

## De-sexing the Maternal: Reproductive Technologies and Medical Authority in Contemporary British Women's Drama

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In *The Choice* Claire Luckham aimed at investigating women's powerlessness. Instead of locating women in situations where they are able to take "responsibility for their own lives and challenge [this powerlessness]"—as she did in her successful feminist play *Trafford Tanzi*—this time Luckham decided to focus on the ways in which women were denied responsibility (Pearson 22). As her protagonist, Luckham created an independent career woman (Sal) taken over by the manipulative power of the medical system in the course of her pregnancy with a potentially disabled baby. Originally someone with very strong opinions—on women's careers, family, female sexuality, her own pregnancy—she is gradually eliminated from discourse and ends up reduced to a mere object for scientific scrutiny. Devoid of agency, she finds herself literally acting out medical decisions and, as a result, aborting the baby labelled unfit for survival.

Rather than being interpreted in feminist terms, *The Choice* was perceived as an issue play about disability and was instantly categorised alongside other contemporary plays that addressed mental or physical handicaps.<sup>1</sup> A key reason for this appropriation was the well-publicised fact that Luckham's own brother was diagnosed with Down's Syndrome. Another factor was the case of a British paediatrician charged with allowing a baby with Down's Syndrome to die—details of which case Luckham integrated into her play. Nevertheless, she also stressed that despite the sombre elements she aimed to be positive about Down's Syndrome, and disability in general. Luckham warned, however, that this play did not conform simply to the label "play on disability." *The Choice*

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1. Cf. for instance, Gillian Plowman's *Me and My Friend*, Tom Griffin's *The Boys Next Door*, Peter Nichols's *A Day in the Death of Joe Egg*, Mark Medoff's *Children of a Lesser God*.

was in fact, wrongly categorised as a case of a feminist writer giving up on the task of writing about feminism, as Luckham felt obliged to emphasise: "It is not just a play about Down's; it's about trying to talk about birth – about giving life and what choices and responsibilities are involved" (Hemming 25).

Nevertheless, the play's development reflected and successively put in focus its disparate elements: the personal, the feminist and the issue-based drama. Originally, *The Choice* was entitled *Dear Embryo*, and it centred on Luckham's own experience with pregnancy in later life. She was subjected to the same amniocentesis test Sal goes through, and the all-clear light to proceed with the pregnancy was given only in the fourth month. Luckham grew increasingly pre-occupied with the idea of potential health hazards and with the ways in which vital medical information is withheld or overdosed to patients. A later version was called *I, Barrie*, and re-located the figure with Down's Syndrome to the core of the play. Director Annie Castledine, however, felt that through this central emphasis on Barrie "audiences would be influenced emotionally, so the play would become just another play about an underprivileged person" (Luckham 114). Following Castledine's advice, Luckham rewrote the play in its present form – polemical rather than merely emotional – acknowledging the director's creative input and capacity to generate confidence in her abilities as a writer.

Luckham's studio play offers a linear overview of Sal's pregnancy via constant interactions between Sal and her partner Ray, as well as the couple and the medical profession (represented by a consultant and a midwife). Sal has not even considered pregnancy so far; and it was her partner who initiated and insisted on this first attempt. Sal, however, is already penalised for being in her mid-thirties. There is a high likelihood of her foetus not being entirely healthy, a possibility which would be significantly smaller had she been younger. Sal and Ray insist on proceeding with the pregnancy though, prepared to adapt their lives to accommodate a disabled baby.

Opposite the couple, Luckham situates the medical profession. The Consultant, fully aware of his crucial role in his patients' quest for a baby, projects himself into a position of divine control: "You get used to it, y'know, being God!" (Luckham 69). He urges the supremacy of science ("Science can work miracles") and connects medicine with power: "They see me in control of knowledge and therefore powerful" (Luckham 69). Though Luckham claimed that she had no intention of stating what is right and what is wrong, she is clearly offering a serious critique of the medical system and its patronising approach: "You know what obstetrics is [...] I hope you, at least, found out about Down's Syndrome" (74, 97). She presents the world of health services as an exclusively male sphere of influence, in which women's voices are considered irrelevant. (During check-ups, for instance, the Consultant either addresses both members of the couple or only Ray, ignoring Sal's unique personal connection to the baby. He also repeatedly calls Sal "Mrs. Winger," despite the fact that she and Ray are not married.) The Consultant focuses on the mechanistic aspects inherent in the act of giving birth, using such images as "steel womb" or "robot birth" (74) that paral-

