

**On the Fringes of Parenthood:  
Othering and Otherness in Italian Assisted Kinship<sup>1</sup>**

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**Abstract**

In the last few decades, fundamental changes have occurred in Italian society, particularly in the fields of reproduction and family models. Yet, despite these changes, the Italian law regulating assisted reproductive technologies (ARTs) restricts provision of fertility treatments to “stable heterosexual couples” who are clinically infertile. Italian regulations on ARTs are embedded in the production of a new form of “othering”, through the definition of which categories of parents are acceptable and which are not.

In this article, we will take into account both the process of othering as the macro-discourse that defines what can be considered a “family” and the intended parents’ individual forms of positioning in otherness. We will use the concept of othering from a

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<sup>1</sup> The present paper is a totally collaborative effort by the two authors whose names appear in alphabetical order. If, however, for academic reasons individual responsibility is to be assigned, Manuela Perrotta wrote sections 1, 2, 3, 4, 5, and 6; Laura Lucia Parolin wrote section 7 and 8.

double perspective: on the one hand, focusing on the macro-discourses in which power is assumed to lie in the hands of the powerful; on the other, investigating how otherness is performed by marginal persons. On the basis of the analyses of the Italian public debate on ARTs and of twelve interviews with patients who had experienced assisted kinship from the margins we will illustrate how the production of “otherness” is not only related to a legal framework, but rather to a dominant rhetoric of what is supposed to be a “real” family.

**Keywords:** Reproductive Citizenship, Othering, Parenthood, Assisted Kinship

## **1. Introduction**

In recent decades, fundamental changes have occurred in the fields of reproduction and family models. Intimate relationships are no longer based solely on marriage, and reproduction is increasingly disconnected from a model of the “natural family”. Separation, divorce, re-marriage, birth out of wedlock, and single parent households are increasingly common phenomena, in Italy and worldwide. Yet despite these changes, a 2004 Italian law regulating assisted reproductive technologies (ARTs) restricts provision of fertility treatments to “stable heterosexual couples” who are clinically infertile.

This legislative choice was consistent with the dominant narrative of a conservative Catholic-oriented morality and ethics, which remove, cover, and annihilate all antagonistic narratives. However, on the practical level, civil society makes personal reproductive choices that openly oppose the official bioethical position of the State. The Italian case does not reflect the expectations of changes in family patterns often related to ARTs, but represents a reinforcement of the status quo through the enforcement of a monolithic (and singular) model of the family, consisting of a married father and mother with children, biological and preferably born within marriage.

In this article we will discuss how Italian biomedical reproductive discourses and practices have made a rethinking of what Hanafin (2007) has defined “reproductive citizenship” urgent, i.e., considering the right of individuals to reproductive health and

care. Defining the right of an embryo as that of a proto-citizen, in fact, means establishing a monolithic view of bioethical issues. If this bioethical position accommodates the conservative and patriarchal models of gender and familial relations, it impedes a pluralist development of multi-ethical frameworks.

In theoretical terms, this model of a conservative society goes in the opposite direction of the more diffuse phenomenon of *biological citizenship* (Rose 2001), whereby individuals increasingly define their citizenship in terms of their rights to life, health and treatments. On the contrary, the Italian case reveals a phenomenon of what is called *vitapolitics* (Hanafin 2007, 5), which is “not a politics of empowerment but a politics of entrapment in an imagined natural order.”

The exclusion of some of the intended parents from access to ARTs treatments has led to a different form of biological and reproductive citizenship, one that produces new kinds of individual governance of the self rather than direct management of life through public health and other government interventions.

## **2. Glimpses of a Changing Society**

In the last few decades, fundamental changes have occurred in Italian society, particularly in the fields of reproduction and family models. Looking at ISTAT's (Italy's National Institute of Statistics) Web site<sup>2</sup>, for example, it is interesting to notice that new trends are quite evident in demography. As the site states, «The institution of the family, in particular, has undergone major changes in relation to the emergence of new phenomena and new socio-demographic behavioral patterns, which occur with varying intensity according to the territory, the cultures and social strata. Forms and family structures have changed: stepfamilies, single parents, non-widowed singles, and free unions have been growing in number.»

Since the early 1970s, the number of marriages in Italy has seen a steady decrease, from about 420,000 in 1972 to 230,613 in 2009. Moreover, the main structural features that characterize marriage in Italy are continuously and ever more rapidly changing,

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<sup>2</sup> Here we refer to the most recently available data, which can be found on the ISTAT Web page <http://demo.istat.it/index.html>. Last visited on May 15 2012.

namely the trend towards postponement of marriage (in 2009 the average age of newlyweds was 32.6 years for the groom and 29.8 years for the bride against, respectively, 27.4 and 24.1 years in 1972); the increase in the proportion of marriages in a civil ceremony (37.2% of the total in 2009), the low birth rate (the average number of children per Italian woman was 1.41 in both 2009 and 2010); and increasing number of births out of wedlock (30.3%<sup>3</sup> of the 549,794 children born in Italy in 2010). In 2009, there were 85,945 separations, and 54,456 divorces. Compared to 1995, the former increased by 64%, while the latter more than doubled (+ 101%). Furthermore, since such increases were observed in a context in which marriages are decreasing, they seem to be related to an actual increase in the propensity to dissolve the conjugal union.

Finally, higher female education levels, together with a huge increase in entry into the labor market by women and a lack of child-care services, have led not only to a drastic reduction in Italy's birth rate, but to postponement of pregnancy to over the age of 30 (in 2010, the average age of women giving first birth was 31.3 years, while it was 35 years for fathers).

