

# WHO IS AFRAID OF FRANKENSTEIN? Polish Debate on In-Vitro Fertilization

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The in-vitro fertilization (IVF) technology has been in use in Poland for over 20 years, with success and social approval. However, in 2007 a vehement debate on moral, legal, and economic aspects of applying this technology of assisted procreation broke out. This was related to the gaps in Polish legislation lacking the regulations concerning the IVF, especially concerning the coverage by the public health-care system. Moreover, the Catholic voices demanding prohibition of the IVF had been multiplying and intensifying. The article follows this debate, investigates the discursive strategies employed to oppose IVF, and analyses different positions, especially the argumentation of the opponents, and the narratives by those who struggle with infertility.

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The in-vitro fertilization (IVF) technology has been in use in Poland for over twenty years, with success and social approval. However, at the end of 2007 a vehement debate on moral, legal, and economic aspects of applying this technology of assisted procreation broke out. Then the Minister of Health announced she would launch efforts to finance IVF from the state budget and in that way broke the silence over new reproductive technologies in Poland. This article focuses on the Polish IVF debate. I situate it within a global context, explore its local specificity, and examine its cultural and social parameters and implications. My analysis concentrates on the rhetoric and the discursive strategies used by the main participants as well as the narratives of people struggling with infertility.

I am especially interested in reasons for opposing the use of IVF (apart from the most obvious ones, such as accumulating political capital or obeying the Catholic doctrine), mainly because it is the opponents' voices that are best heard in Polish media, imposing the IVF debate's language and thereby shaping the ways of thinking about assisted reproductive technologies (ART). Furthermore, while many works in social analysis critically examine technological optimism, typically drawing on Foucault's critique of modern biopolitics (see e.g., Franklin & Ragoné 1998; for critiques of ART see, e.g., Inhorn & von Balen 2002; Thompson 2002), few anthropological studies have explored voices of disapproval of IVF (e.g., Turney 1998; Throsby 2004: 3–6).

At this point, it needs to be added that to formulate opinions on ART means to engage in political action. This is especially true in the case of Poland, where feminist voices are weak and reproductive rights are both limited and not respected (Graff 2003). Besides, the IVF debate is part of a larger discussion regarding the influence of the Church on policy-making and social life in Poland.

Although Western, especially North-American, socio-cultural anthropology and feminist critique have long explored the challenges posed by reproductive technologies (e.g., Franklin & Ragoné 1998; Ginsburg & Rapp 1995), in Eastern Europe, “the social and cultural meanings and effects of ARTs are heavily understudied” (de Jong & Tkach 2009b: 15; the problem of ART in Europe is explored, e.g., in these works: Bonaccorso 2004, 2009; de Jong & Tkach 2009a; Saetnan, Oudshoorn & Kirejczyk 2000). While one can find works by Polish authors exploring legal and bioethical problems related to IVF, anthropological research on ART practically does not exist in Poland.

In what follows, I offer an anthropological perspective drawing on qualitative methods, primarily discourse analysis. I focus on the largest Polish media: television stations (both public and private), the press (newspapers, weekly and monthly magazines), and the Internet. Drawing from the Internet, I analyse, firstly, journalistic publications, including those published on websites endorsed by the Catholic Church (e.g., opoka.pl, fronda.pl, adonai.pl), and secondly, the biggest Polish Internet forums pertaining to infertility, where infertile women tell their life histories and exchange information about their treatments. The main sites are NaszBocian.pl, affiliated with the Polish Association for Treating Infertility and Supporting Adoption, “Nasz Bocian” (‘Our Stork’), and Gazeta.pl, which belongs to the largest group of Polish online services. Both boards are open to the public. I am not taking into account ethnographic observations in infertility clinics or interviews with IVF users. Materials of this kind will be gathered in the second part of my research project.

## Historical and Legal Context

Louise Brown, the first “test tube baby”, was born in Oldham, Great Britain, in 1978. The procedure was carried out by the doctors of medicine Patrick Steptoe and Robert Edwards, who were awarded the 2010 Nobel Prize in Physiology or Medicine. The first child conceived using this method in Poland was a girl too. She was born on November 12th 1987, owing to the efforts of the team led by Professor Marian Szamatowicz of the Medical University of Białystok. Until October 2012 the child remained anonymous, as is the case with thousands of other children conceived in this way. At that time, after the first Polish IVF,

The media went crazy. (...) Białystok was deluged with letters. One priest would rail from the pulpit about the inhumane practices of the clinic, which, according to him, were even more harmful than drug addiction and drunkenness, and the women would talk of their dreams in which they were cuddling babies. They were begging, writing that their husbands wanted to leave them, and that their hands were reaching out for other people’s infants. (Skibniewska 2009)

It is estimated that around 5 million people worldwide have been born thanks to in-vitro fertilization.<sup>1</sup> In Poland there are currently over 40 clinics, which attain good pregnancy rates on a global comparison. The percentage of IVF children totals approximately 1.5 percent, which is the average for highly developed countries (although in Belgium, Slovenia, Denmark, the Netherlands and Sweden more than 3.0 percent of all babies born were conceived by ART<sup>2</sup>). These are, however, only estimates, for there are no mechanisms of extracorporeal fertilization registration in Poland, and the clinics carrying out these procedures are under no obligation to make the data pertaining to their activities public.

In Poland, ARTs are not regulated by law. Currently, several draft bills have been submitted to the Parliament, ranging from a very restrictive proposal to ban IVF and punish by prison for carrying out IVF to a liberal one holding no limitation on it.