lel Emily Martin's scientific metaphor of the body as a production factory. According to this metaphor, consultants and physicians act as the technicians who run the body efficiently and profitably, as in conditions of capitalism and the free market –which, in their turn, have provided economic support for the medicalisation of birth.<sup>2</sup>

Though uncomfortable with this treatment, Sal does not find the resources to oppose medical intrusion, in spite of real-life petitions by thousands of women, midwives and childbirth educators against invasive control over pregnancy and birth. Despite her instinctive disagreement with medical recommendations, Sal is unable to contest and de-centre the privilege of the “scientific approach” –a phenomenon deeply embedded in twentieth-century Western culture. In Martin's words, “medical culture has a powerful system of socialisation which exacts conformity as the price of participation. It is also a cultural system whose ideas and practices pervade popular culture and in which, therefore we all participate to some degree” (13).

Sal's reserved attitude illustrates, in fact, another claim made by Martin, according to which women “represent themselves as lacking a sense of autonomy and feeling carried along by forces beyond their control” (194). Nevertheless, Sal's case is also a reflection of feminism's failure to deal in a satisfactory manner with the negotiation of power in pregnancy and childbirth. While women's rights to contraception and safe abortions have been “won” in most areas of the non-Catholic Western world, comparable rights with regard to childbirth –especially concerning autonomy and a certain access to control– are still needed. According to Heather Graham and Ann Oakley, it is the very concept of “normality” in matters of birth that is a source of controversy; there are two divergent “frames of reference,” “normal” signifying different things for each party. For women, “normal” conveys “the sense of their individual bodies having the capacity to take on pregnancy and labour, [...] physically and emotionally” (Murphy-Lawless 200), as a “process rooted in their bodies [...] not in a medical textbook” (Graham and Oakley 53). For doctors, on the other hand, it is connected to the medicalisation of the body and success is quantified by the emergence of a healthy baby at the end.

As the health of Sal's and Ray's baby has been contested before the provision of any evidence, Luckham elaborates on the details of patient surveillance

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2. Cf. especially Chapter 2.4 “Medical Metaphors of Women's Bodies: Birth” (56-7), but also Chapter 3.8 “Birth, Resistance, Race and Class” (139-55). Martin's interdisciplinary (anthropology meets social history) study –based on an extended number of interviews conducted with a representative sample of women across the United States– focuses on the female body in relation to science and medical intervention. She analyses issues of cultural representation, while confronting the way women in different socio-economic positions perceive themselves and their particular society via the medium of events exclusively experienced by women (menstruation, childbirth, menopause).

and intrusive medical intervention. Eager to offer Sal the latest developments in screening technology, the Consultant sets in motion an entire “cascade of intervention.”<sup>3</sup> Obsessed with the idea of the body beautiful in a climate of perfection<sup>4</sup> – as well as with the perpetual reinforcement of his authority over his patients – the Consultant projects himself into a trance-like state when carrying out the testing. His understanding of the functions of the human body is utterly mechanistic, and for him medical practice and healing are mere solutions of problems posed in some kind of riddle:

**Consultant:** I want to get that foetus and have a jolly good look at it. I don't want there to be any possibility that there might be something wrong with it. Something I haven't detected. [...] If there is anything wrong I can either attempt to correct it, or I can tell them to forget it and start again. [...] Slowly they are turning into problems to be solved, problems I can solve, as long as I don't think of them as people. (Luckham 88-9)

