

TECHNOLOGIZED PARENTHOOD

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"Technologized parenthood" is a disquieting expression. It represents the introduction of an essentially impersonal factor in an area that is replete with personal and transcendent meaning. Parenthood, which unites the natural with the supernatural, the present with the past and future, and spouses with each other and their progeny, is inevitably imperiled when it is allied with the one-dimensional processes of technologization. Technologized parenthood, then, is an attempt to fuse fundamentally discordant elements. And, its inherent danger is in producing a split between technology and moral values, one that would result in the domination by technology of those moral values parenthood needs in order to realize its fulfillment in the distinctive forms of motherhood and fatherhood.

In his book *Mechanization Takes Command*, cultural historian Siegfried Giedion details how modern processes of mechanization have brought about a comparable split between thought and feeling. He found this split to be particularly evident in biology, where it is commonplace to exclude feelings (especially those that carry moral implications) in order to bring everything under the reign of thought (for the purpose of rational control). By reducing the living organism to a mere assemblage of material parts, the entire dimension of feeling is thereby made irrelevant. According to Giedion, "in *biology* the animate being was considered simply as the sum of its separate parts assembled like those of a machine. Organic processes were regarded as purely physico-chemical in nature, as if an organism were a kind of chemical plant."¹

Marshall McLuhan titled his first book *The Mechanical Bride* (1951) in order to jolt his readers into realizing that to the blind processes of mechanization and technologization nothing is sacred. Not even a bride, the quintessential image of unravished loveliness, would be spared. As a sequel to this work, McLuhan wrote *Culture is Our Business* (1970) to show how technology has crested modern culture itself.

McLuhan's claims are amply validated by the contemporary verbal hybrid that are the logical offspring of our age of the "Mechanical Bride." Thus, we speak blandly of artificial flowers, astro-turf, synthetic food, and the bionic man. We watch movies such as *The Love Machine*, *Heartbeeps*, *Electric Dreams*, and *The Computer Wore Tennis Shoes*. And we casually incorporate into our daily life such glaring incongruities as artificial intelligence, electronic voice-prints, atomic cocktails, and computer dating. We have been conditioned to take verbal incongruities in stride, thereby preparing the way for the broad cultural acceptance of genetic engineering, test-tube babies, and technologized parenthood.

Surveying the threat that technology poses for life, McLuhan saw an antagonism between "technological determinism" and "organic autonomy,"² between the total dominance over life by technology and the freedom human organisms need in order to live and reproduce according to personal moral norms.

The invasion of technology into the domain of human sexuality began with contraception, which separates sex from procreation. Technologized parenthood is merely the converse of this separation. Whereas contraception means sex without babies, technologized parenthood means babies without sex (or at least without the fullness of the conjugal union).

Contraceptive sex violates the organic unity of sex and procreation. As a result, it leaves both these factors isolated and unprotected. Organically united, sex and procreation function together as protective complementaries. Procreation protects sex from degenerating into an act that makes pleasure primary; while bodified sex gives procreation a basis in personal intimacy, protecting it from exploitation by laboratory technicians and marketing managers.

The large-scale cultural approbation of contraception has made technologized parenthood unavoidable, even though most people did not realize that when they accepted the separation of sex from procreation they were inaugurating the separation of procreation from sex.

When organic, incarnate unities are separated into isolated parts, a host of separations on moral, spiritual and psychological levels take place concomitantly. One separation in particular is the focus of this discussion. It is the separation, through various modes of technological interventions in human reproduction, of parenthood from either motherhood or fatherhood. The fullness of both mother- and fatherhood demands the unification of procreation and bodified, conjugal love. As this unity is compromised or violated, the moral and spiritual meanings of mother-and fatherhood are proportionally jeopardized.

At the same time, the separation between parenthood and bodified motherhood and fatherhood is occasioned by the split between thought and feeling. In this context, such a split is tantamount to separating the desire to control reproduction technologically from the willingness to recognize and protect the qualities that are peculiar to mother- and fatherhood. Parenthood in its most elementary form is achieved whenever there is the slenderest biological connection between progenitor and offspring. Parenthood is something humans share with all species of the animal and plant kingdoms. But mother- and fatherhood possess moral and spiritual dimensions that mere parenthood lacks. It is precisely these dimensions that are at risk whenever there is an attempt to technologize parenthood.

We will examine five specific modes of technologized reproduction in order to illustrate the fundamental antagonism that exists between technologized parenthood and incarnate mother- and fatherhood. These modes are: 1) artificial insemination; 2) *in vitro* fertilization; 3) embryo transfer; 4) extracorporeal gestation; 5) surrogate motherhood.