The draft prepared by Jarosław Gowin (the current Minister of Justice) is the most hotly disputed draft among the legislative proposals. It prohibits the destroying and freezing of human embryos, treating them as human beings, to whom the constitutional protection of dignity applies. Therefore, the procedure cannot result in the production of additional embryos. One is only allowed to produce two of them and they both have to be implanted into a woman's body. This method, however, would only be available to married heterosexual couples where the woman is not older than forty years. Moreover, the draft bans the collection of donated eggs and the setting up of sperm banks. Assisted procreation would not be available to couples with genetic diseases or disabilities. Should such a solution be approved, Poland's regulations of this matter would be the most restrictive in Europe (even more so than the extremely restrictive laws adapted in Italy or Germany). A more open project of the ruling party allows for freezing and producing additional embryos and IVF would be available also for single mothers and unmarried couples. However, both draft projects do not provide state funding for the treatment. Nevertheless in October 2012 Prime Minister Donald Tusk declared that reimbursement for IVF will be made available without a change in law, as part of a Health Ministry three-year programme.

### **Social Acceptance of IVF and the Catholic Church**

When mapping out attitudes towards IVF in the main Polish media, one can get the distinct impression that the main actors in the debate are politicians and priests. It is rarely that representatives of feminist circles appear in the press or television – as is also the case in other countries (Saetnan, Oudshoorn & Kirejczyk 2000). But, what may seem more surprising, particularly given the fact that infertility in Europe is strongly medicalized as well (cf. Martin 1987; Unnithan-Kumar 2004), biologists' and physicians' voices too are often ignored in the Polish public debate. The same may be said of the public presence of the infertile couples themselves, who are occasionally quoted in newspaper commen-

taries, anonymously or under changed names. This way of defining the main actors reduces the discussion to worldview issues and, effectively, the problem of IVF is debated alongside other socially sensitive questions, such as abortion, which is legal in Poland only when the woman's life or health is in danger, when the pregnancy is the result of a rape, or when the fetus is seriously malformed. In fact, IVF is often described as "refined" abortion (about similarity between IVF and abortion debates in Poland see Chelstowska 2011: 104).

Following the Polish debate on IVF one can get the impression that there are about as many opponents as there are supporters of IVF and that the line of division clearly overlaps with their partisan allegiances or even their adherence to the Catholic Church. However, the majority of Poles support IVF, regardless of their attachment to the Church or the party they vote for. According to the Public Opinion Research Centre's (CBOS) report from September 2012, 79 percent of Poles approve of the use of IVF by married couples that cannot have children, and 60 percent in the case of unmarried partners. 41 percent are against the availability of IVF to single women (while 48 percent support it) and 58 percent would allow the creation of additional embryos. Finally, the majority (79 percent) would want the cost of IVF to be at least partially refunded from the state budget (CBOS 2012). These data are similar to those from previous years. In 1995, the acceptance of IVF in the case of heterosexual couples amounted to 73 percent, in 2003 to 64 percent, and in 2005 it was 76 percent. The CBOS report for 2008 – the year the IVF opponents' media campaign was launched – shows a considerable decrease in the support, estimated at 60 percent (CBOS 2008). Nevertheless, and despite the clear and frequent statements issued by the Church firmly opposing the use of IVF, a year later the support was once again high and on the rise.

One may find it worthwhile to consider the origin of such a broad acceptance of extracorporeal fertilization in the country where, according to declarations, the percentage of Catholics may be as high as 90 percent depending on the study (Borowik 2001: 23) and where the second largest party in the Parlia-

ment is implicitly endorsed by the majority of Church hierarchs and ordinary priests, who declare their attachment to traditional values, including, of course, Catholic values. Moreover, the Polish Church, while internally divided, speaks unanimously.

One of the reasons that this powerful voice of the Church is not fully taken into account by the Polish society appears to be its moral liberalization in line with European trends. Thus, the Poles' attitudes towards sexual issues (such as premarital sex, non-monogamous relationships or the use of contraception) are far more lax than the official position of the Church would dictate. In other words, one can observe a strong individualization and privatization of religion; although one can hardly talk about an institutional crisis of the Catholic Church, as is the case in Western Europe, many people reinterpret the dogmas and teachings of the Church according to their own point of view.

Despite the strong opposition of the Church, there are about as many Catholics among the people undergoing IVF programmes as in the whole population of Poland. On the forum of the website *Gazeta.pl*, a girl nicknamed *iwonaczarna* writes:

you know, it is so strange, because when you leave that place [the doctor's office, where the IVF procedure was carried out] you know that you have been given something that is already working inside of you. It's certainly fighting to stay there, but it is so small and you can't do anything to help him. When I received the two angels [embryos] I prayed for them to somehow manage. Yesterday was Sunday. I went to church and I cried asking Him to let them stay; He already has enough angels. I think it is the only sign that the closer it gets the more strongly you believe in all this. I know the Church speaks badly of this method, but I went there, for the first time in a very long time, so that even my husband was shocked. I hope He will spare us, I pray.

### **Family, Love and Laboratory**

Paradoxically, this strong support of IVF is connected to the Poles' attachment to traditional values,

especially to the family as a category organizing social life and hierarchy of values. Although new reproductive techniques have transformed common conceptions of kinship, the main symbols of the ideology of affinity in Euro-American culture have remained constant (Ragoné 2004: 342). It is still the birth of a child that turns a couple into a family, and the reason for the decision to use ART is the strong need to have an offspring. Being a childless couple, as many infertile couples would stress, carries a social stigma. A couple is, therefore, ready to use untraditional methods in order to achieve a traditional result: a family comprising a mum, a dad and at least one child. Although, as many researchers point out (e.g., Laqueur 2000), the development of techniques enabling the birth of a child without a sexual act results in the questioning of the previous concepts of the family, the family itself does not need to be questioned. Rather, IVF gets "normalized, naturalized, and contextualized within the narrowest and most traditional definitions of family" (Franklin & Roberts 2006: 188).

