

## Book review

### **Born and Made. An Ethnography of Preimplantation Genetic Diagnosis**

**Sarah Franklin and Celia Roberts**

**Princeton and Oxford: Princeton University Press, 2006<sup>1</sup>**

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*Born and Made* “tells the story of a specific technique in a particular country and during a distinct historical period” (p. xv). The technique is Preimplantation Genetic Diagnosis or PGD, the country the United Kingdom, the historical period a decade after the first successful PGD application in London in 1990. Yet despite its particular setting, Sarah Franklin and Celia Roberts’ book addresses a general theme: “how to account for the social dimensions of new biomedical technologies” (p. xv). The title of the book refers to this theme, too, as it alludes to the “simple dynamic that is at once obvious and perplexing, namely that we are both ‘born’ and ‘made’” (p. xvi). It explores this dynamic also in light of one of its predecessors, namely that of being ‘born’ and ‘bred’, perhaps better known as the nature vs. nurture debate. Further theoretical contexts to the book are UK kinship studies as pioneered by Marilyn Strathern and continued by Jeanette Edwards as well as classical texts on the new reproductive interventions (Habermas, Fukuyama etc.) and the interrelations of contemporary science and society more generally (Jasanoff etc.).

In chapters one and two, *Born and Made* gives a detailed, also historical, account of PGD techniques and scientific methods, and the governance of PGD applications. Particular focus is on the scientific progress, legal and regulative frameworks, and policy environment in the UK, where research interviews were conducted both with patients (23 patients undergoing PGD treatment in London) and staff (scientists, clinicians, nurses, counsellors involved in PGD applications in London and Leeds). These interviews, then, form the main part of the book. In chapters three to five Franklin and Roberts follow the couples on their many different paths into the PGD clinics, accompany them during the (in most cases) three treatment cycles, and listen to them in the aftermath of treatment when faced with the often excruciating question of how to move on after (in all but one case) failed treatment. Before giving an outlook into the future of PGD, chapter six combines the interview findings related to the very concrete world of PGD and ‘on-the-ground-decision-making’ with the concerns related to the governance of biomedical technologies more generally, thus placing the research within the broader context of sociological and philosophical debates of contemporary biomedical technologies. This combination, of accounting for the practices and experiences on the one hand and of reflecting on the accountability of PGD technologies on the other, makes Franklin and Roberts’ book a most recommendable read not only for the research community but also for audiences with an interest in new reproductive technologies more generally.

*Born and Made* provides a wealth of insight into the experiential world of couples undergoing PGD treatment. Often, the attitudes and thoughts regarding PGD and its implications (for the couple's relationship, the wider family as well as society) as expressed in the interviews seem perplexing, paradoxical, perhaps even contradictory at first sight. Emerging themes are picked up with great care and interpreted engagingly in dialogue with key protagonists in the field of science and society studies. As it is to be expected where faced with such diversity of individual experiences and voices, some issues commend further exploration by colleagues in the field of reproductive technologies. Many fascinating and surprising aspects of the experience of PGD treatment and attitudes towards human embryos are presented and discussed (amongst others, a compelling deconstruction of the notion of 'designer' or 'made-to-order' babies, and a discussion of PGD in the context of economies of hope), of which three will be highlighted here.

### **Dealing with the uncertainties of PGD treatment – establishing trust through openness to continuous interrogation**

Throughout the book, the authors emphasise that PGD technologies are pitched with extreme caution and reservation by medical professionals. Everyone involved in its practices seeks to provide couples with a "realistic" assessment of the technology's promises. The medical staff interviewed in Leeds and London emphasised throughout that couples seeking PGD treatment need to understand their "realistic chances" and be "realistic" about the high likelihood of failure. Both staff and interviewees underlined that a sobering account of the technology had been provided in the first meetings. Yet surprisingly, perhaps, "prospective patients became convinced, in part, *because of the emphasis on the uncertainty of PGD*" (p. 135).

Franklin and Roberts explore how to make sense of this paradox. They follow Onora O'Neill's model of accountability and trust as presented in the 2002 BBC Reith Lectures. According to O'Neill, 'trust' in the medical encounter (as elsewhere) is built not on the amount of information provided ("*more information does not necessarily create more trust*" (p. 203)) but on the openness to continuous and critical questioning. A communicative process, which informs and is open to interrogation, provides layered and manageable information. Such information is accessible and most importantly assessable for all participants in the encounter (O'Neill).