1. Artificial Insemination:

In 1884, a wealthy Philadelphia couple approached Dr. William Pancoast, a medical school professor. The couple had been trying to have a child, but without success. The doctor offered to help. Since the cause of the problem seemed to be with the husband, Pancoast looked for

someone to donate semen to be injected into the wife's womb. He invited the best looking student in his class to be the artificial insemination donor (AID). The student complied and the doctor injected the semen into the woman, which resulted in pregnancy. Pancoast performed the artificial insemination while the woman was under anesthesia, and had not told her or her husband exactly what he had done. But he saw fit to change his mind once the baby was born. The infant bore such a striking resemblance to its biological father that Pancoast felt obliged to explain to the husband what really transpired. The rich Philadelphian, happy to have a child, bore no grudge against the doctor. He asked only that his wife not be told how the child was conceived.³

We may ignore, in this instance, the factors of adultery, rape (involuntary intercourse), and gross deception. Our concerns here have to do with the effect of this technological procedure on the notion of fatherhood. While the Philadelphian was ignorant of the true paternity of the child, he believed that he was the father. After he was told that he was not the father, his wife continued to believe that he was. Thus fatherhood is made so tenuous as to be classified information that may or may not be revealed. At best, it is a mere belief. The husband believes he is not a father, the wife believes he is.

Dr. Pancoast's pioneer experiment in artificial insemination has prepared the way for no end of deception and confusion with regard to fatherhood. Technologized parenthood which allows a third party into the marriage relationship has proven extremely troublesome, even from the legal point of view. In Germany, for example, even a husband who consents to AID can disclaim his paternity anytime during the first two years of the child's life. In the United States, 15 states have laws which make a man who consents to the artificial insemination of his wife the legal father of the child. But in other states where no legal precedents exist, a husband who consents to AID and later changes his mind could conceivably charge his wife with adultery and refuse to support the AID child after a divorce.⁴

In order to avoid certain legal problems involving paternity, some doctors deliberately try to make the identity of the biological father impossible to determine. Dr. A.H. Ansari, an Atlanta, Georgia gynecologist, purposely inseminates a woman with a number of different sperm samples. He writes:

Even in the same cycle, I may use four different donors for that individual. I do this so that if the case comes to court and they ask who the father is, it might give the lawyer a hard time to determine which of the four donors should be sued. As for the patient, she is just receiving biological material. She never meets the guy; she doesn't care whose semen you use.⁵

Not only does technologized parenthood through artificial insemination make fatherhood tenuous, it creates situations in which its specific determination is undesirable. Most medical students who provide semen for the customary fee of \$50 probably do not desire to know

whether or not their "biological material" has made them fathers. For them, such fatherhood places no moral or legal obligations whatsoever on them and is purely hypothetical. A sperm donor at the Tyler Medical Clinic in Los Angeles can contribute two or three times a week for \$20 per "donation." Whether such a donor has sired tens or even hundreds of offspring is, as far as he is concerned, a mere abstraction.

A few legal cases in the United States show the extent to which the AID technology can erode the notion of fatherhood.

In a New York State case, *Adoption of Anonymous*,⁶ a woman's second husband petitions to adopt the child of his wife's first marriage. Her first husband refuses to consent to the adoption procedures, claiming that he is the father. Confronted by this legal impediment, the petitioner argues that his consent is not needed since he is not the father, the child having been conceived by an anonymous donor. In this case, the judge ruled the wife's first husband (though not the biological father) is the "parent" of the child and that his consent is required for the adoption of the child to another.

It is instructive, however, to note that not all courts have ruled or reasoned in the same way in similar cases. In California (*People v. Sorensen*, 1968), the Supreme Court reasoned that "a child conceived through AID does not have a 'natural' father; that the anonymous donor is not the 'natural' father."⁷ Another New York case (*Gursky v. Gursky*, 1963) went further in its depreciation of biological fatherhood:

An AID child is not "begotten" by a father who is not the husband; the donor is anonymous; the wife does not have sexual intercourse or commit adultery with him; if there is any "begetting" it is by the doctor who in this specialty is often a woman.⁸

A child conceived through artificial insemination may have no natural father, may not be begotten by a father, or may be begotten by a "father" who is a woman! When fatherhood is reduced to the plane of the biological, it edges perilously close to oblivion. At the same time, the other dimensions of fatherhood - psychological, moral, spiritual, and legal - are subjects for the Court's sometimes arbitrary ruling. Technologized fatherhood unravels the integrated totality of incarnate or unified fatherhood. The result is a separation of fatherhood from parenthood as well as a separation of the spiritual from the material, which greatly weakens fatherhood, making it appear nebulous, arbitrary, and even hypothetical.

2. *In Vitro* Fertilization:

In artificial insemination, only the male gamete is isolated from the body. In IVF, both the male and female gametes are isolated from the body. Because these gametes can effect conception in a dish, totally apart from the bodified husband and wife, the impression is created that in a technical sense the gametes themselves are the parents.

This impression is not without biological analogues. Parenthood is conferred upon reproducing protozoans despite the fact that they are single-celled. Moreover, in ordinary mitosis, where somatic cells reproduce through replication, the resulting cells are called “daughter cells.” Thus, parenthood is attributed to biological entities of a single cell; why not gametes as well?

The form of technologized parenthood we find with IVF creates the bizarre impression that a married couple's own gametes are challenging their claim to parenthood. This, of course, is reductionism in its extreme form. In a holistic perspective, it is the couple who become parents, not their gametes.

