IVF–AN IRRATIONAL CHOICE?

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Editor's Note – Research on women's experiences of IVF is proceeding worldwide, but as with any new area of research the approaches and findings vary while the bases on which comparisons can be made are not immediately apparent. To encourage research and facilitate comparisons, the *IRAGE* editors proposed a series of questions on methodology and theory to researchers who are currently engaged in, or have completed, studies on IVF.

1. What are the basic findings of your IVF research?
2. Provide details of your research methodology, for example, how many women were in your study? How was the sample obtained? How did you obtain access? How did you measure success?
3. What conclusions do you draw from the research?
4. Do you see any differences in your research and that of other feminists? If so, what are they?
5. Arising out of your research, what strategies for change do you advocate?
6. Are there unanswered questions after the completion of your research? Did new questions emerge? If so, what are they?

The first three contributions are from Canada, Denmark, and Australia. The Editors welcome further contributions, including letters, from researchers and from women who are working at a more practical and/or political level with women who are or have been undergoing IVF treatments.

Synopsis – The article explores the contradiction between the feminist criticism of in vitro fertilization (IVF) and the great enthusiasm for this method among infertile women. To feminist critics IVF seems an irrational choice since risks are high and success rates are low. But infertile women do not seem to hear the well argued and well founded warnings of critical feminists because these women have good reasons to try IVF – reasons that feminists do not seem able to hear. These reasons are perfectly rational, within the specific rationality that constitutes the world view of these women. Since IVF is the last step in the long line of infertility treatments, it must be tried, before the woman can establish a socially accepted identity as involuntary childless. Where most feminist critics judge IVF on it's dubious capacity to produce a child, to the infertile woman IVF is also an element in the procedure to accept infertility. Thus, the desire to try IVF is severed from the efficiency of the technology, because it is judged by the yardstick of another rationality. The article is based on an interview-project with 14 women on a Danish IVF programme and proposes that the arguments against IVF, should not be based on the immediate views or interests of infertile women, but rather on an evaluation of the costs, risks, and benefits of IVF in the context of a globally, ecologically, and economically sound policy to prevent infertility.

Synopsis – Artiklen undersøger modsætningen mellem den feministiske kritik af IVF og den ud-bredte begejstring blandt barnløse kvinder for metoden. Barnløse kvinders valg af IVF er undertiden beskrevet som et irrationelt valg, siden metoden rummer

betydelige risici og kun ringe chance for succes. Barnløse kvinder vælger imidlertid IVFbehandling ud fra bevæggrunde, der ikke kan afvise som irrationelle, hvis de studeres med udgangspunkt i kvindernes egen livssituation. IVF er sidste chance for behandling i den ofte lange række af behandlingstilbud, den barnløse modtager. Defor må metoden forsøges, før den barnløse kan opnå den socialt accepterede status som "ufrivillig barnløs." IVFs anvendelighed vurderes ikke blot på metodens evne til at skaffe de barnløse børn, men IVF repraesenterer samtidig for den barnløse også et centralt element i processen mod accepten af en tilvaerelse uden egne børn. For disse kvinder er ønsket om IVFbehandling adskilt fra metodens "rationelle" brugbarhed, succesraten, fordi den bedømmes med en anden rationalitets målcstok. Artiklen et baserct på et interviewstudie med 14 kvinder i IVF behandling på Rigshospitalet i København. Artiklens forfatter argumenterer mod at afvise IVF med henvisning til de barnløses interesser og foreslår at IVF ma evalueres indenfor rammerne af en globalt og økologisk bæredygtig strategi for forebyggelse af infertilitet.

One of the most difficult problems that have confronted feminist critics of in vitro fertilization (IVF) and the other new reproductive technologies, is the great enthusiasm for IVF among involuntary childless women. In spite of concerned feminists' dedicated public exposure of the low efficiency and high risks of IVF, involuntary childless women – the target group of IVF – do not seem to listen. Instead they gather in IVF centres where they form long waiting lists, organize in groups lobbying local and national politicians to finance more IVF clinics, and stand up at public meetings to denounce feminist criticism of IVF. How should feminist IVF critics interpret these women's active conscious support and enthusiasm for IVF? The dilemma caused by this enthusiasm is an urgent one, since critical feminists claim to present a view representative of the interests of women while a politically crucial group of women publicly represent the opposite view. "Women want it" has often been the argument of IVF supporters. Now it has become the argument of the involuntary childless women themselves.