The last point is particularly relevant to the aim of this article, since it is directly related to the question of fertility. The annual report of the Ministry of Health to the Parliament in 2011 (data refer to 2009, the most recent data available then) argues that 63,840 couples have undergone fertility treatments (and some of them more than once during the same calendar year, since the total of initiated cycles was 85,385). With the aid of assisted reproduction technologies (ARTs), 14,033 pregnancies were achieved and, at least<sup>4</sup>, 10,819 live births (only 2% of children born in Italy in 2010<sup>5</sup>). Moreover, precluding treatment in Italy for singles, non-heterosexual couples, or sterile partners (all those unable to produce gametes are excluded from treatment because heterologous fertilization is forbidden) has generated a reproductive tourism to countries with more liberal policies. A recent study by the European Society for Human Reproduction

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<sup>3</sup> Interestingly, these data are not immediately available on the ISTAT Web site. In fact, the only way to access them is in a Table with the number of children distributed for marital status of the parents, which is shown separately. Therefore, considering only the children born of married parents (383,297, or 69.7%) I estimated the number of births out of wedlock at 165,897. However, there is no way of verifying whether the fathers and mothers are married to each other or to others.

<sup>4</sup> Only 11,691 pregnancies out of 14,033 were monitored to the end.

<sup>5</sup> This should be considered a low estimate, given the non-predictable number of children born through the use of these techniques abroad.

(Shenfield et al. 2010) monitored data from six receiving countries (Belgium, Czech Republic, Denmark, Slovenia, Spain and Switzerland) between October 2008 and March 2009. It emerges that Italians are world leaders in reproductive tourism (31.8% of all foreign patients). Most of those tourists are married couples (82%) or cohabiting heterosexuals (17.2%), while very few are single (0.8%), or homosexual couples (1.5%). Moreover, the main reason Italian couples are turning to centers abroad is Italian law (70.6% of cases among Italian patients).

Though these data give the impression of low demand by homosexual couples and singles for these techniques, two additional factors should be taken into account. On the one hand, the procreative tourism of these subjects is concentrated in some countries, in which access to the techniques is not limited to heterosexual couples (mainly Great Britain, Spain, the U.S.A.). On the other, reproductive centers have no interest in publicizing certain types of offers (often made implicit by the laws of the foreign countries, such as in the case heterologous fertilization, which is used for heterosexual couples affected by male sterility, single women and lesbian couples) and patients tend not to talk about the treatments because of legislative ambiguity (it is often not clear whether going abroad to undergo treatments that are prohibited in Italy is legal).

In other words, the dominant conservative Catholic rhetoric on the supposed supremacy of the “traditional family” in Italy does not seem to correspond to facts on the ground.

### **3. Italian National Regulations of ARTs**

Before the introduction of Law 406, Italy was internationally referred to as the “test-tube Wild West” (for a critical discussion of the myth of “test-tube Wild West” see Perrotta 2012). Though the law was the final result of a long war among contrasting ideological positions, an agreed regulatory system was already in force even before the enactment of a law on ARTs. To sum up the long regulatory path of the Italian law on ARTs in terms of limitations we can say that:

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6 Law n. 40, February 19, 2004, *Regulations relating to medically assisted procreation*, published in the Official Gazette n. 45, February 24, 2004.

- access to ARTs treatment for singles, unmarried couples, and homosexual couples, heterologous fertilization, the creation of embryos for therapy or research has been banned in public centers, by an ordinance of the Minister of Health, since 1985;
- in 1995 the Code of Medical Ethics prohibited all medical practitioners from using surrogate motherhood of any kind, insemination of homosexual couples and singles, insemination after the partner's death, and the insemination of women in non-precocious menopause;
- the publicizing and sale of human gametes and embryos was prohibited by an ordinance of the Minister of Health in 1997.

This chronological reconstruction allows us to better understand the path of the legislation, since the patriarchal models of gender and familial relations seemed to be embedded in the regulations from the very beginning. Law 40 forbade surrogate motherhood of any kind, the insemination of homosexual couples and singles, insemination after the partner's death, and insemination of women in non-precocious menopause. Moreover, Law 40 increased penalties for all violations, and introduced new restrictions: heterologous fertilization (i.e., with gametes from donors external to the couple), the production of more than three embryos per cycle, the cryoconservation of embryos, and pre-implant diagnosis. And it ordered that all the embryos produced (not more than 3) must be transferred to the uterus, even if they are potentially malformed.

Moreover, by equating the embryo with a person, Law 40 made the embryo's rights prevail over those of the mother. The law was widely discussed and criticized in both its ethical and clinical aspects (Clarke 2003; Robertson 2004; Turone 2004). Scientific procedures were paralyzed, while the clandestine market and the search for assisted reproduction in other, more permissive countries were stimulated (Benagiano and Gianaroli 2004; Zanini 2011). A broad political movement that developed around these criticisms mobilized public opinion for some months (e.g., open letters written by Italian and international scientists criticizing the restrictions imposed by the law, petitions, newspaper articles) and led to a referendum to abrogate the law. The four referendum questions concerned abrogation of the provision on: a) the restrictions set

on clinical and experimental research on embryos; b) the obligation to fertilize a maximum of three oocytes and to implant all the embryos produced without eliminating any of them, and the prohibition on freezing embryos; c) the article granting an embryo, in the initial stage, the same rights as a neonate; and d) the prohibition on heterologous fertilization. The referendum, however, was not successful, because the quorum (50% plus one of those entitled to vote) was not reached (just 25.3% voted). The reasons for the failure of this referendum are multiple: on the one hand, as suggested by Metzler (2011), the Catholic hierarchy did not call for supporting the law (voting no), but invited Italians to a political abstention, with the aim of invalidating the referendum; on the other hand, previous abrogative referenda had had very little success. This referendum had less hope than previous ones, given its difficult technicalities, and the fact that it was perceived as a “matter” that affected few people (those with infertility problems).

Despite this, couples, fertility centers, and associations appealed to the Italian Constitutional Court to modify some of the restrictions. In March 2009, the Constitutional Court (ruling no. 151/2009) declared the partial constitutional illegitimacy of Law 40, with particular regard to the limit of three oocytes fertilizable at each cycle, the compulsory transfer of all of the embryos obtained, and the prohibition on embryo cryopreservation. Moreover, some fundamental concepts were embodied in the Court’s ruling. First, embryo protection is limited by the need to ensure a concrete possibility of achieving a successful pregnancy; second, the primacy of physicians’ judgments was reaffirmed, with a reiteration that, according to Italian constitutional jurisprudence, gold standard therapeutic practice is governed by the “autonomous responsibility of the attending physician in selecting, with the full consent of the patient, the best suitable treatment for the case” (Benagiano and Gianaroli 2010).