There is a time-honored axiom - *actiones sunt suppositorum* - which means that actions belong to the person. We do not say that my eye sees or that my ear hears or that my feet walk. Rather, we say that I see with my eyes, I hear with my ears, and I walk with my feet. Since the source of our actions is our subjectivity as persons, we attribute our actions to ourselves and not to one or another isolated parts of ourselves. It is I who love, not my heart; it is I who think, not my brain.

Likewise, it is the person who becomes a parent - in a specific way as a mother or father - and not the gametes. Technologized parenthood, drives a wedge between specific parenthood which is predicated of the person, and technologized or material parenthood, which is predicated of the gametes or parts of the person.

By separating the gametes from husband and wife, and effecting new life in a Petri dish, *in vitro* fertilization fractures and fractionalizes incarnate parenthood, thereby allowing parenthood to be equivocally assigned to a variety of impersonal factors and to persons on a limited basis. The very expression “test-tube baby,” although just a journalistic creation, nonetheless suggests that the parent is a test-tube. And since the newly formed embryo can be implanted in a woman other than the one who contributed the egg, the gestational woman as well as the genetic woman are both called parents, though neither is a parent in the whole sense. Thus, *in vitro* fertilization creates the possibility of assigning parenthood to a variety of people in diverse ways and for different reasons.

On May 2, 1984, test-tube quadruplets were born in London to a Mrs. Janice Smale, who, according to her account, was married to Mr. Denis Smale. Upon investigation, however, it was learned that despite the name by which she identified herself, Mr. Smale is not her husband, but her boyfriend. "Mrs. Smale" is twice married and living apart from her second husband, pending divorce. Nonetheless, the doctors at Hammersmith Hospital in London fertilized six of her ova with Mr. Smale's sperm and implanted them in her uterus. Of the six embryos implanted, four survived.⁹

All the parties involved in the Smale case accept the moral premise that one need not be a husband before he becomes a father. They also endorse the premise that a wife may bear as many as six children at one time who are fathered by a man other than her own husband. The senior consultant of the hospital, who had been accused of actions “bordering on the unethical”

defended his position by stating that it was certainly more ethical than that displayed at Bourn Hall, where embryos were used merely as subjects for research.

By condoning such a procedure, the hospital is significantly weakening parenthood. Approving the separation of fatherhood from husbandhood (Mr. Smale) and husbandhood from fatherhood ("Mrs. Smale's" second husband) is not in the interest of integrated parenthood. Moreover, it lends support to the separation of parenthood from marriage, and procreation from lovemaking. Such a sequence of disconnections cannot but have a harmful effect on full motherhood and fatherhood.

Technologized parenthood can easily bypass a host of relevant moral concerns and bring about parenthood as a mere technologized achievement. On the other hand, authentic parenthood, that is, full motherhood or fatherhood, is a personal realization that arises from a highly moral context of love, marriage, and conjugal intimacy. A truly progressive civilization must regard mother- and fatherhood as personal and moral realizations, and not as mere technological achievements.

Separating procreation from loving sexual intercourse depreciate lovemaking, but it also weakens parenthood and the bond that love forms between parent and child. This point may be expressed in a variety of ways, from the shock expressed by one reporter who exclaimed: "People are conceiving not in clinches, but in clinics!" to sociologist George Gilder's more reflective assessment of the matter: "By circumventing the act of love, *in vitro* conception takes another step toward dislodging sexual intercourse from its pinnacle as both the paramount act of love and the only act of procreation. It thus promotes the trend toward regarding sex as just another means of pleasure, and weakens the male connection to the psychologically potent realm of procreation."¹⁰

3. Embryo Transfer:

Embryo transfer goes a step beyond what is logically implied by *in vitro* fertilization. With embryo transfer, an embryo (whether or not formed through IVF) that has already implanted in the uterus is removed and transferred to the uterus of another woman. This technique is made available, fundamentally, for women who cannot conceive a child but are able to carry a child to term. A volunteer conceives the child (usually through artificial insemination) and then surrenders that child to the woman who will complete the period of gestation.

This technique effects the separation of pregnancy from motherhood and therefore assigns "motherhood" to various women on a limited basis. One woman supplies the egg, another the womb, yet a third might raise the child and supply the love and guidance. A child, therefore, may have three mothers: a genetic mother, a gestational mother, and an adoptive mother. "We need to do a total rethinking of the notion of parenthood," writes Lori Andrews, a research attorney for the American Bar Foundation, and author of *New Conceptions*, a guide to the new reproductive

techniques. "We don't even have a word," she adds, "that describes the relationship between a woman donating an embryo and a woman who is carrying the child."¹¹

Two parents who are related to each other by virtue of a common relationship to a child are usually called husband and wife, and their relationship with each other is a spousal one. But the genetic mother is not the spouse of the gestational mother. These women may not even know each other. In our fragmented world of technologized parenthood, they may be regarded as partial parents, each contributing a part of what a traditional mother contributed by herself as a whole.