This stance establishes a direct link to Sheila Kitzinger's observation on male medical control and the rise of obstetrics: “The history of obstetrics is a record of men's struggle to construct a system of scientific certainties on which the management of labour can be based, and to eliminate women's inconvenient emotions, their ‘old wives’ tales, and the passion of giving birth” (15). Such an obsession with technology is also located in the medical belief that in the late twentieth century – “given the information and technology” (Murphy-Lawless 236) – almost anything can be done. According to Louise McMahon, representative of the United States-based Home Birth Centre, “It is this belief which drives hospitals to greater and greater lengths to make birth more predictable, more controlled, more assured of outcome” (qtd in Murphy-Lawless 236). Luckham's Consultant uses the phrase “difficult decision” right after the

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3. Term devised by childbirth educators and midwives, such as Sheila Kitzinger and Caroline Flint, in order to raise awareness about the rapid increase in the medicalisation of giving birth. They specifically aimed at highlighting the likelihood of inductions triggering subsequent waves of further interventions.
  4. Consider the obsession manifested by the media and show business in particular with regard to the supremacy of the body beautiful (cf. Naomi Wolf on beauty, Sander Gilman and Elizabeth Haiken on aesthetic surgery). Although sperm donation – as a remedy for infertility – has been available for a long time, nowadays possibilities such as the selling and purchasing of eggs and sperm belonging to supermodels has become a reality. Negotiated mainly in the particularly fashion and beauty conscious Los Angeles area and over the internet, this increasingly successful business branch claims to offer the opportunity to “correct” physical malformations and stop the transmission of undesired genes. Cf. Philip Scranton on beauty and business, as well as the work of Susan Wendell examining disability as difference (57-84).

first test –before any results have been obtained– followed by the likes of “chromosome abnormality” and “genetic defect” when the suspected disease, Down’s Syndrome, is confirmed. As an ultimate clarification, another test –amniocentesis– is recommended alongside the information that, should the results be positive, instant abortion can be available.

This is the stage in the play that articulates most clearly the medical tendency to split the pregnant woman-foetus unit and concentrate on the foetus alone. According to Rosalind Petchesky, this move was made possible by the development of various technologies of visualisation, such as ultrasound, capable of producing an image of the foetus without indicating its location in the womb. Aided by such images, obstetrics has created the illusion of being able to interact with the foetus directly –without the mediation of the pregnant mother– women finding themselves therefore, in yet another instance of marginalisation. This idea of the free-floating, independent foetus has been taken up subsequently in both the visual arts and advertising. Rosemary Betterton, for instance, explored “the emergence of foetal personhood as a cultural category,” analysing controversial *Wrangler* (1986) and *Benetton* (1991) advertisements that showed fetuses wearing jeans (113-19). Apart from the obvious fashion connotation, the fetuses were captured as self-sufficient miniature adults, thus reinforcing Ann Kaplan’s observation on the absent mother in popular culture and film: “Fetal interpellation manifests a new form of the old desire to absent (or deny) the mother” (209).

In the play, it is Sal’s positive test result that abruptly and irreversibly destroys the mother-foetus unit. In my interpretation, however, this bond has already been gradually severed by the Consultant’s repeated claims that only beautiful and perfect babies should be given birth: “It is perverse to insist on having [a child] that isn’t [healthy], that will soak up care and attention” (Luckham 100).<sup>5</sup> Though Sal is pressed to take a seemingly independent decision with regard to termination, it is medical opinion that ultimately prevails: “We are here because we have been trained to help you, to give you the relevant information. That’s all. Science is about progress. We represent that progress” (Luckham 98).

It is only in his private life that the Consultant made a more overt choice, deciding to have no offspring. However, this personal decision is immediately connectable to his publicly advocated professional stance on the matter, via an elaboration of a kind on his earlier, exclusive association of human reproduction and aesthetic perfection. As he re-asserts that “We don’t need more chil-

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5. Cf. the practice of serious medical interventions conducted upon young children suffering from Down’s Syndrome. The idea behind the aesthetic surgeries aimed at concealing the slant eyes, for instance, is to make these children look more “normal,” so that they would not be facing any sort of future discrimination owing to their physical appearance.



dren for survival" (Luckham 98), the playwright formulates yet another challenge to the perpetuation of conventional reproduction patterns and makes an explicit appeal for immediate audience and public response.