#### **4.Theoretical Background: Assisted Kinship, Heteronormativity and Othering**

Doing research on ARTs often means reflecting on ways of thinking about reproductive bodies, gender relations, and parenthood. ARTs, in fact, often question the traditional, presumed meaning of kinship. Cultural studies on ARTs (Strathern 1992a,

1992b; Franklin 1997; Franklin and Ragoné 1998) have clearly highlighted how ARTs have rendered such concepts as maternity, paternity and kinship problematic.

The British anthropologist Marilyn Strathern (1992a, 1992b) has illustrated the role of kinship in the Euro-American model in connecting the domain of society with that of nature. According to Strathern, «human kinship is regarded as a fact of society rooted in facts of nature» (1992a, 16). However, what ARTs introduce in this overlap between social and natural domains is a double assistance being given to each domain: «the natural facts of procreation are being assisted by technological and medical advances. The social facts of kin recognition and relatedness are being assisted by legislation» (1992a, 20). Strathern, therefore, introduced the concept of assisted kinship to point out that «kinship is doubly assisted» in ARTs, and that «there is little now to be taken for granted» (1992a, 20).

In ARTs, furthermore, the newly emerging narrative dwells upon what Alessandra Gribaldo (2005) has defined the “micro-reproduction” process. From analysis of interviews with Italian couples who went through cycles of treatment, it emerges, surprisingly, that the narrative focus is on the reproductive process conceived in a narrower sense, in which oocytes, sperms and embryos play a leading role.

Moreover, the separation of organic substances from bodies and their reproductive functions requires a redefinition and reorganization of family relationships (Edwards et al. 1993). Phenomena such as gamete donation and surrogacy have led to a re-conceptualization of what is natural and biological, instead of what is social.

Nature does not disappear, but rather becomes an artifact that can be offered to the patient/consumer (Strathern 1992b). According to Becker (2000), ARTs “consumers” challenge the cultural notions of what is natural, and, indeed, by experimenting with technologies that challenge these notions, threaten the status quo.

Charis Cussins, now Thompson (Cussins 1998a; Thompson 2005), points out that assisted reproduction clinics were expected to reveal the connections between the family ties on the basis of biological practices, and to give socially meaningful answers to the question of who is bound to whom. Science was supposed to specify or improve our understanding of terms like mother, father, daughter, son, and reveal the essence of the basis of our social categories. On the contrary, the biomedical procedures carried out

in infertility clinics have resulted in manifold cleavages, affecting kinship categories. In particular, the connections between the biological elements considered relevant for kinship relations and the socially meaningful kinship categories are unstable. Charis Thompson (Cussins 1998b; Thompson 2005) defines the “procreative project” as a more procedural and less transparent notion than it might appear, one that is negotiated inside the clinics so as to bolster kinship relations. Biology and nature are just resources, while there are many legal, socioeconomic and domestic factors that actually occur in the design of the procreative aim. Who pays for the treatment, for example; to whom do the gametes and embryos belong?; what is the relationship between the women involved and the men who provide the semen?; who is responsible for the unborn child inside the “nuclear family”?

Though these changes were widely alleged to be “effects” of these technologies, the “consequences” of ARTs have proved to be radically diverse in different social and cultural contexts. For examples, some experiences of infertility, analyzed from an anthropological perspective, show how in treatments characterized by an external (to the couple) donor, concepts such as biological, normal, motherhood, and fatherhood are eventually re-imagined; and the intervention of the donor is actually “naturalized” (Becker 2000). Similarly, Parry (2005) outlines how the experience of infertility forces a rethinking of the notion of family based on blood ties, so as to define a new and wider notion. The building of the concept of family as something more than a simple genetic fact is the result of an intimate, personal, and emotional involvement that constitutes the basis of a “chosen family” (Parry, 2005). Therefore, the concept of ‘the family’ as the heterosexual and biogenetically related nuclear family is built on specific social, political and legal discourses that shape «what counts as a ‘real family’» (Finch 1996, 15). In her ethnographic study of gay men and lesbians living in the San Francisco Bay Area in the late 1980s, Kath Weston (1991) offered the basis for understanding the kinds of ties people create as families and friendships according to the centrality of their ideas about commitments (Lewin 1993). Weston proposed the notion of “chosen families” as a way to underline what we mean by “family,” and how the very concept of “kinship” is culturally shaped and interpreted. Moreover, she uses the concept of kinship as a way of

focusing on how lesbians and gay men experience otherness, and negotiate their relationship as the “families we choose.”

Similarly, research on ARTs has illustrated that the concept of family itself is not static, but, rather, represents a fluid process, which can be interpreted and re-evaluated according to life events. Through this process, the couples involved abandon the prevailing cultural ideology of biological motherhood and fatherhood for a social and emotional redefinition (Becker 2000). However, this happens exclusively within an institutional context that makes it easier to deconstruct the prevailing ideology.

On the other hand, other studies have illustrated that when there is no external donor, a bridge between technology and nature is created. For instance, Modell (1989), assessing the interpretation of motherhood and fatherhood in a program of in vitro fertilization in the U.S.A., discusses experience with techniques that genetically link the children born through them to both parents. Modell outlines how in this case the process appears much more “natural” because it reproduces the conservative model of biological motherhood and fatherhood, which is based on blood ties, and which is typical of American, and other, cultures.

Today, more than thirty years after their introduction, ARTs are globally accepted as a concrete alternative for overcoming unintended childlessness, though diverse strategies of normalization have been enacted in different contexts (see, for example, Inhorn 2002; Bharadwaj 2003; Thompson 2005; and de Jong and Tkach 2009). However, though laboratory conception is no longer considered abnormal, the potential “disruptive” power of reproductive technologies has produced diverse social effects in different parts of the world.

