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### Review of Karey Harwood, *The Infertility Treadmill: Feminist Ethics, Personal Choice, and the Use of Reproductive Technologies*

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classmate attempts to rape her. One fringe group decides that her continuous contentment and euphoria are unnatural and even sinister. They suggest she be eliminated. The happy-go-lucky Thassa finds herself in big trouble. She decides it is necessary to leave the United States and turns to Russell Stone for help.

The premise of this novel is not far-fetched. There is little doubt that genetics greatly influences mood and behavior. Genes may account for as much as 50% of the traits that contribute to personality, including the capacity to be happy. Researchers have already identified one such “frame-of-mind gene.” The 5-HTTLPR gene codes for the transport of serotonin, an important neurochemical. Individuals who have one variant of the gene—two short alleles—tend to be pessimistic. People who possess another variant—two long alleles—are apt to have a positive outlook.

*Generosity* triggers some provocative questions. Let’s start with the big one. Is happiness a natural state for human beings? According to the Bible, Adam and Eve had it all in the Garden of Eden, but it was not enough. The first couple forfeited Paradise for a bite of an apple. Bliss is rare. In fact, the term is typically associated with sainthood. Greed and violence are much more commonplace. Natural selection favors competitiveness and perhaps aggression. The psychologist in the novel, Candace Weld, surmises, “So Nature selects for pessimists.”

No less important is the issue of genetic enhancement. If happiness can be genetically engineered, should it be? How would a lifetime of rapture be provided—only by request or as a routine upgrade? Who pays for such an enhancement—wealthy individuals, health insurance plans, or the government? Even in the best scenario, enhanced happiness might come with some strings at-

tached. People want to be happy, yet some feel guilty about attaining happiness. Euphoria and exuberance can affect judgment. Again, Candace Weld has a relevant opinion on the matter: “We’re incapable of predicting what will make us happy.” Before proceeding with any genetic enhancement of happiness, there must be agreement on a definition of this emotional state. What things make people truly happy—love, freedom, accomplishment, good health, chocolate?

Surprisingly, there may be a few downsides to a life of extended ecstasy. Does contentment cause people to be less productive? Does the quest for happiness make some people miserable? Is too much possibility problematic? Is the process of acquiring happiness more valuable than being genetically programmed for it? Does the persistence of mood disorders in the general population—anxiety and depression, for example—suggest that they serve some evolutionary purpose?

Richard Powers, the author of *Generosity*, frequently explores the possibilities and limits of science in his works of fiction. Some of his previous novels—*The Gold Bug Variations* (1991), *Operation Wandering Soul* (1993), and *The Echo Maker* (2006)—spotlight genetics, molecular biology, medicine, and neuroscience. *Generosity* acknowledges that the world is chaotic and individual human lives are often in disarray. At the same time, the novel recognizes that science has the power to lighten suffering and perhaps tame the entropy.

Genetic engineering may be a panacea. Genetic engineering may be a Pandora’s Box. Enhancing happiness sounds wonderful. Enhancing happiness doesn’t seem quite right. The title of this novel offers one possible clue to the debate over engineering happiness: the beginning of *Generosity* is “gene.”

## Review of Karey Harwood, *The Infertility Treadmill: Feminist Ethics, Personal Choice, and the Use of Reproductive Technologies*<sup>1</sup>

Reviewed by Lisa Campo-Engelstein, Northwestern University

In *The Infertility Treadmill: Feminist Ethics, Personal Choice, and the Use of Reproductive Technologies*, Karey Harwood looks beyond the rhetoric of individual choice to examine the lived experience of infertility and the ethical issues that

assisted reproductive technologies (ART) raise. Although many scholars writing on infertility were motivated, at least to some degree, to take on this topic because of their personal experience with infertility, this is not the case for

1. Chapel Hill, NC: University of North Carolina Press, 2007. 221 pp. \$49.95 Hardback. \$20.95 Paperback.

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Harwood, who has three biological sons. She had her children while in graduate school and struggled to juggle parenthood and academic work. Her struggles led her to question whether ART was enabling women to “have it all”: establish their careers and then have children using this technology if necessary. In particular, a news story about the preliminary research on a “career” birth control pill—a contraceptive that would stop egg production, thereby preserving high-quality eggs for women if/when they decide to reproduce in their thirties or older—piqued her interest and served as the impetus for this project.