FEMINIST RESEARCH

Several feminist interview-projects have been undertaken to tackle this dilemma (Crowe, 1985; Klein, 1989; Koch, 1988; Williams, 1988). Interviews seem the right way to deal with the problem, since they include the process of asking the women themselves; what are their attitudes, how did they experience the IVF treatment, what were their motives, level of information, and social and psychological background, and how did they evaluate the treatment?

The first study to investigate women's motives to try IVF from a critical feminist point of view was Christine Crowe's pioneering article "Women want it" (1985). Crowe examines the social context of IVF and demonstrates that because IVF is not controlled by women, but socially shaped to perpetuate traditional social values, it only provides certain socially accepted options for women, for example, biological motherhood through medically controlled technologies. Crowe concludes that IVF does not constitute a proper choice, since other options, like child-freeness or adoption are not open. In this way her article is basically a criticism of a narrow high-tech-oriented health policy, and does not reach the core of the above described feminist dilemma.

In her study, "Its gonna work for me," based on interviews with 20 Canadian women, Linda Williams is also inspired by the feminist dilemma; "Despite the fact that IVF fails the majority of the time, most women who try it

once make a second attempt, and many make several attempts." (1988, p. 153). She examines in detail the experience of women step by step through the IVF procedure, and concludes that IVF increases awareness of each step of the biological process of getting pregnant. Thus it allows the woman to think of herself as "getting closer" to success. Williams' analysis points to certain qualities of IVF that change women's perception of their own chances of success, and is invaluable for a more thorough understanding of the technology-specific workings of IVF.

Another more extensive interview-project has been conducted by Renate Klein – one of the most well-known IVF critics in the feminist community (1989). She based her research on interviews with 20 Australian women who had left IVF programmes without a child. A recurrent theme in the answers of these women is the feeling of abuse, misinformation and malpractice and, to use the words of Renate Klein, resulting in their being "wrecked by the trauma of being 'living laboratories'" (1989, p.7). The hope for a child by a miracle cure is scattered by disappointment and accompanied by psychological and physical pain. Klein explains that women enter IVF programmes in spite of the dangers and low efficiency of IVF by referring to the lack of full and correct information. In this way the feminist dilemma dissolves easily. If women had only **known,** they would never have entered the IVF programme. Since Klein's study investigates the feminist dilemma more thorough than any other study, I shall relate particularly to this in the following.

UNRESOLVED PROBLEMS

There is no doubt that IVF is a powerful transformer of women's reproductive consciousness and an irresistible technology that few women can refuse. It is also beyond dispute that feminist studies such as Renate Klein's have documented the gross neglect, malpractice, and false information that many IVF practitioners are responsible for, and which only feminist criticism seems capable of exposing. But even if we disregard the fact that, for example, Klein's selection of women is limited to those who have finished a programme **without** a child, and for that reason we may be expected to be more negative towards IVF than a representative sample of women, these women's lack of proper information about IVF is interpreted as the main reason for their feeling of being abused – 'broken by patriarchy,' as Klein puts it. But, as Eva Fleischer has noted, it would be doubling the tragedy to regard these women as victims only, or solely coerced, since there would be no way out of the situation: "How can women decide against IVF, if they are totally dominated by patriarchy, even in their innermost feelings?" (1990, p. 9). Though neglect, abuse, and misinformation are widespread, they do not constitute the solution to the feminist dilemma.

Methodology

My own interviews were undertaken as part of a larger study to evaluate IVF as a new medical technology.[1] Fourteen women participated in the study. Women were contacted through the Danish State Hospital in

[1]For a more detailed discussion of IVF in Denmark from the point of view of medical technology assessment see Koch, Lene (1990) Human reproduction. The case of in vitro fertilisation. In: *Life Cycles of Medical Technologies.* Per Buch Andreasen and Anker Brink Lund, (eds.) Copenhagen. A preliminary discussion of my survey is Koch, Lene and Morgal, Janine (1987) Towards a Feminist Assessment of Reproductive Technology. *Acta Sociologica* 2, pp.