The problem of kinship and the diffusion of the category of the legal, genetic and biological parenthood do not appear in the Polish debate on IVF, including academic discourses. Mainstream media strongly condemn surrogate mothering, which is only discussed in economic-moral categories and almost always critically and sensationally (cf. Radkowska-Walkowicz 2012a). Access to reproductive technologies by gay couples is presented as one example of the kind of degeneration that ART can lead to. The subject of gamete donation or use of sperm banks is also rarely brought up. The debate stops at the level of the IVF procedure itself and the consequences of its use for future embryos.

Thus, the implicit notion of family is never put under discussion. Rather, what underpins the contention are two kinds of sentiments regarding the same ideal of a "full family": on the one hand, the extremely strong cultural need to have it, and, on the other, the fear that IVF would lead to its redefinition. When people who underwent IVF claim it gave them hope for starting a real family, the other side responds by criticizing them for their egoism and

disregard for the value of marriage. Indeed, the notion marriage has become one of the rudimentary categories cited by the opponents of ART. Archbishop Henryk Hoser stresses the symbolic meaning of the marital act as “two in one body”, and argues:

It is only in this light that one can notice how very different the marital act is from the reproductive copulation of animals. A child – conceived as a result of a married life – is perceived as something we were given, something of a blessing. In the process of extracorporeal fertilization, however, a child is “made to order” using a particular technique. (Hoser 2009: 4)

Opponents of IVF set marital love against the vial. Marek Czachorowski from the Catholic University of Lublin admits that “objective facts show that in artificial insemination one does not conceive one’s own child out of marital love – in an act expressing it – but out of something else, which does not express the specificity of marital love. At the start of our child’s life it is not granted love” (Czachorowski 2008). In this rhetoric love is in the family by definition. It can only happen behind closed bedroom doors, where no one will inspect it, control it, or call it a rape.

On December 28, 2008, on the Holy Family Sunday, the Polish Episcopate issued a letter to the faithful, in which it touched upon the issue of IVF (List pasterski... 2008). The Episcopate pointed out that “God and only God is the Master of Life. Children are His gift to us and not a consumption good”. Bishop Tadeusz Pieronek explicated it even more pointedly: “Couples who resort to IVF prefer buying a child to adopting it. They do not want an adopted child because they want to have a child that would be their own’. It is precisely the logic of the commodity, not the gift” (Pieronek 2009). The fear of commercialization of births and commodification of the sphere of procreation has accompanied research on IVF from its very beginning (cf. Turney 1998). In modern culture, these two ideas – the child and the commodity – are conflicting. The romantic mythology of childhood precludes pecuniary

dealings. The lack of acceptance of IVF may thus be explained by the reluctance to link economic calculation to the concept of the family, which, as Collier, Rosaldo and Yanagisako (1992) argue, was built exactly in opposition to market relations. The Catholic Church perceives the role of the family in a similar way. However, one can also point out that in the European culture marriage was for centuries primarily an economic contract, and it is only due to more contemporary idealization that we perceive it in the romantic-spiritual light.

In Poland, IVF is sometimes viewed as a whim of the rich, a mark of class distinction. The lack of a refund policy together with the high costs of IVF contribute to the perception of ART users in economic categories. Couples who turn to infertility treatment clinics for help are accused of being egoistic, buying themselves a child and of taking a shortcut – such opinions are circulated widely despite the fact that IVF programmes involve long, unpleasant preparations, with little chance of success. The same arguments are put forward regarding people who do not have children – some campaigns aimed at promoting demographic growth have suggested that the lack of offspring results from a simple consumer choice.

### Negotiating Oppositions

In their rhetoric, opponents of IVF often refer to oppositions between the commercial and the non-commercial, the public and the private, nature and technology. This kind of argumentation also appears in anthropological texts on reproductive technologies. For example, Franklin notes: “What was once a private act of love, intimacy, and secrecy is now a public act, a commercial transaction, and a professionally managed procedure” (1995: 336). In this very context, too, this way of thinking, especially the opposition between what is private and what is public, becomes problematic. Infertility has been so hard to cope with precisely because it is not a private problem; a child is a kind of social desire, Others’ desire.

The private–public opposition is often used by the opponents of IVF – blurring the boundaries between these categories can be a source of fear and resist-

ance. If, as they claim, due to these new technologies reproduction has left the private sphere and become a public issue, it has moved from the bedroom to the doctor's office, one may ask: What is it now that happens in the bedroom? What has taken the place of reproduction? Is it an empty space, waiting to be filled?

The above-mentioned oppositions are negotiated and rejected by users of IVF, but it does not mean that the anthropologist can simply ignore the commercial aspects of ART, which are stressed by many researchers (see Spar 2006; Strathern 1992). The Polish case, as the Italian before 2004 (see Bonaccorso 2004, 2009; Neresini & Bimbi 2000), is peculiar, because there is no legislation regulating the use of assisted conception. As a result, private clinics are the main players on the infertility treatment scene and practically they are neither inspected nor audited. Thus, patients who decided on IVF are largely dependent on the treatment offered by the private sector, which dictates conditions of the IVF treatment programme, manages the information on ART, and shapes the ART language. What is interesting, it is not only the highly medicalized language which consolidated the authority of physicians, but also the "common language" used to empathize with clients (Bonaccorso 2004). However, both patients and opponents do employ scientific rhetoric and refer to medical research. In this case, scientific language is used depending on the purposes of particular users; it is a common property that gets appropriated and negotiated.