When the Harbor-U.C.L.A. Medical Center, the southern campus of the medical school of the University of California at Los Angeles, wanted to attract volunteers for its embryo transplant project, it placed the following ad in several community and college newspapers covering the South Bay area of Los Angeles:

HELP AN INFERTILE WOMAN HAVE A BABY. Fertile women, age 20-35 willing to donate an egg. Similar to artificial insemination. No surgery required. Reasonable compensation.

Nearly 400 women responded to the ad, one of whom later became the genetic mother of the first child to come into the world as a result of the embryo transfer procedure. The staff at the Medical Center referred to their program as the Embryo Transfer Project.

The ad and the project are willfully deceptive. A volunteer was not asked merely to donate an egg or ovum. She was asked to become pregnant in a manner that implied adultery, to undergo an early-stage abortion, and give her child up for adoption. In addition, she was asked to assume two rather serious risks in the event the lavage technique designed to remove her embryo failed. Either the child would be destroyed, or her pregnancy would persist. In the event the pregnancy persisted, she would be faced with either choosing a conventional abortion or carrying an unwanted pregnancy to term. She was also asked, by calling the child she conceived an "egg," to deny her own motherhood in this instance. It was convenient, from a merchandising point of view, for the Ovum Transfer Project to emphasize as much as possible the motherhood of their clients, who were to gestate the child, by denying the "partial" motherhood of the genetic mother.

By involving human reproduction with reproductive middlemen, and linking it more and more with principles of business and marketing, parenthood becomes increasingly arbitrary and may be assigned and re-assigned at will. Parenthood ceases to be an aspect of one's identity as a human being, and becomes a title that one is able to purchase for a price. When the ad asks a fertile woman to donate an egg, it is trading on those altruistic sentiments that are evoked in human beings when they are asked to donate blood or to donate to the heart fund. But donating blood and donating one's own child are radically different from a moral standpoint. It is inhuman as well as unjust to treat a child as a donatable commodity. It is also unjust to mislead a woman into thinking that her embryo is only an egg.

One gestational mother in the Ovum Transfer Project expressed elation that, as she put it, “someone else’s egg has grown in my body.”¹² She expressed a desire to thank the genetic mother, but the latter does not know she is the donor. In 1982, Doctors Alan Trounson and Carl Wood of Melbourne’s Monash University pioneered a method of freezing the surplus ova that their IVF patients did not need. In cases where an egg is frozen before it is thawed and fertilized, a woman may never know whether she is a mother. She is the female counterpart of the anonymous sperm donor. To her, her own motherhood is made hypothetical.

Closely associated with embryo transfer is a procedure known as embryo adoption. The technology is the same, but with embryo adoption donor semen is used instead of the semen of the recipient’s husband. As the name suggests, with embryo adoption, a couple has no genetic link to the embryo it adopts. Therefore, the child of embryo adoption has four parents: one who supplied the sperm, one who provided the egg, one who furnished the womb, and the male who raised the child as its father. What rights and status each of these parents has remains for the courts to decide. For example, do the parents who provided an adopted embryo’s egg and sperm have visitation rights after that child is born? No doubt highly complex questions concerning intestate succession and will construction will have to be settled by the courts.

4. Extracorporeal Gestation:

Extracorporeal gestation refers to the process by which the prenatal child is allowed to develop to term completely outside the woman’s body in an artificial womb. No such womb has been developed to this point which could incubate a human being from conception to birth, but research continues. Scientists have predicted its arrival by the year 2,000.¹³ Bernard Nathanson contends that an artificial womb will be perfected much sooner. “A feasible artificial placenta is on the horizon,” he writes, which he believes will lead to a reliable life-support system for the pregnancy outside its original host womb.¹⁴ Nathanson also believes that such artificial uteri will be produced in sufficiently large quantities to solve the abortion controversy by providing incubation for all those unwanted fetuses who are deprived of a mother’s womb.

Joseph Fletcher welcomes the artificial womb because it makes pregnancy more accessible to the scrutiny of watchful scientists:

The womb is a dark and dangerous place, a hazardous environment. We should want our potential children to be where they can be watched and protected as much as possible.¹⁵

Isaac Asimov concurs, arguing that an embryo developing outside the body can be more readily monitored for birth defects and, eventually, for desirable gene patterns. But he also endorses extracorporeal gestation because it would help women gain an important measure of equality with men. If a woman could “extrude the fertilized ovum for development outside the body,” he writes, “she would then be no more the victim of pregnancy than a man is.”¹⁶

The Italian embryologist Daniele Petrucci claims to have developed an artificial uterus in which he kept a female human embryo alive for as long as 59 days. Progress is being made all over the world in developing an artificial womb, yet replacing the give-and-take equilibrium that exists between mother and child poses immense difficulties. Given such problems, the suggestion has been put forward to use nonhuman animals as surrogate mothers. Recently, cows have been suggested to serve as host “mothers.” Emeritus professor of gynecology Ian Donald at Glasgow University states: “I can foresee the day when a human baby is born to a chimpanzee. That might happen within 20 years.”¹⁷ Edwards and Steptoe, who delivered the world's first IVF baby have proposed that human embryos be implanted in such animals as sheep, rabbits, and pigs in order to study their early development.