The title of the book, *The Infertility Treadmill*, refers to the fact that once people start infertility treatment, they are likely to continue such treatment, even when the results are unsuccessful. People continue on the infertility treadmill for a variety of reasons, including feelings of hope, a sense of empowerment, the belief in the power of modern medicine, grieving for one’s infertility, not wanting regrets later in life for not trying everything, and gaining comfort with medical intervention as preparation for even more invasive treatments (e.g., moving from intrauterine insemination to in vitro fertilization [IVF])(114–115). Repeatedly using ART, regardless of one’s reason, gives the illusion of progress. The treadmill metaphor, however, highlights that people are often stationary; they are not moving closer to achieving pregnancy and a live birth.

Harwood’s overarching goal in this book is to understand why people, specifically women, stay on the infertility treadmill. Many public and academic discussions focus not on why people use ART but instead on whether people should have the right to do so. These discussions of reproductive liberties often get reduced to personal choice, with the common argument that the decision to pursue ART is (and should be) an autonomous and private one made by individuals based on their personal values. John Robertson’s work on reproductive technologies, especially his book *Children of Choice: Freedom and the New Reproductive Technologies*, exemplifies this line of thought. Harwood critiques Robertson for treating autonomy as the primary ethical value at play in the use of ART, thereby minimizing other values like social justice and shared symbolic meanings (27–29). Furthermore, Harwood points out a flaw not just with Robertson’s work, but with that of other feminist and religious ethicists (including Lisa Cahill and Oliver O’Donovan, whose work she discusses in more detail): “They address the use of ART only in the aggregate, without verifying or testing assumptions against the diversity of people’s experience with infertility” (37). In other words, these authors do not ground their theories in individual experience, in part because they tend to focus on the general rather than the particular.

Harwood seeks to expand and enrich the discussion of ART beyond a discussion of rights/access to ART by examining why women in particular continue seeking infertility treatments. She does this by incorporating personal narratives of women facing infertility and by analyzing the broader ethical issues ART raises on the social level. Rather than relying on existing empirical studies, Harwood per-

formed her own qualitative research by spending a year attending group meetings of the Atlanta, Georgia, chapter of RESOLVE, a national support group for people facing infertility, and conducting in-depth interviews with some of the RESOLVE members. Like so many other groups and individuals in the United States, RESOLVE as an organization, as well as its individual members, also employed the rhetoric of personal choice, mainly as a way to remain neutral and nonjudgmental of members’ infertility decisions (e.g., stopping treatment, trying IVF, choosing to adopt, etc.). One negative outcome of this approach was an overall lack of critical reflection of the infertility industry and the social factors, especially consumerism, motivating people to turn to ART. Despite its silence on the more problematic social aspects of ART, RESOLVE played an important role in many people’s journeys to come to terms with their infertility, regardless of whether they succeeded in having a biological child.

The demographic characteristics of the members of the Atlanta chapter of RESOLVE mirror the demographic characteristics on the national level of those who are most likely to use ART: white, well-educated, middle to upper class, heterosexual married couples. On the national level, most women using ART are in their thirties or forties. Given that many women in the Atlanta chapter of RESOLVE have professional degrees, it seems safe to assume that most of them are in their thirties or older, or at the youngest, in their mid to late twenties. It is somewhat surprising that Harwood does not explicitly include the ages of RESOLVE members or at least give a rough estimate, especially since she acknowledges that age is a sensitive issue for many of the women. She notices that age often played a role in women’s feelings of responsibility for infertility and that “women sometimes seemed defensive about the decision to delay childbearing or marriage, as if they owed someone an explanation for waiting” (74). To be charitable to Harwood, perhaps this omission was due to either a lack of concrete information about members’ ages (and her choice not to guess their ages) or her assumption that it was obvious that most women were over thirty, given her discussion of delayed childbearing throughout the book.