National regulations on ARTs, in fact, are the expression of local, morally oriented answers to globally available biotechnological knowledge, since they are situated in specific social orders and moral values, which can have innovative or conservative characteristics. As we will explore more in the following sections, when embedded in a specific cultural and social order, ARTs can be used by more (and even less) powerful actors as an element for reproducing a traditional model of society. We claim that in the Italian case this happens because public debate surrounding ARTs and its regulation was embedded in a strongly heteronormative context.

Heteronormativity, i.e., normative heterosexuality, is a concept that has its roots in Queer Theory (Warner 1991; Berlant and Warner 1998). Heteronormativity is not about being or not being heterosexual, but rather focuses on the social, cultural and legal rules that enforce conformity to hegemonic, heterosexual standards of identity. This concept, therefore, refers to «the institutions, structures of understanding, and practical orientations that make heterosexuality seem not only coherent - that is, organized as a sexuality - but also privileged» (Berlant and Warner 1998, 548). Today, the concept is widely used in social, political and cultural theory (see, for example, Grace 1999, Blasius 2000, Phelan 2001, Lancaster 2003) in order to explore a number of presumptions, such as being a heterosexual couple, living together, getting married, building a family, and so on. In other words, «heteronormativity refers, in sum, to the myriad of ways in which heterosexuality is produced as a natural, unproblematic, taken-for-granted, ordinary phenomenon» (Kitzinger 2005, 478).

Judith Butler's analysis of the normative effects of dominant understanding of sex and gender illustrates how the discursive production of gender naturalizes heterosexuality as the proper outcome of normative relations between sex, gender, and sexual desire (Butler 1990). Focusing on the discursive production of gender, Butler argues that what Wittig (1980) and Rich (1980) define "compulsory heterosexuality" (i.e. the default human sexuality, which presumes a natural biological division between women and men) depends on the intelligibility of gender. According to Butler gender, like sexuality, is not an essential truth derived from the body's materiality but rather a performative effect of reiterative acts. As Butler (1990, 22-23) claims «the institution of a compulsory and naturalized heterosexuality requires and regulates gender as a binary relation in which the masculine term is differentiated from a feminine term, and this differentiation is accomplished through the practices of heterosexual desire. The act of differentiating the two oppositional moments of the binary results in a consolidation of each term, the respective internal coherence of sex, gender and desire.»

In our case, however, the symbolic, discursive and material dimensions of heteronormativity have been transformed into a coercive "state heteronormativity" when "non stable, homosexual, and infertile couples" are excluded by law from access to assisted reproduction. As Butler (2004, 8) argues, norms and conventions «permit

people to breathe, to desire, to love and to live, and those norms and conventions restrict or eviscerate the conditions of life itself. Sometimes norms function both ways at once, and sometimes they function one way for a given group and another way for another group». In the case of assisted reproduction in Italy, this form of discrimination toward intended parents produces a new form of marginality that crosses the borders of heteronormativity. Because of the numerous restrictions imposed by the law, in fact, many heterosexual intended parents, as well as singles and homosexuals, are excluded from access to treatments. Italian regulation of ARTs is embedded in the production of a new form of “othering”, through the definition of which categories of parents are acceptable and which are not, based principally on the possibility of being genetically linked to the future born. We use the concept of othering because it allows us to explore the «process of differentiation and demarcation, by which the line is drawn between ‘us’ and ‘them’ – between the more and the less powerful – and through which social distance is established and maintained» (Lister 2004, 101).

The concept of othering was originally coined by Spivak, in her essay “The Rani of Sirmur” (1985), referring to the process by which imperial discourse creates its “others.” This concept, inspired by a wide range of feminist (de Beauvoir 1949) and postcolonialist (Said 1978) thinking, draws on an understanding of self that is the generalization of a dialectic relation. Following Butler’s concept of gender as unstable and performative, we will investigate the Otherness of non-heterosexual sexuality in assisted reproduction and its challenges to the heterosexual matrix and its boundaries.

In this article, we will use the concept of othering from a double perspective. On the one hand, we will focus on the macro discourses in which power is assumed to lie in the hands of the powerful, who are the agents of othering, while those who are othered are assumed to be powerless (Jensen 2009). On the other hand, we will investigate how otherness is performed by marginal persons, those who are outside the taken for granted (Park 1928). In the next section we will illustrate our methodological strategy for accomplishing this double perspective.

## 5. Some Notes on Methods

In order to follow the changes in the Italian reproductive landscape, in this article we will focus on analysis of documents, such as interviews and articles from newspapers, ordinances of the Minister of Health, Web pages of homosexual parents' organizations and twelve in-depth interviews with patients. This analysis of documents is part of a wider ethnographic research project (Perrotta 2008). A second round of interviews with patients was done by the two authors from September 2011 to April 2012.

The document analysis began with examination of the public debate prior to the enactment of Law 40 in 2004. We monitored the data published by the Ministry of Health in its annual reports (first available in 2007) on implementation of the law. We then followed renewal of the debate, in 2009, when the Italian Constitutional Court declared the law partially unconstitutional. The public debate on ARTs in the 1980s and 1990s was explored by analyzing the available material from some, actually few, academic studies. Finally, we did 12 interviews with patients who had undergone fertility treatments (including surrogacy) abroad. Following a theoretical sampling (Glaser and Strauss 1967), we selected 4 single persons (2 men and 2 women), 4 persons in a homosexual couple (2 men and 2 women), and 4 in a heterosexual couple (2 men and 2 women). Those in-depth interviews, which lasted between 90 and 120 minutes, were carried out by both authors, professionally transcribed, and analyzed jointly by the two authors. They focus mainly on the parental projects of the respondents, on the technical and pharmaceutical aspect of their experiences, on possible alternatives to ARTs, such as adoption when possible or "domestic" insemination, and on reproductive citizenship (i.e., reproductive choices as they are read in terms of citizenship).

Such an articulated research strategy was necessary for taking into account both the process of othering as the macro discourse that defines what can be considered a "family" (and therefore claims the right for assisted reproductive treatments), and the individual forms of positioning in otherness (i.e., how intended parents make sense of their exclusion from these treatments).