Given the maternal significance that tradition has attached to the gestational period, the artificial womb would seem to be a candidate for the title “mother.” Inevitably, journalists will be writing about artificial or mechanical mothers. And if a cow were ever used to gestate a human child, new meaning would be given to the appellation “cowboy.”

Current research on the subject of prenatal development indicates that the fetus is very much aware of his surrounding environment. For example, a newborn infant is able to distinguish his mother's voice from that of another woman, presumably from having heard it while being in the womb. Boris Brott, conductor of Ontario's Hamilton Philharmonic Orchestra, tells of an extraordinary musical experience he had which very well may be connected with his prenatal life in the womb. While rehearsing a new musical score, Brott had a strong feeling of *deja vu*. Though he had never seen or heard the piece before, somehow he already knew the cello part. Intrigued, he queried his mother, who is also a musician, and discovered that she had been rehearsing the same score while pregnant with him.¹⁹

Psychiatrist Tom Verny has reported in his book, *The Secret Life of the Unborn Child* (1981), that babies in the womb can experience a startling variety of sensations and emotions. To Verny, Boris Brott's story would not be at all surprising. But how deprived would a human fetus be if it developed in a metallic or bovine environment? One embryologist, Robert T. Francoeur, is most emphatic in his answer: “artificial wombs,” he says, “would produce nothing but psychological monsters.”²⁰

George Gilder fears that extracorporeal gestation on a large scale could ultimately make the womb obsolete.²¹ If this came about, he reasons, women would lose their sexual appeal and cease to inspire men's love. By relegating procreation to science, the woman would forfeit her roles as wife as well as mother, and all the mystery and majesty that is inseparable from these roles. For similar reasons, Norman Mailer, in *The Prisoner of Sex*, closed his critique of radical feminism (which he regarded as essentially technocratic) by appealing to women not to “quit the womb.”²²

Extracorporeal gestation separates motherhood from parenthood most graphically, creating the impression that motherhood is something external to a woman's parenthood. But so basic a function of motherhood as gestation cannot be apportioned to a machine or a nonhuman animal without seriously violating the integrity of motherhood. From the eminently realistic viewpoint of a woman's incarnate identity, extracorporeal gestation does not represent liberation, but self-rejection.

Ethicist Paul Ramsey has criticized various modes of technological parenthood for both depersonalizing and debiologizing human procreation.²³ These criticisms are perhaps nowhere more applicable than to extracorporeal gestation. To go a step further, extracorporeal gestation makes a woman's motherhood peculiarly discontinuous with her offspring to the point that she may inaugurate, abandon, and resume her motherly relationship with her child almost at will. She is initially a mother (genetically), but upon relegating the gestational phase of her motherhood to an artificial womb, she appears to discontinue her motherhood which she may later resume once the child is born.

Extracorporeal gestation makes parenthood the abiding relationship between mother and child and offers the woman opportunities for interrupting and resuming motherhood at her convenience. It also makes the profound biological tie with her child that established during pregnancy an optional matter.

5. Surrogate Motherhood:

A surrogate mother is a woman who agrees to be inseminated with the sperm of a man whose own wife is not capable of either conceiving or carrying a child to term. She also agrees to relinquish any rights to the child and, once it is born, to deliver it into the custody of the sperm donor and his wife. For their services, surrogate mothers have received financial compensation that usually ranges from \$5,000 to \$30,000. Hence they are sometimes called "mercenary mothers."

The designation "surrogate mother" is misleading because it denotes that she is a substitute mother and therefore not the real or original mother. The surrogate mother is indeed the mother of the child, both genetically and gestationally. She is called a "surrogate" merely for psychological and commercial reasons in order to help the infertile woman, for whom the child is carried, feel that it is she who is the original mother. Such artful playing with language is a good indication of how easy it is to reapportion motherhood for reasons of convenience. To refer to a surrogate mother as an adulteress who rents her womb and gives up her child, though accurate in most cases, is certainly contrary to sound merchandising principles.

Legal experts are well aware of the fact that in the event a surrogate mother should change her mind and decide to keep her child, she would have that right. The strength of her position lies in the fact that she is the natural mother of the child, a point that is often obscured by misleading language.

A disproportionately high ration of women who offer to carry babies for childless couples have had abortions. Dr. Philip Parker, a Michigan psychiatrist, found that of 125 women who took part in his study on surrogate motherhood, 26% had abortions. Parker believes that many of these women want to have another baby and give it away as a way of compensating for the child they aborted.²⁴ On the other hand, applicants accepted for surrogate motherhood by Noel Kane, a Michigan lawyer who popularized surrogate motherhood in the United States, all agree to have abortions if tests show the child they are carrying is deformed or mentally retarded.²⁵ Kane is owner of the Infertility Center of New York, a profit-making agency which is involved in what one *Time* reporter describes as “the controversial business of matching surrogate mothers with infertile *parents*.”²⁶ (emphasis added).

