

## REVIEW

**Marcia C. Inhorn (ed.). “Reproductive Disruptions. Gender, Technology, and Biopolitics in the New Millennium”. Berghahn Books, 2007.**

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*Reproductive Disruptions. Gender, Technology, and Biopolitics in the New Millennium*, a volume of the series *Fertility, Reproduction and Sexuality*, treats with infertility, pregnancy loss, adoption, and childhood disability: the most common and most disruptive aspects of reproduction that people all over the world are experiencing. Although the research subjects are very specific and the different chapters concentrate on particular aspects of the area of reproduction, the overall research results allows conclusions about general structures and processes in human reproductive behavior. The great value of this volume is its interdisciplinary approach that combines various research disciplines for a more holistic and differentiated study.

Based on her list of 157 ethnographies Marcia C. Inhorn presents in her introduction twelve messages about the process of defining women's health. As her primary concern she explains the necessity of an interdisciplinary work between medical sciences, ethnology and public health systems, in order to reassure appropriate medical care for women's sanitary needs and for the greater progress in the named scientific areas. The considerations related to reproductive disruptions have to be seen in a holistic context, especially since the research subjects are profoundly embedded in their own very complex life situations. With her messages about women's health Inhorn also discusses the basic topics that are found in the other chapters. Besides different aspects of power that are related to women's health, Inhorn accentuates the importance of a contextualized thinking. Nearly every term within the investigation of reproduction has to be seen as a cultural concept and needs therefore to be questioned with regard to its relations to power (in terms of social, political, commercial and patriarchal powers), hegemonic definitions and subjective life contexts. Her most important conclusion is that investigations about women's

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health in general should concentrate on a women's perspective and therefore include, to give just one example, anthropological interviews with women themselves.

Caroline H. Bledsoe and Rachel F. Scherrer analyze in their essay about *The Dialectics of Disruption* the public perception of reproductive healthcare. With a steadily growing industry of pharmaceuticals and biomedicine that is oriented at health concerns related to pregnancy and obstetrics, the tension between the nature and the professionalism of reproduction grows. The authors show how increasing professionalism takes effect on women's attitudes towards reproduction related to medicine and how it gives rise to a greater need for natural treatments and childbirth. As the research reveals, this naturally refers to a less marked medical praxis of obstetrics but does not completely exclude medical healthcare. This need is basically explained as a reaction to two fears: the medical suppression of the birthing experience; and therefore the possible failure to bond with the newborn. Bledsoe and Scherrer interpret a women's search for natural procedures as a way to reclaim control over the birth experience, also articulated in a rising amount of professionalized patients among the pregnant women in the US.

In *Designing a Women-Centered Health Care Approach to Pregnancy Loss* Linda Layne makes an argument for the productiveness of the combination of medical knowledge and feminist models of childbirth for a better understanding and handling of pregnancy loss. Although pregnancy losses and stillbirths are the most common forms of disrupted reproductions, obstetric healthcare seems to fail in the necessary preparation. Women generally describe their experiences with these events as confusing, often very lonely and shameful occurrences. In order to improve this matter, Layne applies feminist models of childbirth to create a new perception and attendance for women who experience pregnancy loss. With the concepts of prepared, natural, home and social pregnancy loss, Layne debates for holistic approaches to the topic, that include a greater flow of information - not only for risk groups but for every pregnant woman - within a less medicalized context; and social participation with the experience of a pregnancy loss. The author's final conclusion seems fairly obvious but it's worth stressing with justified insistence: no matter if the pregnancy ends with the birth of a newborn child or a loss, laboring women deserve dignity and respect for their special physical and emotional needs.

Rayna Rapp and Faye Ginsburg give in *Enlarging Reproduction, Screening Disability* a detailed view on the social consequences of disability. The authors observe that with the growing number of opportunities in assisted reproductive technologies there also emerge a greater set of problems for parents in the field of reproductive decision making. With prenatal tests and surgeries, fertility-treatments and the possibility of abortion, parents have a variety of possibilities

to shape their reproductive lives. The importance of these decisions becomes obvious in a case where the prenatal screening turns out positive for any disability-likelihood or -verification. Rapp and Ginsburg analyze the social impacts of reproductive decisions related to disability, in the familiar context as well as the representation of disability in the contemporary media landscape in the US today. The growing representation of disabled people in the US media can be observed. According to the authors this is an effect of the increased survival of families, persons and communities who live with disabilities. The conclusions they draw from their study refer to a direct link between increasing technology level in the reproductive medicine and media treating disability. Therefore reproductive disruptions are not only connected with the medical aspects of human life but also the social and cultural parts, which is reflected in the publicly mediated culture.

In *Openness in Adoption: Re-Thinking "Family"* Harold D. Grotevant presents his study about relationships within families that raise one or more adoptive children. The author defines adoption as a process with a great variety of consequences that can be classified as reproductive disruptions, not only for the adopting family but also for the adopted child and its biological family. Grotevant's research was based on supposition that adoptive relationships between the children and their relative and adoptive families are formed with a varying grade of openness. The study supposed three levels of openness: confidential/closed relationship, mediated relationship and the fully disclosed, open relationship. It then revealed that those categories often could not clearly be applied and concludes also that there is no 'best' type of relationship for any adoptive family, because the different levels of openness had nearly no significant effects on the children or their families. Every type of relation has different, cultural, economic and social issues related. The great value of this research lies in the conclusion the author draws about the diversity and heteronomy of the adoptive constellations and his suggestion that further research on the topic of adoption can produce various important findings in the reproductive studies.

C.H. Browner asks in his essay *Can Gender "Equity" in Prenatal Genetic Services Unintentionally Reinforce Male Authority?* The study analyzes the behavior of medical consultants towards women of Mexican origin living in US, while they have consultations during their prenatal genetic screening. The author searched for gender specific behavior both from the consultant and the women and their partners. Although the research at the end could not verify the thesis of reinforced male authority, Browner's essay gives a detailed insight in the decision finding processes related to reproductive medical interventions and he also states clearly the big importance of the males' supportive behavior.

In *When the Personal is Political* Carolyn Sargent investigates the political and social influences on the reproductive behavior within a special group of West African migrants in France. With a focus on contraception Sargent found out that West African migrants were treated significantly different in gynecological doctors' appointments than French women without migration background. Sargent concludes that because of this special treatment but also for other reasons the reproductive behavior of these migrant women is generally disrupted. This conclusion underlines the need for further research about medical politics in the context of reproduction but also clarifies the importance of interdisciplinary work.

In her second chapter *Reproductive Disruptions and Assisted Reproductive Technologies in the Muslim World* Marcia C. Inhorn gives a good and detailed insight into the Muslim reception, perspective and dealing with infertility. The author reveals different religious attitudes to assisted reproductive technologies from the different Islamic groups.

The last chapter written by Margaret Lock turns the reader's attention to the last and final reproductive disruption - menopause. In a very interesting and productive approach, Lock joins her findings from two different studies with middle aged women: one placed in the US and one in Japan. Her various conclusions, prove amongst other things a strong embedment of the perception of the menopause within the culture. Beside that Lock's study shows the consequences of cultural different concepts of aging for the personal attitude towards getting older.