Couples undergoing IVF tend to abandon the simple worldview built on oppositions, including that between romantic act in the marital bed and technological act in the Petri-Dash. In their narrations, they stress mutual love and care about the fight for a child. It is often the impossibility of conceiving that causes breaks in relationships. They are also capable of talking about the transfer of embryos in romantic categories. Magdalena Muszyńska, member of the Polish Association for Treating Infertility and Supporting Adoption, "Nasz Bocian", who had IVF, said in the Polish Parliament: "The moment of the transfer of embryos is one of the most beautiful mo-

ments in the life of a woman or a couple. It is then, at that moment, that our future, potential children are given to us, so that they could feel at home in my belly for the next 9 months" (2009: 27). Therefore, undergoing IVF procedure is not a transgressive activity. Here, the crossing of the line only serves to enter a safe, well-known path of narration, in line with the reigning models. In order to achieve that, one sacrifices a lot, including one's relationship with the Catholic Church, which for many people is painful.

According to opponents of IVF, all the planned actions aimed at infertility, also those supported by the Church, are only an addition to God's plan. The gift – not a commodity – will come when one does not expect it. IVF, with its fastidiousness, is at variance with the miraculous work of numbers. The whole preparatory protocol, from the puncture to the transfer of the fertilized egg, is described to the patients in detail – it involves strictly dosed portions of appropriate medicines, and a close monitoring of the cycle. A scientific description encapsulates what has, until this point, carried an aura of mystery. The oppositions of control and spontaneity, technology and mystery, or gift and commodity have a long tradition both in common thought and in the scientific worldview. Their roots lie in the old division of nature and culture. It is, however, such technologies as "in vitro" that show that today this opposition has lost its force and, while it is still used as a rhetorical tool, it is not sufficient for the elucidation of a complex social phenomenon. The analysis of Internet message boards relating to infertility demonstrates it well.

There is a tendency on many of them, not only in Polish Internet forums, to describe their participants in reference to their fight against infertility. One can very often find such a description in the signatures of participants of Internet conversations. The list of female participants, who after long efforts finally gave birth to a child, is as follows ([www.nasz-bocian.pl](http://www.nasz-bocian.pl)):

**JULI01** - I ICSI, crio 2 embr. blast. B i <8B (Iw:E-600, P-22, bHCG<1; IIw:P-41), 3 angels [i][i][i] and son Kubuś, DOB 25.05.08

**kumkwak** - I ICSI 2 blast. B (Iw:E-2605, P-56,

bHCG-2.5; Iiw:E-1837, P-72.8, bHCG 27.2; IIIw:E-4295, P-133, bHCG-237; IVw:E-3952, P-122, bHCG 3393) twins! Agatka and Ada, DOB 24.06.08

**carmen81** 4Y efforts, weak little soldiers, jumping FSH, 2008 1 ICSI, 1 crio - , herbal 3, my natural miracle 16.04 I've seen 2 lines, 19.04 HCG 177, 21.04. HCG 489, 14.05 12mm with a little beating heart

**malgosia1978** 3x IUI unsuccessful, PCO, 1 IVF 04.2008 6w-I usg 2 beans, 8w - 1 angel, 11w II angel, 1 2009 IVF unsuccessful, waiting for crio since February 2009 herbal 3, beta 20.04.2009 - 4492 MIRA-CLE!!!!!! Allow him to stay

What seems to be an extremely technical language is shot through with elements having very little in common with it. There are angels (referring to a child who died before being born), a miracle, a "12mm with a little beating heart". They neutralize the technical description. The final stage is a diminutive name, a child, a human being. In descriptions that do not end in a name, there is a potential; it legitimizes the actions one takes. These descriptions encapsulate almost everything the given person has gone through in her fight against infertility. In this extremely formalized way, women legitimize their participation in the infertility community and present their biographies of reproductive medical interventions, which have become a significant part of their self-identity narratives. This kind of narrative strategy does not mean that women and their children (potential or real) are reduced to mathematical and medical symbols and dehumanized, or de-individualized. In this case, medical technology gives hope that series of symbols will turn into a child's name (on the use of discursive strategies by couples who have had unsuccessful IVF, see Throsby 2004). Thus, it is not a process of disembodiment, as one could suppose. "Self", defined in this way, becomes indeed a bodily phenomenon – open and ready for technological interventions. IVF does not separate from the body, which is subject to wanton nature or, as one woman wrote on the Internet forum, cruel statistics: a body, which is socially contextualized and controlled. Rather, it allows for the body to become rediscovered, re-experienced and, to some

degree, controlled. These women are not passive victims, cultural dupes, as early feminists indicated (see van Balen & Inhorn 2002: 15, Thompson 2002, 2005: 55–75). They actively engage with technology. Thus, medical intervention need not be perceived as oppressive technology or even as "giving nature a helping hand", but it might, instead, be understood as an ally in the unequal fight with nature.

Nevertheless, I agree with Monica Bonaccorso's suggestion:

Technological newness in the making of babies is used to stress the inefficiency of a body, which is not simply unproductive, but often unwilling to welcome/receive technology. The emphasis on the bodies of couples is extreme. It is phenomenal the way in which, from being an intervention that helps couples, technologies of procreation turn into interventions to be aided by couples. Technology thus stands, at once, for both aid and its reverse, progression and arrest. (2004: 90)

Many couples treat the IVF procedure as an element in a certain technical puzzle. However, one can also come across quite other sentiments: "After the puncture under a short anaesthetics I was given breakfast and taken care of wonderfully, and the transfer itself was such a mystical experience (my husband was sitting next to me) that it was even more mystical than the last attempts under a duvet, using natural methods" (kolebeczka, forum *Nieplodność [Infertility]*, Gazeta.pl). Another description shows even more convincingly that the language of technology does not have to be at odds with the language of emotions:

I have just returned from Szczecin and, 3 days after the puncture, I have two beautiful 10A1 and 6A1 little embryos and one embryo (just for the purpose of competition, so that the good two ones do not get lazy with the division) that will not become 3B1 pregnancy. I cannot look at them enough!!!! Now, I can only wait and hope at least one of them stays with me, which is what I wish you from the bottom of my heart. (luna67, forum *Nieplodność*, Gazeta.pl)

Mystery can thus stealthily enter the laboratory, appear among the vials, on the glass, in the presence of a white-coat-wearing doctor. And the embryos, labelled with letter-numerical code, can be treated as the wished-for, potential children.