[2]This confirms Williams' analysis. See Williams, 1988, pp. 153-156.

[3]This is confirmed by several studies; among them Holmes, H. B. & Tydlmstra, T (1987). In Vitro Fertilisation in the Netherlands. *Journal of In Vitro Fertilisation and Embryo Transfer* 4(2). Holmes and Tydlmstra asked a number of women if they would try IVF if they thought the chance of success was minimal. More than half confirmed they would.

cooperation with the IVF clinic at this hospital. Forty-five women on the waiting list who were to begin treatment in January 1987 received a letter of invitation to participate in the survey. Fifteen women responded positively. One left the waiting list before the survey was undertaken. Each woman was interviewed three times; once before, once during, and once after the final IVF attempt. The low response rate may be due, in part, to the difficulties of starting up a new clinic. Shortly after the letters inviting women to participate were sent IVF treatment was unexpectedly postponed for almost half a year for all the women on the waiting list.

ANOTHER LOOK AT "FACTS"

Information

The interviews kept bringing up remarks and utterances that left me only partly satisfied with earlier explanations. A number of the women I interviewed were quite ignorant of both chances of success and risks of IVF. But some knew almost everything there was to know. As one cycle followed another, more and more women obtained a more realistic view of their chances. But still they continued treatment with great zeal and energy.[2] In a number of cases, the women felt deprived of correct and realistic information, but regardless of the amount or quality of information received, somehow **information did not matter;** it did not seem to have influenced these women's decision neither to start IVF in the first place, nor to continue after one or more failed attempts. In spite of the fact that most women had been presented with information about their chance of success, only a few were able to reproduce this information. The statistical information about clinic results that the women had been given by the hospital were often transformed in the minds of the women to suit their subjective expectations. These expectations varied a lot from woman to woman, and basically mirrored the individual woman's self-confidence. The reasons each woman gave for believing in success did not base itself on "objective facts," but rather on her own subjective "magical" belief that she were particularly suited for IVF, or that she was bound to be lucky.

Knowledge about the objective statistical chance seemed to be less important than the mere fact that there is a chance. No matter how negligible this factual chance is, it must be tried. This particular "logic" forms an important part of the explanation why information is of less importance.[3]

One woman puts it this way: "Factual information was unimportant to me. Even if they had told me I had a chance of 0.5%, I would have believed in success, naturally." Another example of the "irrational" approach to the facts of IVF relates to the risks of the treatment. Side effects of the hormonal doses that are used to superovulate were rarely complained of. All women were affected by inconvient or painful side effects. But at the same time several women expressed content with these side effects. "Then I know that the hormones have had an effect" was a typical remark.

Pain is an important part of IVF, and IVF-women's willingness to stand the pain is one of the things that surprise feminist critics. But we should remember that most women who try IVF have been through a number of infertility treatments that are both painful and require medical intervention. All women in my survey had had operations and before that most had several cases of PID, often caused by abortions or use of an IUD. These women have already put a great strain on their bodies. The pain of IVF is only a slight additional pain in the larger scheme to resolve infertility.

Several women, who had been told about the increased risks of twins and triplets, still preferred to have a multiple pregnancy in spite of the risks. This attitude was related to the fact that IVF is only offered to childless

couples. If IVF succeeds once, there is no chance of another child through publicly financed IVF. It may seem odd that women are not frightened by the possibility of twins or triplets, even if they know the risks, but examples as this show that the logic of both critical feminists and conscientious doctors is not always compatible with the logic of infertile women in IVF programmes.