Therefore, the next two sections will present: first, an analysis of the Italian public debate on ARTs in the last three decades; and second, analysis of the interviews with patients who had experienced assisted kinship from the margins.

## **6. From the Right to Access ARTs to the Unborn's Right**

The first ordinance of the Minister of Health that, in 1985, denied access to ARTs treatments for singles and homosexuals in public centers referred to «the right of the unborn child to be validly inserted in a family» (this is equally ambiguous in the original Italian «diritto del nascituro a un valido inserimento familiare»). Similarly to what happens today, in the late 1980s the main explicit corollary linked to the right of the unborn to grow up in a “family” was denial of access to techniques for single women and homosexual couples. However, according to some scholars (Bottino and Danna 2005), the link between the right of the unborn child to grow up in a family and the idea that this family should respect a traditional, heteronormative model of family was not taken for granted in all Italian public opinion at the time. On the contrary, the consolidation of the correspondence between “the family” and married heterosexual couples is the result of a long and harsh debate led by the most conservative part of the country from the mid 1980s to the mid 1990s.

At the time, the debate focused on whether it was opportune to allow free access to ARTs for single women and lesbian couples<sup>7</sup>. For example, the news from France in 1983 that a widow was battling a sperm bank in order to obtain her dead husband's sperm and be seeded (the seed finally proved to be infertile) shocked some Italians. According to Danna (1998), even the 1985 ordinance of the Minister of Health can be interpreted as a reaction of Catholic Italy to this news. The idea that a single woman wanted to use technology instead of being used by it, Danna suggests, led to the proposal of a regulation of ARTs in the name of the necessary presence of a father in the life of the unborn.

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<sup>7</sup> The debate over male gay couples was much more brutal, alleging the equivalence between a homosexual male and a pedophile.

A similar reaction can be noticed in the national public debate on two cases of lesbian mothers. In the first case, in 1988, some newspapers came out with headlines such as «So, the baby of the scandal is born» (Corriere della Sera) and «For us he is just an orphan» (la Repubblica). However, according to Danna (1998), in the late 1980s the opinion leaders selected by the press appeared to be more favorable to the lesbian couple than those who pronounced themselves in an identical case, in 1994, in which the jurist Stefano Rodotà was left nearly alone to defend the rights of “single women”. According to Danna, analysis of the public debate illustrates the process of tabooization of lesbian motherhood, more than simple discrimination, in which two things began to be taken for granted: that such a thing as a lesbian mother is not natural, but, rather, a product of the new science breaking free of natural bounds; and that the damage done (by society itself) to the children exposed to the risk of stigmatization justifies a total reproductive ban for lesbian women. We want to stress the fact that, since the late 1990s, the issues of freedom of choice and access to care by single women and lesbian couples (and, much less, gay males) has been completely removed from the debate that took place the following decade. This happened only partly because of the numerous bans that limited access to these treatments for singles and homosexuals. Other cases, involving motherhood in older age, bearing of quadruplets or more, and therapeutic cloning, were widely discussed in the newspapers, though mostly in the form of an attack on the work of Severino Antinori, a highly criticized obstetrician who was very well known at the time.

This removal was so dominant that, for example, Bonaccorso – an anthropologist who has done field research in Italian ARTs centers, and interviews with homosexual and heterosexual patients in the late 1990s - wrote, in 2009:

The Italian gay and lesbian movement (ArciGay/ArciLesbica), in its organized forms, often considers the desire for parenthood as nothing but an *expression of heterosexuality*, with few exceptions. [...] The non-parenthood option among lesbians and gays who decide not to plan families, and who are more widely active, is emphatically voiced as the *real* lesbian and gay option. (Bonaccorso 2009, 94, emphasis in the original text)

Though at that time not much was said about actual homosexual parenting in Italy, arguing that there was an explicit “public” position against parenthood, appears, quite frankly, a partial, if not biased, interpretation. Whether to make an explicit request for parenthood in a country in which, even today, same-sex couples are not guaranteed even the basic rights of civil unions has been broadly discussed in the debates of gay rights groups. For example, between 1990 and 1996, the two national secretaries of Arcigay / Arcilesbica (at that time a single group), were two women – Graziella Bertozzo and Giulia Crippa, neither against motherhood. The latter, indeed, was the promoter of a campaign, which began in 1995 and was continued by Arcilesbica in 2000, for self-insemination<sup>8</sup>.

Moreover, within Italy’s homosexual movement (which cannot be reduced only to the associations Arcigay and Arcilesbica), in the late 1990s other groups were active on the issue of homosexual parenting. For instance, the Italian Lesbian List (LLI, a national mailing list focused on the lesbian experience) created a specific mailing list called LLI-Mothers, in which LLI mothers began exchanging their experiences about lesbian parenting. On the basis of this experience, other associations began arising, including, in 2005, the first national association of gay and lesbian families (Famiglie Arcobaleno), the group Le Fenici, created within the LLI in 2008 and dealing with the particularity of being a lesbian mother, and the recent Rainbow Parents Network, created in 2011, which deals with parenting issues of separated homosexuals.

Furthermore, the rhetoric of homosexuals against parenthood ignores all the Italian same-sex couples, especially lesbians, who already have children. According to the research study “Modi-di”<sup>9</sup> (a statistical survey of the homosexual and bisexual population conducted in 1996 by Arcigay in collaboration with the Higher Institute of Health, and which involved about 10,000 people), 20.5% of Italian lesbians and 17.7% of Italian gay men over the age of 40 had at least one child in 2006. The percentages decrease when all age groups are considered, but they are still significant: one gay or

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<sup>8</sup> The guide to self-insemination is still available at: [http://www.arcilesbica.it/roma/documenti/Guida\\_autoinseminazione.pdf](http://www.arcilesbica.it/roma/documenti/Guida_autoinseminazione.pdf)

<sup>9</sup> A summary of the research results, entitled *Gay dad, lesbian mom: baby boom among Italian homosexuals* is available at [http://www.salutegay.it/modidi/press\\_release/inglese\\_modidi2.pdf](http://www.salutegay.it/modidi/press_release/inglese_modidi2.pdf)

lesbian out of twenty is a parent. These figures refer to at least 100,000 Italian children who had a gay or a lesbian parent in 2006 (also see Barbagli and Colombo 2001).

