the nineteenth century there was a marked increase in viewers’ tendency to incorporate and subjectify vision: the simple spectator ceased to exist, giving way to an active observer in that the observer’s eye began to see not only the object itself but also a subjective perception of his or her own vision (Lury 1997).

In this context, the space that images give to explicitation and interpretation opens up avenues for a re-thinking of reproduction through an ambiguous and unpredictable process of interpreting kinship relationships.

If both views, the biomedical one and the one by the prospective parents, keep a close relation with “biological truth” through the device of

vision, I nonetheless wish to stress the agency that is entailed in the gaze: the interpretation needed to give meaning to it and the possible alternative “negotiated reading” (Lie 2012, 482).

The origin of the cells moves to the background: “we think of it as an adoption”, “children are always different from their parents”, how the children will be both physically and in temper is said to be imponderable: the relationship over time is what kinship is primarily made of.

The main issue is how you “live” reproduction, how much love and desire you put into the reproductive process, how strongly you wished to be a parent, which way you *decide to see* the child: as a woman states, “I will see him with a mother’s eyes”. Bio-genetic relation is re-thought through an evidence filtered by emotions, desire, conscious choice. We could say that the evidence itself conveyed by images is virtually resignified.

5. Conclusions

The attention of the Sicilians I interviewed to the production of gametes, the dynamics of conception and the visualization of the “reproductive parts” are powerfully affected by processes of constant resignification.

The importance of the visual dimension in narrating reproduction, and the marking of the experiences dimension of the relationship with the offspring are only ostensibly in contradiction with each other. Vision is always referred to in its ambivalent component: truth to disclose, but also partial, deceiving truth, the logics of which can be avoided through the relational job of kinship, where kinship not simply *is*, but *makes*: kinship is, kinship appears, but in the last instance kinship *does* through relationships.

The visual experience of reproduction is characterized by an element that is, and is represented as, *also* corporeal. If “biology is never the full story” (Edwards and Strathern 2000, 160; Edwards 2012) kinship is produced through bodies by a genealogical matrix of crossed lines of visions, practices, substances and stances.

The Sicilians I met could be described as even more “Euro-American”¹⁰ than Anglo-Saxons themselves when defining procreation and kinship: the attention put on the gametes, on the dynamics of conception, on the view of reproductive parts, is all the more present with

¹⁰ The Euro-American kinship way to conceive reproduction has been analysed in depth by Strathern (1992a, 1992b, 2005), taking on from Schneider’s ethnography on American Kinship (1968). It is a model assuming a direct continuity from social reproduction, physiological conception and sexual intercourse, a model that anthropological literature on reproductive technologies has contributed to consider specific and deeply cultural.

respect to other ethnographic works in the Anglo-Saxon field, which are more focused on the narrative of the experience.

At the same time, the narratives that focus on the plasticity of the discourses linked to the construction of parenthood all belong to a post-modern Euro-American thinking. A reflexive attitude emphasizing prospective, vision, knowledge, desire and choice has become the main feature of discourses on the body, gender and kinship relations: the decreasing relevance of the concept of nature in favor of a reflexive dimension constitutes the trade mark of post-modernity (Franklin *et al.* 2000).

The people that I met during this research take very seriously the techniques as a valued space of science and knowledge: as put forward by a young lady of a small village of inner Sicily, involved in the public debate on assisted procreation: “We are not like those that make babies without even knowing how it works!”.

Through lingering on the “facts of nature”, talking extensively about reproduction and what happens *inside* nature, prospective parents stress, more or less consciously, the core issue. It is exactly that ongoing process of object-making – producing the “readiness to see” mentioned by Duden, that nevertheless requires a comment – that has to be re-thought. In this respect, vision, evidence and interpretation are metaphors “good to think with”, into a complex network of translations.

Knowing and watching reproduction through “bio-aesthetics” means getting the chance to manage and to produce contested possible spaces of agency, making up new different and unexpected comments and interpretations in the supposedly unquestionable domain of nature.

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