On the one hand, infertile women indicate the emancipatory potential of technology and the usefulness of this kind of language in the process of creating women's self-identities and biographies. On the other, one can see the process of normalization of technology. That process is well described in the research literature (de Jong & Tkach 2009a; Franklin & Roberts 2006: 175, 223–224; Thompson 2005; Throsby 2004; Cussins 1998). Thompson (2005) and de Jong (2009) are right linking this process to practices of naturalization, statistification and routinization. It is noticeable in the Polish debate on IVF, too. But one can also observe a reverse practice: describing IVF as the process inconsistent with the nature, biology and social order. The Episcopate is clear about it: "This method is contrary to God's law and human nature" (Komunikat z 352... 2010).

Criminalization of IVF is the common discursive strategy employed in Poland to condemn the use of IVF. For instance, Archbishop Józef Michalik states: "The Killing of an innocent man is a crime and sometimes cruelly and it can never be justified. Both abortion and the elimination of a conceived life in a test-tube is a murder, for a man starts to exist from the moment when two cells: male and female, fuse" (Michalik 2009: 2). The patients of infertility treatment clinics tend to justify their decision by claiming that:

None of us, people who are infertile, would permit such wickedness as the discarding and destroying of embryos to happen. It is also worth noticing that despite the lack of legal regulations, no one would commit such an evil deed and hurt the embryos. It is true that some of them die, but it happens in nature, too. Does it mean that 99% of women are murderers, and serial ones, at that? (Szczerba 2009: 13)

The well-known argument from the discussion on

abortion that claims life already begins at the moment of fertilization is countered by the other party with two kinds of arguments. The first one is connected to the naturalization strategy and points out that when fertilization takes place in a woman's body, many embryos also die even before they nestle in the uterus. The second kind of argumentation underlines that most embryos produced artificially will be given their chance, they will be transferred to the woman's organism, and therefore is not, in fact, based on another definition of the beginning of life than the Catholic definition. Hence, there is no simple opposition between religious and modern (scientific) ideas of the foetal/maternal relation. The Catholic view of the beginning of life encounters the contemporary, modern view, connected with the development of new medical technologies, destabilizing the boundary between mother and foetus. As Susan Squier notes, "the fetus *inside* is increasingly treated as if it were already *outside*, the rightful subject of medical, social and legal intervention" (1999: 102).

Women on Internet forums relating to infertility almost always refer to the frozen embryos as their own potential children that will be implanted into a uterus, or – although one can come across such declarations less frequently – put up for adoption. Although the couples are not indifferent to the fate of the embryos, they realize that only some of them have a chance of becoming a child: "there is no such thing as the groan of abandoned embryos (...) there are no hecatombs, mass murders, and we are talking about a phenomenon where we fight against the SCARCITY, and not the excess. (...) People line up in a queue to adopt those supposedly 'unwanted embryos'" (Krawczak 2010).

It is worthwhile to stress the category of nature which appears frequently in both sides' argumentations and which still turns out to be a powerful factor legitimizing moral decisions and opinions of both parties of the dispute. According to users of reproductive technologies, IVF supports the work of nature that today is imperfect – it is on its behalf that they fend off the effects of civilization, which causes infertility. According to the IVF opponents, it acts



against nature and may ultimately lead to the degeneration of our species.

The opposition between nature and culture and, in particular, its interpretational-explanatory powers, still carries considerable weight. It is the modern culture's reference to biology, to the gene as the basis of human identity that makes ART, and especially IVF or surrogate mothering, an increasingly popular way of "acquiring" children by infertile couples as an alternative to adoption. "Our" child means a child who will have our genes (or at least the genes of one of the parents). New reproductive technologies change ideas of kinship, as has been observed by many researchers, and simultaneously reinforce the biological, genetic notion of relatedness (e.g., Ragoné 2004; Edwards et al. 1993). The modern definition of an individual being a bundle of genetic information (cf. Le Breton 2004; Rabinow 1996) serves to legitimize ART methods also in Poland.

### Heritage of Frankenstein

Although one of the dividing lines in the Polish debate over IVF is determined by attitudes towards science, it would be false to claim that on one side of the debate there are only supporters of the unrestrained development of science, and its staunch opponents on the other. It is true that the modern compulsion to constantly develop, in the Faustian version, is very often criticized by opponents of IVF. They point to the dangers of constant development, invoking the unambiguous persona of doctor Frankenstein, who paid for the attempt to manipulate the human body and nature with his life and the life of his family. Frankenstein, as a figure embodying the fear of the excessive interference of science and technology in human life is still surprisingly topical. "What is the literary figure of Frankenstein, a creature brought to life against nature, if not a prototype of in vitro?" asked one of the important actors in the Polish political scene, the Catholic bishop, Tadeusz Pieronek (2009).

The fact that a test-tube baby is happy and normal – in contrary to Frankenstein's monster – seems to be the scandal. As Jon Turney (1998) writes, the birth of Louise Brown was so shocking precisely

because she was a normal child. The crossing of the boundary between nature and technology, the fact that technology entered the area of reproduction, which until now has been a taboo subject, associated with mystery, evokes fears and creates revenge-seeking monsters (cf. Radkowska-Walkowicz 2012b). And monsters have no families. Artificial lives, in this discourse, should be lonely and miserable. "We are well familiar with the experiences of therapists who observed that children conceived by means of IVF have the features characteristic of people who escaped death" – says Beata Rusiecka, a psychologist. There is, however, no research or accounts of the interested parties to support her words.