However, all those debates were silenced in the 1980s and 1990s, creating a sharp demarcation between acceptable heterosexual parents and others (mainly homosexuals). When the macro-discourse was settled, the agenda setting changed in the Italian public debate, shifting to other themes - the question of life, in particular.

While the question of “who” has the right to access ARTs was the focus of debate in the 1980s and 1990s, in the years immediately prior to 2004 (preceding the enactment of Law 40) the focus was shifted to new social issues, such as fertilized eggs and embryos, which became symbols of the beginning of life, as the new principal ethical and moral issue. The common debate, at that time, among both conservative and progressivist sides was concentrated on the limits on embryo production and cryopreservation – in order to protect “life.”

Shifting the debate from individual reproductive rights to the unborn’s rights, however, has the effect (or perhaps the goal?) of changing the entire public agenda, which effectively deletes, for example, the right / freedom of access to health care or the possibility of intervention on the woman's body. In this way, a new othering was created in parenthood: the distinction among those who can have biological (i.e. genetically related) babies and those who have social or physiological fertility problems. Therefore, the new category of others consists of both heterosexual and homosexual, fertile and infertile individuals.

In the next section we will discuss how these different others manage their otherness.

## **7. Stories of Assisted Kinship, from the Margins**

To understand the positioning of subjects who are marginalized by the macro-discourse on assisted reproduction we interviewed those “othered” parents, in this case, those legally excluded from access to ARTs by Law 40, and who had experienced assisted kinship abroad. In this section we explore how otherness is performed, and how it is perceived by those who are pushed to the margins, outside the taken for granted (Park 1928).

In the following pages we will present episodes that illustrate the specific experiences of othering during the accomplishment of the parental project. In the last section, instead, we will present extracts in which the interviewees position themselves in the discourse of reproductive citizenship. Our aim is to point out how the process of othering is reproduced in daily micro-practices, and explore the different strategies through which marginalized people cope with or try to resist it.

### ***7.1. From Endometriosis to Infertility Treatment***

The first episode we will present comes from an interview with a young lesbian who went abroad with her partner to carry out their parental project. During the interview she revealed, however, that she had previously been treated for a diagnosis of endometriosis. Since this disease can affect fertility, she asked to have her fertility status checked. The fertility visits, however, were not made in the same hospital ward in which the interviewee was treated, but in another center that specializes in fertility for women with endometriosis. Technically, this center is part of a public ARTs center and, therefore, subject to Law 40. Here, the interviewee talks about the first time she encountered the restrictions on access imposed by the legislation:

Well, you go there, book a visit, you pay for your ticket, you sit down and, after the name surname, address and date of birth, they ask you for the name of your partner. The department is called – note – Couple Sterility, which is a load of crap, because one of the partners in a couple is infertile. Usually it's just one that has problems. They won't visit you if you don't tell them the name of a male partner. They say to you "We can't visit you here at the Department of Couple Infertility." This would be the first step of assisted reproductive procedures. But my questions are: can I have a medical visit in the ward to check how my ovaries are doing? What chances do I have [of having a baby in the future]? Can I get a medical opinion in a public hospital for which I pay taxes, without having to go to private clinics in Brussels, Madrid or Barcelona? Can I have an opinion on my health in view of possible occasional sexual intercourse? No, you cannot, unless you give the name of a male partner.

This first episode illustrates some core controversial issues: assisted reproduction treatments, which are also done in public centers and through the national health system, in this case are no longer included in the conceptual frame of care, but in that of service. Moreover, the infertility of the "other patients" is not recognized as an illness, but as a nonconforming reproductive choice. The exclusion of some people occurs even before access to the reproductive techniques. For those who are not in conformity with the law it is impossible even to have a fertility check before the parental project.

This was the case of a young lesbian woman, but the same form of exclusion would have been experienced by all "other patients" who, for whatever reason, fall outside the heteronormative social construct of "stable heterosexual couples." This practice of exclusion reconfigures the way in which the medical system takes care of patients, who are no longer defined as an individual body-subject, but as part of a larger entity: the couple.

In addition to the significant limitation of reproductive citizenship of patients who are not in conformity with the current legislation, this episode highlights the theme of the reconfiguration of the boundaries of the body that leads to the formation of new collective bodies, such as the "hermaphrodite couple" (Van der Ploeg 1995). These multiple bodies, as shown in the episode narrated by our interviewee, do not exist only as figures of discourse, since they actually make the care of the individual female body unlawful, when not tied to the heterosexual couple.

## ***7.2. Investigating the Sterility of a Couple***

The question of the couple as a collective body also emerged from the second episode, reported by a heterosexual woman, who (after numerous failures in Italian centers) had twins through ARTs treatments done abroad. In this case, the interviewee narrated a typical infertile story: the failure of some cycles of treatment with appropriately timed intercourse (established by a gynecologist); two cycles of treatments with ICSI (intracytoplasmic sperm injection, a technique that allows fertilization through the injection of a single sperm into the oocyte). After several attempts, however, the respondent began to mature doubts about the reasons for these failures:

Looking at my husband's semen analysis we realized that there were data that were not right: he had a very acidic pH [...] it was not right with [...] it didn't fit with the rest of the parameters [...] So we went to three urologists. All of them said: "Ah, what can we do? Your husband has acidic pH." But it was an answer that never convinced me. Then I started studying some literature on andrology, mostly abstracts of recent meetings of experts in the field, and I came across this research of an Italian urologist who spoke of obstructive cryptozoospermia [...] We made our first two attempts (with ICSI) without a diagnosis for the male partner, because in the center there was an attitude that diagnosis of the male partner was not considered important once there is at least some sperm to ejaculate [...] and with ICSI you need only one sperm.