The association between surrogate motherhood and abortion also raises the question of whether a woman who is carrying a child for another woman can exercise her prerogative to abort the child if her own health is threatened, or even for personal reasons. Would a legal contract bind a surrogate mother to deliver the child she carries (apart from health considerations); whereas a marriage contract and a spousal relationship would be less binding? Should law regulate forms of technologized parenthood more rigorously than forms of natural mother- and fatherhood? Should a woman be less free to abort the child of another man who is paying her a large sum of money to deliver his child than she is to abort her husband's child? On the other hand, can a lawyer for surrogate mothers *require* them to abort when there are problems with the pregnancy; whereas a woman's own husband cannot exact such a requirement?

The problems and issues that surrogate motherhood generates seem to be endless. We observe an instance of the confusion in reading the following ad for surrogates that appeared in a California newspaper and drew 160 responses: “Childless couple with infertile wife wants female donor for artificial insemination.”²¹

A person might very well be led to believe that the advertiser is looking for a woman who will donate her egg for use in artificial insemination. The advertising couple was careful to avoid any reference to the word “mother” preferring to call a woman who conceives a child and carries it to term a “female donor for artificial insemination.”

In Oak Ridge, Tennessee, a woman who already had a 10-year old son, served as a surrogate for her married sister who lived in New England. She presented her sister with a six-pound five-ounce baby girl.²⁸ In this case the baby girl was separated from her half-brother to be raised by her aunt, while regarding her own mother as her aunt. This confusion of identities and relationships is not uncommon among surrogate mothers. *Time* magazine did a personal profile on one surrogate mother who said of the child she conceived, carried, and delivered: “I feel like a loving aunt to her.”²⁹ Technologized parenthood invariably causes women and men to take a detached view of their own motherhood and fatherhood. It makes it more difficult for them to act in accordance with who they are because they are confused about their own identities.

The desire to help an infertile couple to have a child is unassailable, even praiseworthy. But even the most laudable desires are not immune to the ill effects of sentimentality. The desire to help a couple to have a child does not justify adultery, kidnapping, or child-bartering. Sentimentality all too easily obscures reason, which must remain clear if we are to be assured that the means we choose are moral.

Robert Francouer reports in his book *Eve's New Rib* an illuminating as well as amusing example of how a sentimental desire to help infertile couples can displace reason. At a convention of Catholic science teachers, a nun suggested that we might "update the charitable work of some religious communities and perhaps even establish a new order, a type of 'Sisters of Charity (or Mercy)' for the Substitute Mother."³⁰ This enthusiastic and altruistic nun was proposing, in the name of Christian charity, that a religious order would come into being consisting of surrogate Sisters who would bear the children of infertile couples!

The most celebrated case involving surrogate motherhood is one that offers a more powerful argument against its practice than any philosophical argument could. Surrogate mother Judy Stiver of Lansing, Michigan, gave birth to a child in January 1983 with strep infection and microcephaly, a disorder indicating possible mental retardation. Alexander Malahoff, the man who had contracted for the child, decided he did not want it and told the hospital to withhold treatment. Mrs. Stiver stated that she had not established a "maternal bond" with the child since she had not held him. According to Michigan legislator Richard Fitzpatrick, "For weeks the baby was tossed back and forth like a football - with no one having responsibility."

Then, as a macabre touch that Boston University health professor George Annes said makes the soap operas appear pallid, Malahoff and Mr. Stiver had blood tests to establish the child's paternity and went on the "Phil Donahue Show" to await the results. During the show Donahue announced that Malahoff was not the father. The Stivers had intercourse shortly prior to the artificial insemination procedure; the child was genetically theirs.

Malahoff reacted by suing the Stivers for not producing the child he ordered and is attempting to recover the \$30,000 he paid out in related expenses. The Stivers sued the doctor, lawyer, and psychiatrist of the surrogate program for not advising them about the timing of sex. Incredibly, the Stivers, who agreed to appear on the Donahue show, took Malahoff to court for violating their privacy by making the whole affair public. And finally, the Stivers claimed that their child's illness was caused by a virus transmitted by Malahoff's sperm.³¹

University of Texas law professor John Robertson states that current laws insufficiently protect what he terms "collaborative reproduction." His term is an interesting one because it implies neither motherhood, fatherhood, parenthood, marriage, or even procreation. It represents in two well chosen words the logical end result of technologized parenthood. "Collaborative reproduction" does not describe human procreation or mother- or fatherhood; it speaks of the tangled and impersonal world of our modern techno-bureaucracy.

Conclusion

When we consider the various modes of technologized parenthood collectively, we discover that no feature of biological parenthood is considered indispensable for either mother- or fatherhood. With artificial insemination by donor (AID), a husband becomes a father despite the absence of his sperm, while his wife consents to conceiving a child by a man to whom she is not married; with artificial insemination by the husband (AIH), a man becomes a father apart from the conjugal embrace. With IVF, husband and wife become parents independently of sexual intercourse. In embryo transfer, a woman is considered a mother even though she is not the genetic mother. In extracorporeal gestation, a woman is called a mother even though she does not gestate a child. The surrogate mother foresees nursing and rearing her child, and the mother to whom she delivers the child is neither the genetic nor gestational mother.