Such a person is racked with intense guilt, asking himself questions like: why do I live, do I have the right to live? Similar experiences are characteristic of people whose siblings were aborted (...) Similarly, children conceived thanks to IVF, because of the fact that in the embryonic stage they were selected by a doctor from among the other children, feel deeply insecure as to their right to live. (...) They give the impression that they are not at all connected to their parents. They are aware that those are their parents, but it seems they do not emotionally experience the ties with them, as if they were incapable of establishing a psychological contact with them and had a deep-seated fear of their parents. The parents, too, have difficulties establishing a warm, spontaneous, spiritual contact with their children. (Rusiecka, *Nasz Dziennik*, cited for: <http://adonai.pl/nieplodnosc/?id=90>)

Loneliness was the punishment of the monster – and Frankenstein remained lonely. In this rhetoric, also test-tube babies are lonely. The ghost of doctor Frankenstein has been haunting us for almost 200 years and, it seems, it has no intention of stopping. However, science is not criticized as a whole. Today, it becomes – next to nature – a very important legitimizing category, because in modern society, especially, scientific and medical language is able to influence cultural meanings (an ability widely described in anthropological literature, see e.g. chap-

ters by Bonaccorso, Stones and Donner in Unnithan-Kumar [ed.] 2004). Thus, in their argumentation relating to the issues of reproduction, the representatives of the Catholic Church increasingly often cite scientific research and gladly use the language generated by the world of science. Therefore, when they warn us, in line with the Church doctrine, against the use of contraceptives, they refer to research that is supposed to show that hormonal methods are harmful to our health, and the mechanical or chemical ones ineffective. The arguments put forward in the debate over the beginning of life, too, are based on such notions as DNA, the gene, gamete fusion, etc.

In the statement issued by the bioethical conference of the Polish Episcopate one can read:

One of the frequently advanced views is that an embryo is not a human being. Such opinions have no scientific foundation and are the expression of an ideology that denies human beings their right to life from conception. The truth that our life begins at the moment of conception is not based on religious stipulations, but is a rational stance resulting from the current scientific knowledge. (...) The opinion of the Church is also based on premises of the biological and medical nature. IVF procedures are extremely dangerous to the mother's health (...) A hormone stimulation therapy (...) can lead to a liver function disorder, the development of cancer or venous or arterial thrombosis. (...) Research carried out in the USA and Australia, where the IVF methods have been used longer than in Poland, show that children conceived in an artificial way suffer three times more often from congenital defects, complications and genetic diseases. We cite these arguments to show that the teaching of the Church (...) is corroborated by the results of scientific research. (Oświadczenie Zespołu... 2010)<sup>3</sup>

Thus, the Church frequently refers to medicine. Esther Peperkamp points out this practice in relation to sexual education and “natural family planning” in the Polish Catholic youth movement. She claims that defining the modern body as a secularized body is

false, as it “completely ignores the changes that have taken place within Christian traditions themselves” (Peperkamp 2008: 132). Religion has not simply been replaced by modern medicine; rather, the latter “provides the technological means to practice a virtuous life, although it does so with unintended effects, transforming the face of religion and religious authority” (2008: 133).

### Gender Biases in IVF Debate

This trend is well exemplified by NaProTechnology (Natural Procreative Technology), the infertility treatment method in accord with the teachings of the Catholic Church and promoted as an alternative to IVF. It was designed 30 years ago by the American physician Thomas W. Hilgers, the founder and director of the *Pope Paul VI Institute* in Omaha, Nebraska. He and his supporters claim that this method is very effective and achieves higher pregnancy rates than IVF. It is, [www.naprotechnology.com](http://www.naprotechnology.com) says, “a new women's health science that monitors and maintains a woman's reproductive and gynecological health”. It is, above all, based on the Creighton Model Fertility Care System – the observation of the woman's fertility cycle – conducted by trainers who do not need to have medical education, but it does not exclude medical and surgical treatments (as laparoscopy or surgical removal of endometriosis).

NaProTechnology found extremely favourable conditions in Poland. Today, one can both read and hear about it in important Polish media, including the public ones; the method has also been debated in the Polish Parliament. Both on discussion forums and during other discussions, women who underwent IVF procedures are usually sceptical of NaProTechnology, claiming that it has nothing new to offer apart from the diagnostics focusing mainly on the observation of the fertility cycle each of them underwent during the many years of fighting for a child.

One can notice that it is an entry onto the ground of hard science and an attempt to defeat Western biomedicine by “borrowing” from its achievements, terms, etc. Science is here understood as a common, universal good that has so far not always been put

to good use. It needs to be taken from the hands of doctor Frankenstein and show its humanistic (Catholic) character. Implied here is, therefore, a criticism of biomedicine, perceived as harmful to a woman. NaProTechnology could thus seem close to early feminist critiques, which drew attention to patriarchy and technocracy ingrained in biomedicine and to the reduction of the woman's role to that of an object in the game of men's technological fantasies (e.g., Corea 1985; Stanworth 1987).<sup>4</sup> However, when one looks at NaProTechnology more closely, it turns out that it is a proposition that strengthens traditional gender imagery. For example, the motto of one website promoting this method is: "Unleashing the Power in a Woman's Cycle." It draws a direct connection between the vitality of the family and the woman's body. However, statistics pertaining to infertility unequivocally show that today, for at least half of the couples, infertility is related to a problem on the part of the man. Although the advocates of NaProTechnology seem to notice the problem of men's infertility, they claim that the success of infertility treatment still critically depends on the observation of the woman's cycle, or on such surgical procedures as restoration of the patency of the oviducts (thus, still directed at the woman's body). Asked whether NaProTechnology cures men's infertility, Hilgers answers: "If, in line with its indications, we get to know the woman's cycle and determine the fertile period, then, even if the sperm is of low quality, we can increase the probability of impregnation by 35%" (2009: 14). It is, then, the woman that is responsible for the lack of offspring and supposed to create favourable conditions for the child to appear in the domestic hearth. Moreover, the woman is blamed for her infertility. According to the IVF opponents, lack of offspring is a result of the use of hormonal contraception, early age of sexual initiation and delay in starting a family, and even wearing short skirts. In short: the modern woman conducts herself badly and the punishment for this sin is childlessness.