Italian centers prefer ICSI (data from the Ministry of Health claim that in 2009 this technique was used in the 83% of cases) for organizational reasons (Perrotta 2010), since it gives greater assurance of having an embryo (although ICSI does not guarantee a higher percentage of pregnancies). This case, furthermore, points out that the preference for ICSI reduces the focus on the diagnosis of the male partner's causes of infertility and therefore produces a further penalization of female patients, who have to undergo repeated ARTs treatments even when it would be possible to avoid them by intervening on the infertile male body.

Van der Ploeg's (2001) analysis of the scientific literature has traced the rhetorical devices that are used to justify intervention on the female body when the infertility is traced to problems diagnosed in the male body. The case we presented indicates that a rhetoric that identifies the couple as "a patient" does not only legitimize the burden on the female body of the costs for treating the couple's infertility, but also justifies a substantial disregard for the diagnosis of male diseases. ICSI is configured as a standard intervention on the couple's collective body. Moreover, ICSI reconfigures the problem of failure in the process, postponing it from fertilization to a later stage, when embryos are placed inside the female body. In this way, it will not be a failure of the procedures, but the inability of the female body to accommodate her future baby.

### *7.3 The Human Supermarket*

In this section we will present two experiences of surrogacy. In the first case, we report an episode from an interview with a lesbian woman, who got information on surrogacy while on vacation in California:

The idea of a package with a blue-eyed, long-legged mother, and a mixed race father [...] I can talk to her, can control what she eats, and then I can decide [...] There is a whole schedule of fees if I want to control her diet [...] I had a feeling [...] I don't remember the details, because it was something of a nightmare [...] So I've removed it a bit. But it felt like the amplification of the idea of a human supermarket [...] I wouldn't want to approach this morally. It is good that there are options for all couples' and all human beings' desires. I thought that the biological link only counted so much [...] However, as it's configured in California, this surrogacy market scared the hell out of me!

Different national and situated rhetorics emerged from this episode: the Catholic one, which sees life as the main aim of the process, in opposition to a more capitalist vision that considers it an advanced form of personal services. The interviewee refused both the embedded understanding of market logics in surrogacy as well as the dominant idea of biocapital, which refers to the capacities of certain things (such as organs and tissues) to produce surplus value (Waldby and Mitchell 2006). Moreover, she seems to support the Western (Euro-American) middle class idea of parenthood related to a relationship between persons (Strathern 1992a). The lack of emotional relationship with the surrogate mother and its replacement with a commercial agreement created a breakdown in her parental project.

Furthermore, patients who legally cannot undergo these treatments in Italy often use reproductive tourism as a practice of resistance. This resistance, however, encounters other boundaries arising from the category of "other." Because of the necessity of turning to a more permissive country in order to achieve her parental project, the respondent lost her perspective as a patient and was forced to adopt the perspective of a client, which frightened her. Being in the position of a client emerged as a deterrent to the use of surrogacy. The respondent did not exclude surrogacy for economic reasons,

but because she refused to be placed in a state that seemed to her to be that of a customer in a "human supermarket." Yet this episode reveals another way of othering among the "other patients," which refers to the economic dimension. Going abroad, in fact, does not only incur a number of expenses related to travel, but also means not having access to foreign public health care systems and, therefore, having to deal with private clinics and expensive medications.

A single gay man recounted to us a different experience of surrogacy. Although he also recognizes the commercial dimension that makes this experience feel like entering a supermarket of genetic traits (" [...] it feels like choosing the characteristics of a laptop on the Internet"), the interviewee points out elements that balanced the commercial dynamic. On one hand, he construes the choice of genetic traits as the desire to ensure better opportunities for the baby. On the other, he mitigates the depersonalizing effect by stressing the importance of relations.

At the beginning I had an ethical concern towards the child and whether it's fair to put a child in a family situation that is different from the traditional one, lacking a leading figure [...] not just someone, but Mom, which in Italy is something [...] *mamma mia!* It's important stuff [...] But I think the kind of story you tell the child is very important. The need to tell a story that is true, a story of want, a story of a wait, of a spasmodic love to this child, even before he or she is there, so much to put his/her life to the center of your existence. It's actually a beautiful story to tell, and this is why it's great that all the characters have a name, a face that is knowable [...] So that if my six-year-old son or daughter asks me: "Who is the lady who gave us the small egg?" You can make a Skype call, you can take a plane and see her, and thank her for what she did.

This excerpt illustrates some of the main issues that have emerged in the debate on surrogacy. The idea that parents must give their children the right environment, for instance, is an axiom of Euro-American kinship (Strathern 1992a). The interviewee, however, overcomes the lack of a mother by rearticulating a new reproductive story based on his "wanted child" (Ragoné 1998). With an idea similar to the "conception in the hearth" described by Ragoné (1994), he uses his intentionality to resolve the lack of

a mother genetically related to the child, and underlines the role his desire for a child plays in making the pregnancy possible. Moreover, in this case, the interviewee reframes the commercial relationship with donor and surrogate mother into a totally different relationship, based on commitment.

The interviewee describes the importance of having a knowable donor, a face, a Skype contact, to place this figure in a story of love and want. A story that, though different from the traditional one, includes actors with faces and names. For this reason he chose the “open donor” option, in order to eventually give to the future child the possibility of knowing and meeting both the ovocyte donor and the surrogate mother. The role of the surrogate mother (the woman who carries out the pregnancy) is even more relevant in his story. The interviewee recounted previous failed meetings, and the need for a good feeling with the surrogate. The aim of the interviewee is to build a relationship with the surrogate mother in the perspective of her possible inclusion not only in the tale of his own parental project, but also in a possible future relationship with the baby (“as an American aunt”).

#### ***7.4. Different Positioning in Otherness***

In this final section, we will not present a single episode, as we have in the previous ones, but report some excerpts from the three interviews we presented before. Our aim here is to discuss the topic of reproductive rights (particularly in reference to access to ARTs) and highlight different placements within the othering processes.

As we have seen in the previous paragraphs, the intentionality of the parental project and the desire for a child are the core elements in assisted kinship. This has also been confirmed by other research, in the Italian context (Gribaldo 2005), in which heterosexual patients who underwent fertility treatments were interviewed. The respondents emphasized the choice and the desire “to be” parents, and thus many advocated access to fertility treatments for gay and lesbian couples. In the following pages we will illustrate how the interviewees position themselves in different ways in relation to their reproductive citizenship.