Collectively, these forms of technologized parenthood exclude virtually all those features that are naturally and traditionally associated with mother- and fatherhood: marriage, sexual intercourse, the genetic contributions of husband and wife, gestation, nursing, and child rearing. It should be amply apparent that technologized parenthood not only produces attenuated forms of mother- and fatherhood, but threatens their very meaning.

Combining different modes of technologized parenthood may make its threat to motherhood and fatherhood all the more salient. Lori Andrews speaks of “a busy career woman (who has) one of her eggs fertilized with her husband's sperm in a Petri dish and then implanted in another woman.”³² This same woman could arrange for her child to be reared by what some sociologists call “professional parents.” And if this woman were single and had her egg fertilized by a donor's sperm, she would have avoided marriage, intercourse, conception, pregnancy, gestation, lactation, nursing, and child-rearing, and still have retained the name mother. But in such a case, is the word “mother” anything more than an expression of will? Is this woman really a mother? Should not more be demanded of a mother than the donation of an egg?

To make matters even more confusing, some biotechnical revolutionaries would like to see men have children. Joseph Fletcher speaks enthusiastically about the prospect of a uterus being implanted in a human male's body and gestation achieved as a result of IVF and embryo transfer.³³ Fletcher also envisions hypogonadism being used to stimulate milk from the male's rudimentary breasts. The British magazine *New Society* claims that the technology to enable men to bear children is currently available and may eventually be utilized by homosexuals, transsexuals, or men whose wives are infertile.³⁴

Paul Ramsey has good reason to argue, then, that “When the transmission of life has been debiologized, human parenthood as a created covenant of life is placed under massive assault and men and women will no longer be who they are.”³⁵ By this, Ramsey means that human beings will not be able to live morally, that is, “be who they are,” if they do not understand that they are embodied persons, inviolable and incarnate unities of spirit and flesh. Neither a man nor

a woman can "debiologize" themselves without denying and rejecting who they are as incarnate beings. Our modern scientific world has misled us into believing that matter is always something to be controlled, that thought is superior to flesh, that God's will is ever subject to technology's veto.

The various forms of technologized parenthood help people to have children, but they do not help to become mothers and fathers in the full sense of these terms. Having a child does not make one a father or a mother; it only makes one a parent. Motherhood and fatherhood are fulfilling realizations of personal realities; they necessitate a continuity between incarnate being and moral act. In this regard, the notion of fruitfulness is more inclusive than that of fertility.

Husband and wife are fruitful through a loving intercourse in which they affirm each other's distinctive personal reality as men and women in a way that creatively directs them toward the realization of their mother- and fatherhood. Fruitfulness, in contrast with fertility, is more than a mere exchange of gametes. One writer expresses this rich and elusive concept of fruitfulness between husband and wife in the following way:

I not only affirm the unity of her person and nature as feminine but her integrity as an incarnate spirituality and its dynamism, that is, her possible maternity through which I, in turn, find my paternity as a self.³⁶

A boy becomes a man, a man becomes a husband, a husband becomes a father. Similarly, we speak of the development of the girl who becomes a woman, a wife and a mother. These developments are by no means automatic; they require maturing processes, great personal effort, and the cooperation of other people and of culture in general. Technology, however, always plans to make things happen automatically. Its intervention in the area of human procreation clashes with the slow and arduous processes that prepare the emergence of mother- and fatherhood. Nature always takes time. Technology is impatient. Nature is evolutionary. Technology wants to repeat the past. The clash, therefore, is between a rational plan and a natural process, between impersonal expediency and personal expression.

We do not help people to grow and fulfill their destinies by encouraging them to employ forms of technological parenthood which create the impression that there is no essential difference between fertility and fruitfulness, parenthood and mother- and fatherhood.

Technologized parenthood feeds on a philosophy of rational dualism that separates matter from morals and structure from activity. One does not behave as a mother or father simply because one is a parent in some legal or material way. It is not a legal document or biological claim that makes one an authentic mother or father. Rather, the basis is in one's incarnate personhood and the willingness to embrace the moral responsibilities that mother- and fatherhood entail. There should be a continuity between matter and morals, form and destiny. Mother- and fatherhood should flow from their source in personhood as nature flows from the hand of the Creator.

When Gerard Manley Hopkins wrote, “He fathers-forth whose beauty is past change,”³⁷ he was drawing our attention to the fact that mother and father are verbs as well as nouns.