Franklin and Roberts illustrate how a similar combination of providing information and being open to continuous interrogation is indeed characteristic of the encounters of PGD couples and staff. Both talking and asking questions is encouraged at all times. "Prospective couples are asked to give a robust account of their desire to pursue PGD, and clinicians provide equally detailed accounts of its benefits and drawbacks. ... This questioning process includes, *and is strengthened by*, the many difficult and unanswerable questions PGD patients and clinicians ask themselves about the costs and benefits of the technique" (p. 216). Against this background it is perhaps less surprising that such realistic accounts "*increased their hopes for success*" (p. 136) in a general climate of "intense emotionality".

### **“Intense emotionality”**

Unlike IVF, which is, unless in combination with PGD, infertility treatment, PGD is “*primarily undertaken for emotional reasons*: because a couple cannot tolerate the emotional distress of repeated terminations” (p. 128) and because they feel they should do anything possible to meet their desire for a healthy child. At the same time, this “emotional intensity”, which motivates PGD and has driven its progress, is also seen to be a potential source of harm (p. 131): Exceptional emotional resources are necessary to get through the cycles of treatment. These cycles are very costly, physically demanding, emotionally taxing – due to the constant uncertainty, frequent waiting periods, and a general feeling of ‘not being in control’ (this being another paradox of a technique which at first sight seems to offer precisely this, ‘control over one’s reproduction’). Through listening to the couples, who spoke out with great honesty and were interviewed with great empathy, *Born and Made* very aptly depicts the experiential world of PGD.

Why is it we desire a baby in the first place? Our desires are often shaped by other people’s views, the social context in which we are placed, or moral principles we might adhere to. A question to be pursued elsewhere might be as to whether or not there might be good reasons for denying our desires. In the context of *Born and Made*, Franklin and Roberts turn to the idea of desires as shaped by societal expectations and reflect on PGD technologies against the background of the traditional concept of the nuclear family, linking PGD to the service of the desire for a particular form of family and society.

### **PGD and the biological nuclear family – artificial reproduction as re-enforcing traditional norms of the family?**

On the basis of their interview findings, Franklin and Roberts suspect that behind the strong desire for children may lie the desire and/or the pressure to conform to the expectations of society and a couple’s families/peers to have children. The authors go on to explore how societal expectations are normatively at work in PGD technologies, and shape our reception of them.

While associated with whole new kinds of offspring (“miracle babies”, “designer babies” and “saviour siblings” as discussed in chapter one), PGD technologies are at the same time “repeatedly normalised, naturalised, and contextualised within the narrowest and most traditional definitions of family, gender, and kinship – as the biological nuclear family.” Undergoing PGD treatment seemed to create a sense of conjugal unity. Paradoxically perhaps it seemed to create such unity *via* reproduction yet without reproducing: “In a sense, PGD enables a performance of conjugal unity through procreative activity *without procreating*” (p. 162). In a sense, a highly artificial means of reproduction is used to bring back a sense of ‘naturalness’. Whilst some couples also envisage adoption and gamete donation if PGD treatment fails, and whilst they combine their own desires for children with a sense of social duty – “I love children and you know I hate seeing children being treated very badly. I think it’s something that anybody that’s got, you know, a nice house and a good job can give back to society!” (p. 179) – the idea of completing their marriage through

reproduction, of providing grandchildren and heirs, of expressing themselves through maternity and paternity seems to be at least an additional imperative to strive for PGD as a means of making reproductive progress in the face of adversity (p. 189).

The relation between artificial reproductive technologies and traditional norms clearly is a fascinating question, worthy of further analytical attention in future studies, perhaps combined with the exploration of how the cultural, ethnic, social class and religious background influences a couple's decision-making, aspects that were not pursued further in *Born and Made*. Such omissions cannot, however, distract from the fact that *Born and Made* provides a both timely and insightful study of the reproductive technologies and its implications not only for individual decision making but also more generally for the 'biosocieties' we make and into which we are begotten.

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<sup>1</sup> Sarah Franklin and Celia Roberts. 2006. *Born and Made: An Ethnography of Preimplantation Genetic Diagnosis*. Princeton and Oxford: Princeton University Press. xxii + 256 pages. Paperback £13.50. ISBN-13 978-0-691-12193-2

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