Feelings

The anger and discontent of women who failed IVF is a prominent theme in Renate Klein's survey. And certainly, anger would be a natural response to one or more failed attempts of IVF. In my survey some women were angry because the treatment did not result in a child or because they were treated without human sympathy, but just as many were not possessed by negative feelings towards doctors and clinic. One had an abortion, had a subsequent depression, and was in strong need of therapeutic help, and expressed great dissatisfaction that she did not get any help from the hospital. But the large majority were content. Their points of criticism were often stated in constructive ways as good ideas for the clinic to think about. Furthermore, the majority were happy they had had the opportunity to try IVF, and would not have been without it. To them IVF was not a violation of their human dignity (Klein, 1989, p.8). They rather considered IVF an offer every women should have access to – a human right in fact. And in spite of the pain and anguish that most women reported, they would recommend IVF to a friend and would themselves start all over again. Naturally, most of them failed to leave the clinic with a child, but somehow this failure was not always considered synonymous with the feeling of a wasted effort. "I have reaped what there is to reap" was the comment of one woman who left the programme without a child after three IVF cycles (Koch, 1989, p. 124). The controversial question: Do women want IVF, was thus answered in the affirmative by the majority of the women in my survey.

WHY DO WOMEN CHOOSE IVF?

I set out defining the feminist dilemma: Why do women choose IVF in spite of low success and high risk? But I soon realized that my way of putting the question was different from the way the women would have done. They did not try IVF "in spite of they did it "because of." They continually answered my questions: "Why did you choose IVF," and later: "Why do you continue IVF?" with this simple statement: "Because I want a child." To want a child and try to have it is an exercise of the reproductive freedom that the feminist movement has argued for since its very beginning. The decision to have a child at age 30 may be seen as a natural succession to the decision to contracept at 18, to have an abortion at 20; in other words, to avail oneself of the medicotechnical services of the health system – first to avoid having a child, later to have one.[4]

The wish for a child has often been commented on by those of us who are critical of the new reproductive technologies.[5] This wish, we argue, is socially constructed, and should not be considered a biological need. We state that there is a contradiction between society's priority of medical solutions to infertility and the socially constructed wish for a child. The research that has been undertaken to demonstrate this contradiction in health policy decisions is of great importance sociologically and politically, but it leaves out an important problem; unless we accept a view of women who seek IVF as mere victims of social norms and influences the nature of the wish for a child for the individual women must be considered an **authentic wish.** The wish for

[4]I owe the inspiration to this observation to Eva Fleischer, see above.

a child does not become less strong and authentic because it is socially constructed. The fact that infertile women want children, want to have a so-called normal family, is part of the explanation of why they do not hear the feminist critics. What they instantly perceive, however, is that most of the feminist critics do not find children "necessary" to live a good and satisfying life. Several studies rightly present the alternative of "child-free" lives as important to develop and strengthen. But the woman who has not resolved her infertility or come to terms with it psychologically does not hear this. To present infertile women to an analysis of infertility as a social construct, will most likely lead to total rejection of such feminist ideas. Furthermore, infertile women do not consider prevention of infertility a relevant alternative to IVF. This is an option for future generations – not applicable to their situation. This then is the plain explanation why women try IVF in spite of all the feminist warnings: **The wish for a child is an authentic wish.**

WHY DONT WOMEN BEHAVE AS RATIONAL BEINGS?

A number of questions still persist: Even if women authentically want a child, why don't they behave **rationally?** We have seen that women say yes to IVF in spite of its low-success rate, in spite of the side effects of the hormones, in spite of the risk of multiple births. But why do they say yes to IVF when they KNOW all this?

As I hope the presentation of my interviews has shown, this question is based on the assumption that women's actions were caused by something else than their authentic needs and wishes, that they are misguided, misinformed, cheated, or in some way led astray by somebody or something else.[6]

A different approach builds on the assumption that women's magical thinking and irrational behaviour is actually perfectly rational and consistent, only within a different worldview, governed by a different rationality. According to this approach, what we experience as a feminist dilemma is a clash of two incompatible rationalities, two different worldviews.

HOW IRRATIONALITY MAKES SENSE

Both anthropologists and philosophers have participated in the debate on the nature of rationality (Hollis & Lukes, 1982). One view is that the common use of the concepts of rationality/irrationality covers more than the mere question of logical consistency. One important issue is related to the question of criteria of rationality cutting across cultural differences. Are so-called "primitive tribes" less rational than we are, because they believe in magic and witchcraft? Or are we more rational because we live in a culture based on modern technology and science that is able to send a man to the moon? Are women less rational because they argue in a different logic than men?