As van Balen and Inhorn note: "women worldwide appear to bear the major burden of infertility, in terms of blame for the reproductive failing;

personal anxiety, frustration, grief, and fear; marital duress, dissolution, and abandonment; social stigma and community ostracism" (2002: 7). Being a mother, now or in the future, is a strong element of the self-identity narrative of the vast majority of women not only in Euro-American culture; when infertility disrupts the plot, women very often feel helpless and confused (Kirkman 2008: 243; on male stigma related to infertility, see Becker 2000: 44–49; Thompson 2005: 128).

What seems to be disturbing for the opponents of IVF is the man's participation in infertility diagnosis. In the Catholic weekly magazine *Niedziela* (with circulation about 150,000) one reads: "In order to obtain the man's genetic material, the act of masturbation is necessary. This should be enough to discard this method of reproduction" (Konik-Korn 2008: 25). Reading this kind of statement one can get the impression that the old *bête-noire* of the moralists resurfaces once again. Indeed, the authors of NaProTechnology.com argue that the standard medical evaluation of a man's infertility is "dehumanizing and humiliating", because men are "placed in a washroom with pornographic literature and asked to masturbate, [while] (...) the seminal fluid can be collected with an act of intercourse, at home, in a way which is not contraceptive". By masturbating in a clinic a man not only enters the path of sin, but also degrades himself as a man. Androcentric sensitivity cannot stand the way the material for IVF is obtained. What should stay inside the body flows out of it and is then given to a laboratory technician for analysis. Maybe masculinity, unlike femininity in this rhetoric, is not to be the subject of discussion and generally should not be evaluated catalogued, and verified?

Today, it is typically still women that are blamed for the inability to conceive. The persistent stereotype of a strong man with strong sperm (often referred to as "soldiers" or "the army") makes many Polish men reluctant to undergo tests. Infertility treatment remains the domain of women. It is they who are the participants of discussion forums on infertility (where they often complain about their partners' lack of commitment), seek solutions to

the problem, and encourage their husbands and partners to have semen analyses. On the one hand, therefore, infertility treatment illustrates traditional family relations, where the woman is responsible for reproduction and supposed to create domestic hearth. On the other hand, in-vitro fertilization constitutes a space of women's activity and agency. The fact that IVF procedures are not refunded and the idea of a partial or total ban of IVF may thus be perceived as denying women a possibility to be rational, moral actors, who make their own decisions concerning reproduction (on women's agency in the context of reproductive technologies see Unnithan-Kumar 2004).

Urszula Dudziak from the Catholic University of Lublin asks: "Can a woman be truly happy, when she is treated as a stud mare?" (2008). "What right does the laboratory technician-inseminator have to be given the privilege that should be her husband's in the context of the act of a complete union?", asks psychologist Maria Klepacka-Środoń (2008). Maciej Barczentewicz, gynaecologist and president of the Foundation of John Paul II Institute for Marital Infertility Treatment, adds: "A technician replaces the marriage and God in giving life" (2008). May it be that what is so outraging here is the fact that a technician takes the man's right to the woman? When opponents of IVF claim that it deprives women of their dignity and causes them to be treated as stud mares, and when they write about the pain and serious threats to health (such as overstimulation), they make women the victims of the bad, androcentric biomedicine, oppressive to the female body. The example of Poland proves wrong the view that sees women simply as victims of technology. Today, women fight for their right to have access to state-of-the-art medical technologies, which, among other things, allow them to avoid suffering. Presenting women as victims of evil technology, or using the language of the pro-life movement and the "civilization of death" is also a way of depriving them of a chance to voice their opinion. Voices of infertile couples are rarely heard in the Polish traditional media. Somebody always speaks on their behalf. The victims are no

longer the important social actors and have no right to a rational voice.

However, we may also note that power is already ingrained in the very compulsion to be a mother, which drives a woman to surrender to technology. It is not the woman's choice, but rather a restriction, a means to subjugate her; it has risen to the point of absurd. For the very desire to be a mother can be perceived as a desire of the current discourses producing norms of motherhood which bind women to their identity as mothers and offer specific and ever more technologically perfect methods of dealing with the problem of infertility, at once restricting the ground for new ways of defining themselves outside of motherhood (cf. Sawicki 1999; on feminist studies on ART see McNeil 2007, especially part II). Franklin and Roberts note: "The possibility that conception can be achieved through IVF (...) produces a *new form of social responsibility* as well as new choices" (2006: 189). Moreover, a result of this process is "an intensification of women's investment in procreation, realized in the regimented orientation and surveillance of her body for this purpose" (McNeil 2007: 86). In this context, Jane Sawicki writes about "new norms of health and responsibility in motherhood" (1991: 84) and McNeil designate it as "an extension of maternal responsibility" (2007: 87).