In the first case, a woman in a heterosexual couple explains that:

Techniques of assisted reproduction should be accessible to all those who feel in their conscience the desire [...] because each has her own consciousness and, therefore, it should be the individual who feels in the position to decide to give life to another human being. This (going abroad) is the only opportunity for me, at the moment [...] But it's the same for homosexual or heterosexual couples [...] when the donation of a gamete becomes necessary because of the absence of a male gamete, as in our case [...] I believe that individuals are the only ones capable of making decisions, and living with their decisions.

As can be seen from this excerpt, the respondent claims the right to reproductive citizenship, referring to the moral and ethical values of individuals. She argues that every individual must take responsibility for their choices. This position was very widespread among our respondents, though it was often expressed with different nuances. For example, another interviewee, a woman in a lesbian couple, expressed her views on access to care for homosexuals and its eventual coverage by the State:

I think it's right that these kinds of problems are posed in the welfare state. I know, though, that if there is no legislative recognition of de facto unions, and in terms of minimum national rights [...] No wonder that the right of singles or homosexuals to reproduce is not guaranteed [...] So I'm less shocked, though I don't find it right.

The way in which she proclaims her reproductive rights might be unexpected to an external reader. She argues twice that excluding homosexuals from access to ARTs treatments is not right. However, given the general lack of acceptance of homosexual rights in Italian society she would not realistically expect that they would have full guarantees.

The third excerpt comes from a gay man who is accomplishing the surrogacy project. In his view, allowing access to public services to those who are now excluded from them could help in solving the problem of a purely commercial model. According to the interviewee, the State should not abdicate its regulatory function, but create an alternative to what he had previously defined "the human supermarket." Making

procedures accessible in public facilities would save those people from dealing with a purely commercial logic.

[The State] should have a supporting role [...] you know, [it] should be able to undergo these procedures even in public facilities. I don't know how to say this [...] I don't know if this should go to the NHS or other forms of sharing [...] But they can still be removed from the commercial logic. If you are able to do this in a hospital, with shared costs and not totally free [...] But it's different from doing it with Dr. X, who must sell his product.

Comparing these three cases, the examples illustrate different ways through which subjects manage their positioning according to their relationship with the dominant category of heteronormativity. The heterosexual couples who are “othered” by the law because of their lack of gametes interpret the lack of freedom in their reproductive choice as a violation of their citizenship rights. The form of otherness lived in this experience is violent and unexpected for those who place themselves within the taken for granted.

Homosexuals are, instead, subject to a continual series of othering experiences in their everyday life. They are continually reminded that the majority of society, at least in Italy, considers them different in a problematic way. The experience of otherness related to their reproductive choice, therefore, is not unexpected. Their rhetorical strategies of resistance derive from different repertoires, such as their right to health, to a broader parental project, or even to avoiding something that could be considered more immoral than gay parenthood (as in the last case). Their daily experience of othering makes their positioning on reproductive citizenship even more complex. For those who are used to being on the margins in terms of rights, reproductive rights almost seem like a luxury. Even if they are able to see through the arbitrariness of this limitation, it also seems that they are aware of the slim possibility they have to combat it.

## 8. Concluding Remarks

On the legislative path that led to the limitations introduced by Law 40, the Italian debate on ARTs has dealt with crucial issues of individual freedom and collective ethics. This is an interesting case for understanding how the traditional family model has been reproduced in Italy. ARTs regulation, however, introduced new categories of people who are excluded from access to treatment: principally homosexuals and heterosexuals who cannot have biological (i.e. genetically related) children. This restriction of access, therefore, has created a new category of “othered parents,” who are forced to go abroad to undergo heterologous insemination.

Those people can be infertile or not: in many cases, in fact, they fall into the marginal category because of their partners’ infertility, as well as their partners’ sex. Italian regulations transform the stable heterosexual couple into the sole subject of reproductive treatments. Hence, according to existing laws, the marginal category of other parents, who are pushed to the margins of reproductive citizenship, is composed of heterosexual and homosexual, fertile and infertile, single or coupled individuals.

What we have argued in this article is that the process of othering of this category was produced not only by the introduction of the new law, but was, rather, a product of public debate. This debate, as we have seen in the previous sections, focused eventually on the unborn's rights, and resulted in a limitation of adult individuals’ rights (such as freedom of access to health care, and the development of an autonomous family planning). In other words, the law was embedded in dominant heteronormative rhetoric, while the latter, in turn, drew strength from the introduction of the law. Using Foucault’s words (1987), we could argue that the dominant discursive practices have become “orders of discourse,” stressing their powerful effects when, at a given historical moment, they are supported by a set of technologies that create a “regime of truth”.

Therefore, the production of “otherness” is not only related to a legal framework, but rather to a dominant rhetoric of what is supposed to be a “real” family, and to the rejection of a “chosen family” option.

Within this framework, individuals living at the margins differed in their experience of their otherness. The interviews underscore the different ways through which subjects

manage their positioning according to their relationship with the dominant category of heteronormativity. Those who are used to being on the sidelines in everyday life seem to perceive the experience of otherness as something that is not surprising, and perhaps realistically renounce to fight for their reproductive rights.

Finally, what we find of note is that heteronormative rhetoric has changed the very definition of ARTs. When ARTs are considered a response to a legitimate subject's infertility problem, in fact, a possible cure for their illness is defined, and those who request medically assisted reproduction are seen as exercising their right to health. When ARTs are defined as technology to support reproduction, other institutional instances come into play and pose the ethical questions as to whether there exists a right to have children, and whether this right can be guaranteed by the State for all its citizens.

To conclude, we argue (with Jasanoff 2005) that life science policies are incorporated into the tale of what a nation stands for, and contribute to the cultural image of a country. Based on what we presented in this essay, it seems that the Italian cultural image reflects the fancy of a number of politicians and members of the Catholic Church's hierarchy, while only marginally representing civil society.

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