To accept a relativist view would imply giving up the belief in the existence of a "universal rationality" governing all human activity, all human cultures. Instead we would operate with a number of cultures, a number of worldviews and a number of corresponding rationalities.

[5]See, for example, Sarah Franklin (1990) Deconstructing "Desperateness": The Social Construction of Infertility in Popular Representations of New Reproductive Technologies. In McNeil, Maureen et al. (eds), *The New Reproductive Technologies,* London: Macmillan.

[6]The feminist criticism of IVF's lacking success and high risks is actually perfectly compatible with the ethical rationality of the medical system itself. Our criticism is an exposure of the medical technology's inability to live up to its own standard, on it's own premises. In other words, this is not a fundamental criticism of IVF. Would we be satisfied with IVF if it was without risks and had a 100% success rate?

The cognitive-instrumental rationality is characteristic of the work of technology and science[7]. The most important criterion of validity is efficiency – the successful result. This relates to the instrumental power that this type of knowledge wields. In contrast to this stands the subjective-expressive rationality of the individual. Its criteria of validity are relative and may simply be subjective honesty. The specific rationality, for instance, of women seeking IVF, relates to the structure of their subjective worldview and is disconnected from concepts like intelligence and logical thought. Differences in rationality may be caused by different worldviews. If we apply this line of thought to our present problem, it seems possible to consider the worldview of IVF women as belonging to a culture structured by its own rationality, its own logic and own purposes.

IVF: A STRATEGY OF ACTION

If we accept the thesis that women who try IVF, make their decisions and experiences on the basis of their own specific worldview structured by their specific rationality, we still need to understand the principles of this rationality.

This understanding must be based on the reproductive situation of the infertile woman. All women in my survey had been through years of treatment including medical examinations, hormonal treatments, operations. To most, IVF was just another possibility in the series of medical treatments of infertility. With the arrival of IVF on the reproductive market, most women felt they had to try, even though they had almost given up hope. To resolve their reproductive future, they had to pass IVF – as a "rite de passage" as Sarah Franklin has put it (1990). In this context, the physical and emotional pain of IVF may be considered a ritual, an ordeal that has to be experienced.

Most women experience infertility as a loss of control, an experience that is often reinforced by social stigmatization of infertility. The decision to try IVF – may be considered an attempt to liberate oneself from the powerlessness of infertility – if only to realize that a child of her own is no longer an issue. I am not talking of a decision undertaken after rational calculations of costs and benefits, but a decision that invests the woman with the feeling of having done what was necessary, and thus having an impact on her life. Even though IVF is an experience that makes many women feel helpless and out of control, this is being balanced by the empowering act of having chosen, having decided to take advantage of existing opportunities. This decision is often made in anticipation of regret at a later point in life, out of fear to regret that one did not try everything when the opportunity was available (Tydlmstra, 1987). As the third and last attempt of IVF draws to a close, all women in my survey express a feeling of relief (Koch, 1989, pp. 121–127). They all look forward to the moment when they will leave the IVF-programme. "Liberation," "peace of mind," and "great relief are the expressions that the women use to characterise the situation when IVF will be ended definitively. This relief is expressed by all, regardless of the result of IVF, including those who do not accept that IVF is over once their opportunities in the public health care system are exhausted[8]. Most women accept their infertility once they leave the public health-care system.

Two were unable to stop however, and travelled to England to continue treatment at their own private cost. Even these women

[7]My use of the various meanings of "rationality" is inspired by the German philosopher Jurgen Habermas. See, e.g., *Theorie des kommunikativen Handelns,* (1981). Frankfurt am Main.

[8]The public health care system offers three completed cycles of IVF. After these have been finished, the woman must either accept her infertility or buy her way into a private IVF clinic.

considered it an advantage if they had been able to stop.

As mentioned above, the rationality of feminist critics (and science and technology, for that matter) has been exclusively oriented towards the explicit objective of IVF. Since the objective is to have a child, it seems irrational to choose IVF, since IVF only rarely leads to the desired objective. But the woman's decision to go along with IVF as well as her experience of the treatment itself, may be understood as an attempt to reach a secondary objective as a necessary substitute, that is, protection against social stigmatization and a means to obtain social recognition as an involuntary childless woman.[9] IVF may be considered a way to prove to **others** that you are infertile —and is the precondition to a final resolution of infertility.