## Conclusion

Discussions on IVF, as Turney (1998) rightly indicates, started before the birth of Louise Brown. One might suppose that after all arguments both in favour and against IVF have been advanced, IVF will be silently accepted as just another technology that appeared in our lives and, similarly to what happened to many other achievements in medicine, it will become invisible. However, debates which time and again break out with different strength in different countries, along with the powerful voice of the Catholic Church on this matter, show that this issue is neither straightforward nor closed. Poland, where one can watch the IVF debate go on, is not an exception. Such discussions take place in other countries as well and they very often include similar argumentations. At the same time, we deal with their local

peculiarities visible, for instance, in different legal solutions adopted in particular countries: from very liberal in Great Britain, Israel or the Scandinavian countries, to restrictive ones in Germany, Italy, Austria or several US states. As I am writing these words it is still difficult to predict the fate of the Polish bioethical act. The Polish debate is similar to the one that took place in Italy, a fact related to the specific legal situation in both countries and their Catholic character. On the other hand, as Bonaccorso states, the Catholic framework “cannot be taken too much for granted” (2009: 1), and it seems reasonable to assume that in Poland religious beliefs do not have a determining influence on the negotiation and legitimation of decisions regarding medical intervention. Nevertheless, the Catholic Church does have a prominent role in politics and society and is influential in constructing the meanings assigned to reproduction. It seems that the Church is interested in sex, family and reproduction more than in other aspects of human life and that, *de facto*, it is interested in controlling women. Above all, this control occurs by means of language (see Graff 2001, 2003). The question is, can its discursive power and privileged position in the public debate change the popular attitude towards IVF?

The Catholic Church is undoubtedly the main actor in IVF debate in Polish mainstream media (the representatives of other Churches are not asked to take a stance on the issue, and their opinion is less radical). At the same time, however, public acceptance of reproductive technologies is very high. The voices of scientists or doctors are, in fact, scarce – although they have much influence on the infertile couples’ decisions and ways of thinking about the treatment. People who decided to use IVF, rarely asked about their opinion by the mainstream media, discuss their views on Internet forums. But Internet, as Jill Allison (2011) argues convincingly in the context of the Irish IVF debate, rather than creating public discourse, reproduces silence and isolation.

Seemingly, Polish debate on IVF is marked by an oppositional way of thinking: on the one hand scientific, modern, and technical, and on the other religious, moral, and emotional. But these oppositions

are negotiated both by the users of the reproductive technology and its opponents. They transcend simple binarism, typical for the language of ART that – as Bonaccorso points out – “always incorporates one thought and its opposite” (2004: 90). Moreover, all participants of the Polish debate use all kinds of argumentation: medical, ideological, ethical, and emotional. Thus, the language of the representatives of the Catholic Church is medicalized, while the language of scientists or physicians is full of emotional references, and women expressing themselves on Internet forums very often demonstrate expert knowledge.

What is interesting about the Polish debate on IVF is the strongly medicalized language of the Catholic activists. Moreover, the Catholic view is often close to the modern, scientific one. Simultaneously, the language of the debate remains full of moral and religious references. Thus, in churches, people pray for “IVF victims” and Jarosław Gowin, who endorses the restrictive draft of the bioethical act, claims that he can “almost hear the scream of despair of those tens of thousands of frozen embryos, feel their distress” (2009).

But it is not only frozen embryos that scream in this debate – one may point out the outcry of Catholic activists about genocide allegedly going on in IVF laboratories. It seems, however, that, more than the screams, it is silences and concealments that are crucial in the IVF discourse.

The silence about infertility is “heard” as a resounding confirmation of fertility as the norm. Maintaining silence means that infertility is rarely mobilized to challenge the naturalization of gendered social expectations and heteronormative values. Silence obscures the fact that fertility is not universal and makes virtually impossible any dialectic move toward a denaturalization of fertility and motherhood. (Allison 2011: 6)

These silences are mostly connected with the social stigma associated with infertility and the hegemonic norms of motherhood. However, the silence is not only a part of private experience. Polish feminists

remain silent about negative sides of ART and its reductive foundationalism (Rapp 2001), Polish gays do not talk about their reproductive rights and Polish Catholic activists ignore male infertility and the contemporary need to have a genetic offspring. Fertility clinics also resort to a kind of silence, as they are afraid of changes in the reproductive law. Lurking in the background is the issue of excessive interference of science in the contingency of the birth of a human being and, consequently, the possible dangers to the development of the human species. There is also a scarcity of arguments, shown so well in Andrew Niccol's film *Gattaca* (1997) – arguments related to genoism and the new social stratifications that may be awaiting us. The Polish debate on IVF focuses on the question of beginnings of life and the analysis of this problem in connection with the fierce debate on the admissibility of abortion. The two IVF discourses one may discern in Polish media portray IVF in opposite terms: one sees it as a technological nightmare and the heritage of Frankenstein, the other as a miraculous remedy for infertile couples.<sup>5</sup> Central to this discussion, however, are issues like family, tradition, and marriage – which all the main actors define similarly. Meanwhile, other questions, such as access to reproductive technologies by gay or lesbian couples, are not discussed at all.

Silence and concealment are the discursive strategies. Actors use them along with other strategies, like normalization and naturalization of ART; de-normalization, de-naturalization, and criminalization of IVF; vilification of IVF users; monsterization of IVF children; victimization of infertile women; and medicalization of language.

What is at stake in this discursive play? First of all: women's position in the Polish society, especially within the family. And second: the role of the Catholic Church in Poland, its discursive power and the influence on the government, parliament, law and the choices of ordinary people.

## Notes

1 According to ESHRE, the European Society of Human Reproduction and Embryology, <http://www.eshre.eu/ESHRE/English/Guidelines-Legal/ART-fact-sheet/page.aspx/1061>. Accessed August 20, 2012.

2 Ibid.

3 However, as e.g. Barbara Dolińska convincingly argues in the *Nauka* magazine, many arguments deployed by the Polish opponents of IVF are based on unreliable research, the cited data can be broadly interpreted or quote research without providing any references. It especially applies to the controversial issue of the health of children born by means of IVF (2009: 96).

4 More recent feminist critiques are less condemnatory and radical, but they, too, pay attention to the deeply gendered nature of reproductive technologies; see Inhorn & van Balen (2002: 15).

5 That, one should add, is not a Polish peculiarity; see Throsby (2004: 2).

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