Timberlake Wertenbaker, in *The Break of Day*, also examines the potential of science as progress and as a means to interfere with biology. As she indicated in an interview, the play was prompted by her preoccupation with what happened when "women had the opportunity to work but suddenly had allowed themselves not to have children" (Komporaly). She starts her play off with a sense of paralysis, focusing on three professional friends (Tess, Nina and April), formerly active in the 1970s campaigns for women's rights to a career and the possibility of bypassing or delaying parenting. April does not want children yet faces a professional crisis, while Tess and Nina suddenly find themselves in the position where they would be emotionally prepared to have a child but, having recently reached forty, experience biological difficulties.

Tess and Nina talk with extreme emotional involvement about their desire to mother, lament their infertility and address their lack of empowerment in opposition to their earlier feminist commitment. Whilst the play can be –and was– seen as a backlash manifesto against feminism advocating a return to female essentialism, it is equally readable from the opposite perspective, whereby it is precisely the discussion of infertility that connotes a feminist dimension. Elaine Aston, for example, rightly argues that the play "indexes a need to re-conceive the politics of motherhood" and indicates ways in which "the biological contours of women's lives are globally mapped with the specificities of social, material and cultural geographies" (247).

Instead of betraying the values of second-wave feminism, in fact, Wertenbaker invites her characters and audience to a meditation on topical late twentieth-century issues that centre on mothering and the state of the family as an institution, but also include medical intrusion, reproductive technologies and trans-national co-operation. Throughout its three acts, the play centres on Tess's obsessive and ultimately failed infertility treatment at a London clinic and on Nina's successful adoption of a baby from Eastern Europe, also touching on April's lack of interest in motherhood and complementing all by an external instance of spontaneous, problem-free parenting. The latter broadens the spectrum of the play to include a younger generation as well alongside the protagonists' thirty-something age group, offering contrasting perspectives and attitudes towards women's roles in contemporary society.

Thus, Wertenbaker claims wanting to draw attention to what she called "one of the dangers of feminism": "The next generation, feeling that the choices are there, chooses to throw these choices away assuming that they are going to stay. If each generation does not keep fighting, in another twenty years' time one will be back at the fifties, and that *is* a danger" (Komporaly). This next generation represented by Marisa, simply do not feel that they owe their forerunners any particular acknowledgement. They plan their lives according to different patterns, removed from politics and the public sphere that Tess, April and Nina

have been so keen to gain access to: "So I can end up like you, married to ambition, bitter and childless" (Wertenbaker 32). Marisa's governing principle is to "give in to life," on the spur of the moment, rather than postponing things and hence "escaping into the future." In fact, her reinforcement of heterosexuality, marriage and family, alongside the rejection of feminists as unhappy, man-hating and embittered women, sounds like a staged version of anti-feminist backlash manifestos. Although Wertenbaker was reluctant to classify Marisa in ideological terms – she primarily considered her as an individual – she also claimed that "[to some extent] Marisa [was] a victim of the failure of feminism [as a middle-class and intellectual movement] to work through the classes." However, Wertenbaker claimed that her attack was not targeted against feminism or post-feminism as such, but rather the "selfishness of the generation of Tess and Nina" (Komporaly).

Instead of recommending one single alternative, therefore, Wertenbaker features several women each of whom advocates a different option. Marisa gives birth to a baby in the natural way, fulfilling what might seem to be her biological destiny; Nina bypasses both biology and medical intervention by using her financial privilege and adopting someone else's unwanted baby; while Tess subjects herself to the emotional, physical, as well as economic expense-cum-exploitation inherent in infertility treatment. Though Tess initially embarked on the treatment with the full consent of her husband, he gradually withdraws his emotional support; to the extent that Tess eventually categorises him as a mere sperm-producer: "If it weren't for your sperm, I'd leave you" (Wertenbaker 73).