NOTES

1. Siegfried Giedion, *Mechanization Takes Command* (New York: W.W. Norton & Co., 1969), p. 718.
2. Wilbert, E. Moore (ed.), *Technology and Social Change* (Chicago: Quadrangle Books, 1972), p. 97.
3. Lori B. Andrews, “Embryo Technology,” *Parents*, May 1981, pp. 64-5. See also Robert Francoeur, *Utopian Motherhood* (London: Allen & Unwin, 1971), pp. 1-4. Pancoast's unusual experiment is likely the first documented case of human artificial insemination. After Pancoast's death in 1889, a former student of his, Addison Davis Hard, brought this story to light with an article in *Medical World* in 1909. Dr. Hard urged the use of AID from respected and successful men who were free of the scourge of venereal disease with the intent of improving the human race and protecting women. His article met with mixed reaction: one doctor identified Pancoast's questionable use of AID as “ethereal copulation,” whereas another doctor condemned it as raping a patient under anesthesia. AID is not always a prophylactic against transmission of venereal disease. As a result of using AID, some women have contracted A.I.D.S. Here the disparity between euphemism and fact is complete.
4. *Ibid.*, p. 65.
5. *Ibid.*
6. 345 N.Y.S. 2d 430.
7. *People v. Sorenson* in Mark Coppenger, *Bioethics: A Casebook* (Englewood Cliffs, N.J.: Prentice-Hall, 1985) p. 5.
8. *Ibid.*
9. B.A. Santamaria, *Test Tube Babies?* (Melbourne: Australian Family Association, 1984).
10. George Gilder, “The Bioengineering Womb,” *The American Spectator*, May 1986, p. 22.
11. Harris Brotman, “Human Embryo Transplants,” *New York Times Magazine*, Jan. 8, 1984, p. 51. At a conference on “High-Tech Babymaking” in the Spring of '86 sponsored by the Women's Research Institute of Hartford College for Women, keynote speaker Gene Corea expressed her concern that women could become merely collections of body parts,

divorced from their procreative power and with a more tenuous self. At the same press conference, Barbara Rothman expressed similar concerns about the process by which human reproduction is becoming "commodified." (*The Chronicle: Hartford College for Women*, Vol. 9, No. 1, Spring-Summer, 1986).

12. *Ibid.*, p. 46.
13. The prediction was made by the RAND Corporation/Douglas Aircraft studies. Cited in *Weekend Magazine*, Sept. 18, 1971.
14. Bernard Nathanson, *Aborting America* (Garden City: Doubleday, 1979), p. 282.
15. Joseph Fletcher, *The Ethics of Genetic Control* (Garden City, N.Y.: Doubleday, 1974), p. 103.
16. Isaac Asimov, "On Designing a Woman," *Viva*, November 1973, p. 8.
17. *St. Louis Post-Dispatch*, Sept. 9, 1984.
18. *Kansas City Star*, Dec. 20, 1984.
19. Pablo Fenjves, "When Does Life Begin?" *Woman's World*, Oct. 22, 1985.
20. "Man Into Superman: The Promise and the Peril of New Genetics," *Time*, April 19, 1971, p. 49.
21. *Gilder*, p. 23.
22. Norman Mailer, *The Prisoner of Sex* (New York: New American Library, 1971), p. 168.
23. Paul Ramsey, *Fabricated Man* (New Haven: Yale University Press, 1970), pp. 89 and 135.
24. "Abortions frequent among candidates;" *Toronto Globe and Mail*, Sept. 6, 1982.
25. *Ibid.*
26. Claudia Wallis, "A Surrogate's Story," *Time*, Sept. 10, 1984, p. 51.
27. Elaine Markoutsas, "Women Who Have Babies for Other Women," *Good Housekeeping*, April 1981, p. 96.
28. *Ibid.*
29. Wallis, p. 51. See also *The Buffalo News*, Nov. 8, 1985 where Mrs. King, who carried a child for her sister Carole Jalbert, said: "To this day, I feel like an aunt. I was just baby-sitting." See also *The Buffalo News*, June 26, 1986, "Woman Presents Sister with Gift of

Triplets,” concerning what may be the world's first set of “surrogate triplets,” presented as a "gift" to an infertile sister.

30. Robert Francoeur, *Eve's New Rib* (New York: Harcourt Brace & Jovanovich, 1972), p. 20. Fr. Owen Garrigan, author of *Man's Intervention in Nature*, asks whether a priest would violate his vow of celibacy if he donated semen to a sperm bank.
31. The *Malahoff v. Stiver* lawsuit (No. 83-4734), was heard in federal district court in Detroit. Lori Andrews recounts the affair in the *American Bar Association Journal*. See also *Time*, Sept.10, 1984, p. 53 and the Chicago (AP) wire service story in the *Kitchener-Waterloo Record*, Feb. 3, 1983, A10.
32. Lori B. Andrews, p. 67.
33. Fletcher, p. 45.
34. London (AP), *Kitchener-Waterloo Record*, May 9, 1981, front page headline.
35. Ramsey, p. 135.
36. Terence P. Brinkman, S.T.D., “John Paul II's Theology of the Human Person and Technological Parenting,” *Technological Powers and the Person*. ed. Rev. A. Moraczewski, O.P., *et al* (St. Louis: The Pope John Center, 1983), p.377.
37. G.M. Hopkins, “Pied Beauty,” *Gerard Manley Hopkins* (London: Unwin, 1953), p. 31.