

Brandon Freeman

Professor Lee

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Problems with Assisted Reproductive Technology and the Definition of the Family

It is not unusual for people to think of a family in its basic form as a mother and a father and the child or children they conceive together. But a genetic connection between parents and children is not necessary for a family to exist. New families are often created by remarriage after a divorce or the death of a spouse, so that only one parent is genetically related to the child or children. Also, the practice of adoption is long-standing and creates families where neither parent is genetically related to the child or children. There are many single-parent families in the United States, and some of these may be families where the parents live together but are not married (Coontz 147). Couples that consist of two men or two women are also increasingly common, and more of these couples now also have or want children (Buchanan). Although there is no universal definition of the family, in recent years scholars have established that the “normative” definition in most societies is “at least one parent and one child.” This definition goes on to say that a child does not have to be genetically related to the parent, and “children conceived through artificial insemination or a surrogate mother” count (Munro and Munro 553). Though we may accept the idea that the definition of the “normative” family is a broad one and that no biological relationship is needed for a parent and child to form a family, for many people genetic heritage remains an important factor in describing who they are and how they relate to other members of their family. This thinking, which persists despite the broad variety of families that now

exist, provokes particular conflicts for members of families that are created with the new methods of assisted reproductive technology, methods that are new in human history, having developed only over the past few decades.

Assisted reproductive technology (including artificial insemination and in vitro fertilization) is often used when one member of a male-female couple is infertile; the resulting child is usually related to at least one member of the couple.¹ This technology is also used to allow male-male and female-female couples to have children. In 2005, 52,041 children were born in the United States through assisted reproductive technology, an increase of more than a hundred percent from 1996 (United States 61). It can be argued that the new families formed through artificial reproductive technology “tend to be stronger and more highly functioning than naturally conceived ones, because the parents are so motivated to have children, and so gratified once they arrive” (Mundy 99). If the parents involved tell their children how they were conceived and if the sperm donors, egg donors, or surrogate mothers are not kept anonymous, then the children resulting from artificial reproductive technology can have more than two “parents” or parental figures in their lives, possibly enriching their emotional environment. Artificial reproductive technology can give infertile women the chance to have a biological mother’s relationship with a child, since the technology allows them to bear a child, give

¹ This paper uses the term *assisted reproductive technology* for both artificial insemination, where eggs are fertilized in a woman’s body, and technologies like in vitro fertilization, in which an egg is fertilized outside the body. In artificial insemination, a woman can be impregnated with her husband’s or another man’s sperm by having a doctor collect semen and place it into the vagina (Shanley 261). A woman can become a surrogate for a couple by being artificially inseminated with the husband’s sperm. In in vitro fertilization, eggs are taken from a donor and fertilized by sperm outside the woman’s body; the fertilized egg is then placed in a woman’s uterus. In gamete interfallopian transfer, unfertilized eggs and sperm are put into a woman’s fallopian tubes. In zygote intrafallopian transfer, eggs are fertilized outside the body and then placed into a woman’s fallopian tubes (United States 3).

birth, and bond with the child through breastfeeding. The possibilities given by artificial reproductive technology thus seem to support the idea that love and care from parents (“nurture”) outweigh the importance of genetics (“nature”) in forming strong families. But though this may be the case, the fact that many couples decide on artificial reproductive technology rather than on adoption means that the origin of these new families lies in the enduring importance of genetics in people’s ideas of what a family should be.

As Mary Lyndon Shanley points out, genetic relationship in families creates a sense of “genetic continuity through the generations” and is vitally important to many people’s identity, which is why people want to know who their biological parents are: “The right to learn the identity of one’s genetic forebear stems from some people’s desire to be able to connect themselves to human history concretely as embodied beings, not only abstractly as rational beings or as members of large social (national, ethnic, religious) groups” (268). We seem almost unable to see a child with his or her parents without looking for a resemblance between them; a lack of resemblance between parents and children can be a source of stigma (Mundy 194-95). Like adopted children, the children who result from the new reproductive technologies can be left with “genetic bewilderment” as they wonder who their biological father or mother is (and why they are genetically related to only one of their parents) and how many siblings they might have (103). Lobbying by the children of sperm donors has resulted in changes in the law in New Zealand and the United Kingdom: sperm donors can no longer be anonymous and can be contacted by their biological children when they reach the age of eighteen (Wente). A Web site, *The Donor Sibling Registry*, has been established “to assist individuals conceived as a result of sperm, egg or embryo donation that are seeking to

make mutually desired contact with others with whom they share genetic ties” (“Our History”). The existence of this Web site, along with the common emotional need for children to know who their biological parents are, suggests that genetic heritage is important to many individuals conceived through assisted reproductive technology.