We may understand this as a consequence of the impact of IVF on the general perception of infertility. As each new reproductive technology enters the market, the definition of infertility changes. Infertility can only be defined as the condition that no reproductive technology can resolve. Thus, IVF virtually becomes an imperative, even for those women who might otherwise have been ready to accept their infertility. Human identity is closely affected by parental status and childlessness is an identity which is hard to obtain and must be fought for in a pronatalist society, since no doubt must exist as to the certainty of the condition.

Naturally, women's desire to try IVF is primarily motivated by the chance to take home a baby. But, as I believe the presentation of my survey has shown, this is not the only motivation. "IVF – the chance to have a baby" constitutes a game – a ticket to a lottery – and only she who has played this game and lost, can establish a socially accepted identity as involuntary childless. Thus, the infertile woman not only judges IVF by its dubious capacities to let her have a child, but also as a new element in the procedure by which the woman establishes her future identity. Referring to the latter part of this motivation, to not have a child is not a failure, and the result is not a disappointment to the woman. In this sense the desire to try IVF becomes independent of the efficiency of the technology, because it is judged by the yardstick of an other rationality.

CONCLUSION

"Women want it," IVF scientists and practitioners claim. And they certainly have a point. Many feminist studies have demonstrated the importance of social norms and expectations for women's decisions to try IVF. But in spite of these valuable analytical explanations, infertile women in real life still press for more IVF clinics, and still want to employ every new reproductive technology that offers to help them, regardless of results, risks and costs. If we want to respect women in IVF programmes, we must recognize their interest in IVF and show openly that we disagree with their choice. But we should have the courage to openly exercise our own political and feminist judgment and insist, that independently of this group of infertile women, we don't think IVF is an adequate answer to infertility. We are opposed to IVF for many reasons that we find valid and sensible: it is a dangerous and experimental technology, it changes motherhood in ways we find detrimental, it is the precondition to unethical experiments on embryos and it is a high- risk, low-efficiency technology whose high costs forecloses the development and application of preventive, cheap low-technology solutions that every woman can afford to choose. For these reasons, among others, we must argue within the political

[9]This point builds on Lorber, Judith (1985) Gender Politics and In Vitro Fertilisation, Paper presented at the Feminist International Conference of FINRRAGE, Sweden, July.

framework of health priorities that infertile women's demand for IVF and other reproductive technologies should not form the basis for a political decision to introduce or expand the use of these technologies. Medicine has for too long been able to legitimize the introduction of new types of reproductive technology with reference to womens' demands and the length of the waiting lists. Yes, women want it, but this does not **in itself** constitute a valid argument to continue the development of these technologies. I have shown that women will demand IVF, no matter its success rate, because they have an interest to play the game of IVF whether they win or lose. Either result will provide satisfaction. For this reason the health service system will be able to refer to this inexhaustible demand in its search for legitimation of IVF – no matter how poor the success rate is. It is important that we contribute to this criticism of the priorities of the health services.

We might even claim that infertile women, as well as researchers and practitioners who have a vested interest in this technological development are disqualified from influencing such important social decisions. Instead we must argue that even though some women consider IVF in their interest, a truly global, ecological, and economical solution to the problem of infertility will exclude IVF.

My discussion has intended to show that when infertile women do not seem to hear the well-argued and well-founded warnings against IVF, then one explanation might be that these women have good reasons to go along with IVF, reasons that we don't seem able to hear. These women are different from us, live in other worlds, have other norms, and rationalize their thoughts and acts in ways different from us. The belief that some views are "right" and others are "wrong" will not bring us closer to a better world for women.

Let us, by using these women's self-defined "rationality" as our starting point, develop alternative ways of dealing with the wish for a child, and not be afraid to display cultural worlds and ways of thinking and acting that are different from our own. Not all women are against IVF, and not all women feel abused by IVF – no matter how hard we try to interpret their experience. Women act in many different ways, ways that rarely coalesce and often contradict each other.

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