While Nina is prepared to accept her biological limits and go for an alternative – adoption – Tess refuses to even consider bringing up someone else's child. "I want my own child," she claims, constantly positioning herself in relation to Marisa's unproblematic capacity to mother: "She has what I want" (Wertenbaker 34), denying both the sisterhood and anti-essentialism of her previous feminist commitment. She loses both her job and husband during the infertility treatment and ends up perceiving every other woman as a potential rival in her quest for a baby: "Women used to be my sisters. They're objects: egg vessels" (Wertenbaker 71). The playwright claimed that she wanted to write "about unhappy women who seek a solution to [their] unhappiness," not about "amazons who sort it all out by themselves" – showing "how somebody very intelligent could be destroyed and turned into a victim, [...] the paradox involved and the addiction" (Komporaly). Although Tess has opted for the treatment herself, like Sal, she is not given a voice, suggesting that she does not have access to choice and intervention any longer. Tess's body is given over for scientific experimentation the results of which are as yet unknown, thus recalling Adrienne Rich's statement: "Throughout history, the woman's body is the terrain on which patriarchy is erected" (Rich 55).

Tess is a patient at a London fertility clinic in the care of the ironically named Dr Glad, an uncanny reminder of Luckham's Consultant, both in his patronising attitude and the way he associates himself with the divine: "We can do

anything. Have you seen those fertility goddesses in the British Museum? Now women have us. [...] We've performed another miracle" (Wertenbaker 73). Dr Glad instantly diagnoses Tess with reduced fertility, owing to her "naughty biological clock," whilst things are complicated further by her husband's "little depressed sperm" (Wertenbaker 53). Nevertheless, hope and belief in luck is recommended, as well as commitment to trying over and over again in case of failure. The procedure itself is presented as a fairly straightforward technical arrangement that, despite its high cost, is readily available: "First we'll jolly up your eggs with two weeks of hormones. [...] Then in about two weeks a little operation. On that day, we'll cream off the best of your sperm, give it a good spin and presto" (Wertenbaker 50).

Although Wertenbaker only briefly sketches Tess's unsuccessful attempts, she conveys her desperate commitment to the treatment, including the key stage when she is told to use the eggs of a younger woman or to consider adopting another couple's embryo. Again, she is reminded that medical expertise "is at the forefront of science"; though the actual recommendation she is given lacks any scientific –and, arguably, ethical– dimension: "You can jump the queue if you find your own donor. You might have a friend" (Wertenbaker 66-7).

While Tess is reminded of the ticking of her biological clock, her sense of time is accelerated in order to cope with repeated attempts at conceiving. Wertenbaker renders the emotional and physical traumas suffered by Tess, as well as her own criticism of the privileges of white, middle-class women –in a position to buy motherhood at almost any cost. Nevertheless, she avoids being judgmental: "Don't judge me!" (91), Tess urges. Wertenbaker is aware of the difficulty of taking a stance about the desire for parenthood and the issue of infertility in a neutral, ideologically non-engaged way. Although she maps out both a backlash argument on women's biological urges and an individualist discourse privileging reproductive technologies, for Wertenbaker, mothering is not merely "a biological issue, but an economic, cultural and political one," emphasising that "any rethinking about female identity must accommodate women's options for motherhood" (Carlson 146).

At the very end, despite not succeeding to conceive, Tess continues to lay claim to agency with the same intensity as before. According to Wertenbaker, living in the late twentieth century signifies not yielding to defeat but trying to understand what has happened: Tess moves on to appropriate via knowledge what she could not achieve in immediate terms as a biological parent. Whilst coming to terms with the processes of reproductive technology and infertility treatment, Tess not only compensates for a personal defeat but also sheds a fresh light on a major public concern: reclaiming for women a territory so far associated with male control and female subordination. Luckham's target in terms of public awareness is also similar: to start a discussion, as there is an urgent need for more information on disability in order to negotiate relationships between the able-bodied and the handicapped. According to both playwrights,



decision taking has predominantly been located with those in positions of authority and power. Tess escapes the obsessive cycle of infertility treatment only due to an extraordinary will-power and Sal requests the abortion though she is likely to have acted differently had she been so advised. The protagonists' final re-appropriation of agency, however, does convey their determination to exercise their own choices and to reclaim their sexuality, whilst it also reinforces a feminist conclusion to the history of obstetrics: "We must displace the hegemonic grasp [of obstetrics] with models of practice based on our multiple realities as subjects" (Murphy-Lawless 264).

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