Assisted reproductive technology has also led to unexpected and disturbing events that show how the technology, which was meant to bring a genetically connected family into being, ends up creating something quite different. In one case, a British woman who became sterile as a result of cancer treatment but who had already had some of her eggs fertilized with her partner’s sperm through in vitro fertilization was denied the right (by the European Human Rights Court) to use those embryos, because her partner did not want them brought to term. Unable to bear a child without these embryos, the woman was forced by a court to allow the embryos to be destroyed and give up all chance of ever having a child that was genetically related to her (Rozenberg). In another case, the parents of a man who was about to die but was being kept alive artificially asked a doctor to obtain sperm from him so that they could use it in in vitro fertilization and thus gain a grandchild (Marcotty and Yee). It is possible that the child born from this process will feel sadness or confusion if he or she finds out that his or her father did not even intend to have a child and was near death in a hospital when his sperm was taken from him without his permission.

Assisted reproductive technology can also mix up the usual progress of the generations, thereby taking apart the family structure that it was meant to promote. Through assisted reproductive technology, women have given birth to their own grandchildren by being implanted with their own daughters’ eggs (“Woman”). In Canada a mother has frozen some of her own eggs so that her daughter, who will

become sterile at the onset of puberty because of a rare disease, will be able to have genetically related children through in vitro fertilization. This means that the daughter will be able to give birth to a child that is her sibling; that child will be the birth child of his or her “mother” and the biological child of his or her “grandmother” (“Mother’s Eggs”). The urge to create genetic offspring in these cases has led to confusing and disturbing relations that distort the family structures we are most familiar with.

The common use of assisted reproductive technology today means that many future families will have children whose relationship to their parents will be clouded by the technology used to bring them into the world. Kay S. Hymowitz, a commentator who calls for an end to anonymous sperm donation, writes that there is a great deal of irony in the way these technologies are used to produce children without “fathers” at a time when society bewails the increase in fatherless families—a problem she sees in terms of desertion by fathers. Artificial reproductive technology is thus used to produce families, but it can also turn the biological father into a genetic instrument who is not required or expected to help raise the child. Hymowitz writes:

More ordinary “choice mothers,” as many single women using AI [artificial insemination] now call themselves, are usually not openly hostile to fathers, but they boast a language of female empowerment that implicitly trivializes men’s roles in children’s lives. The term “choice mothers” frames AI as a matter of women’s reproductive rights. Only the woman’s decision making—or intention—carries moral weight.

This reduction of a biological parent into a mere instrument occurs with surrogate mothers as well. A series of dramatic lawsuits starting in the 1980s demonstrated the dangers of treating a woman as primarily a womb. In the case of

“Baby M” in 1988, Mary Beth Whitehead was artificially inseminated with the sperm of William Stern. A contract between Whitehead and Stern said that the child must be given up to Stern and his wife at birth. Though the court involved ended up giving Stern parental rights, it found that the contract was against “public policy” (“Developments” 2069-71). Beyond the legal complexities, however, what the case dramatizes is that a surrogate mother can bond with the child in her womb to such a degree that she may not want to give him or her up. This bonding may occur even when the baby is the result of assisted reproductive technology where the surrogate mother’s egg is not the one used. A judge may have to decide whether the birth mother (the surrogate) or the genetic mother whose egg was fertilized in vitro and implanted in the surrogate mother is the legal mother of a child produced by assisted reproductive technology (2071-72).

Assisted reproductive technology has many unintended consequences. Despite the fact that the ability to produce children that are genetically related to at least one parent might seem to make the technology a source of family stability, it sometimes can create dissension, emotional pain, and legal quandaries. Liza Mundy points out that the technology has produced family arrangements where genetic connection is “often both affirmed and denied, . . . simultaneously embraced and rejected” (99). Indeed, the great lengths people will go to in order to establish a genetic connection between themselves and their children—bypassing the possibilities provided by adoption—show that genetic connection between parents and children remains an ideal for many people, even if it is not necessary for a family to be “normative.” If a genetic connection between parent and child, then, remains the ideal that drives the use of assisted reproductive technology, it is proving to be a questionable ideal. When pursued at all costs by means of this technology, the biological bond between parents and children can become a negative

force, producing detrimental results that actually work against the very values of love, trust, and stability that the family is supposed to cultivate.

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