Some may claim it is problematic for Harwood to base her theory on such a homogeneous group. While I generally think it is important for research to include a diverse study sample, I think this objection misses the point. Harwood is interested in exploring why many women continue to use ART even when they consistently fail. In order to understand this phenomenon, Harwood has to turn to the population of women who are using ART and this population generally consists of white, well-educated, middle to upper class, heterosexual women in their thirties or older. Harwood is well aware that this population is not only homogeneous but also very privileged, factors she incorporates into her analysis. She describes most ART users as “high achievers and resourceful individuals”—individuals who are used to having their hard work met with success. They therefore tend to find the loss of control associated with infertility (e.g., thwarted future plans, “uncooperating”

body) not only emotionally difficult, but also something that differentiates infertility from other problems they have faced. The perceived solution to this loss of control is infertility treatments, yet they typically engender the opposite of their intended effect: "Infertility treatments seemed to compound rather than alleviate the feeling of loss of control, in part because such treatments, especially ART, are invasive, exhausting, and expensive and do not work most of the time" (134).

Through her research and analysis, Harwood presents a rich and empirically based understanding of why women continue using infertility treatments despite the financial, physical, and emotional costs for both themselves and their families. While she agrees that individuals are best suited to make decisions about infertility treatment, she argues that the all-too-common rhetoric of personal choice does not capture the lived experience of women on the infertility treadmill in part because it obscures broader social and eth-

ical problems, such as consumerism, family-"unfriendly" workplace norms, and narrow definitions of family, that lead people to turn to ART. She is especially concerned with consumerism and the coercive pressures of infertility treatments in a free market like the United States, claiming that "it is disingenuous to defer to individual patient 'choice' when so much money may be made on the backs (or wombs) of women who use ART" (159).

In sum, by looking beyond individual choice, Harwood is able to extend the discussion of infertility treatments to include social factors that encourage their use and the broader ethical problems they both belie and beget, while remaining grounded in women's lived experiences. This well-written and accessible book is a valuable addition to the bioethics literature and will appeal to anyone interested in reproductive technologies, feminist theory, motherhood and family life, and autonomy in medical decision making.

## Review of Roberta M. Berry, *The Ethics of Genetic Engineering*<sup>1</sup>

Reviewed by Erica K. Rangel, St. Louis University

Since Justice Oliver Wendell Holmes's opinion in the 1927 U.S. Supreme Court case *Buck v. Bell* [274 U.S. 200 (1927)] authorized the involuntary sterilization of a young woman believed to be mentally disabled, the issue of eugenics has been present, at least peripherally, in the minds of researchers and ethicists. However, as progress in biotechnology is beginning to allow researchers more and more control over the direct manipulation of our genes, the ethical dimensions of human genetic engineering are receiving increased attention both in academia and in popular media, and the debates are becoming more contentious. Parents are already able to use in vitro fertilization to screen and select embryos based on the presence of certain genes known to influence disease manifestation. Researchers are also now creating "transgenic" nonhuman animals—animals genetically engineered for selected genetically influenced features—by incorporating genetic material into the developing embryos. These scientific advances suggest that one day soon it might be possible for parents to create transgenic children—the product not only of screening but of genetic engineering for selected genetically influenced features. Questions such as "When and what kind of genetic engineering is appropriate?" "How ought parents to make decisions regarding the genetic make-up of their future children?" and "How ought policymakers to reason about policies regarding human genetic engineering?" are no longer

only inhabiting the world of science fiction, but are now being debated as very real questions about our very near future.

In her book *The Ethics of Genetic Engineering*, author Roberta M. Berry engages these questions on a deeply philosophical level, applying different ethical theories to the issues raised by the prospect of "designer babies." A lawyer and philosopher by training, Berry skillfully negotiates complicated and theoretically dense issues by bringing a broad range of political philosophers and ethicists into meaningful dialogue.

Berry begins her text by identifying the problems posed by genetic engineering as "fractious problems" (1), a term she coins to describe those issues generated by scientific or technological advances that tap deep foundational beliefs and are inescapably divisive and of unavoidable public concern. It is from this delineation that Berry is able to clearly mark the central aims of her book: to locate the source of the deep divide between proponents and opponents of genetic engineering, articulate the assumptions buried deep within the arguments on each side, and establish a method for dealing with decisions made both within individual families and the public-policy arena. Ultimately she argues that a virtue ethics approach provides the best "epistemological grip" on the problems of human genetic engineering at the individual level, while her own

1. New York: Routledge, 2007. 240 pp. \$148 Hardcover.

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