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With or against nature? IVF, gender and reproductive agency in Athens, Greece

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Abstract

Based on ethnographic research in Athens, this paper argues that in vitro fertilization (IVF) in urban Greece does not so much make explicit the social construction of nature, as has been argued of the US and UK, but is accommodated into a prior understanding of “nature” as socially realized. Calling upon an ethic of maternal sacrifice, Athenian women see themselves taking charge of a natural process, often correcting damage done to them *by* nature. A sense that adults should produce children in order to realize their natures and be completed as women and men also poses particular, and gendered, ethical questions of fertility technologies: is this a *proper* way of *realizing nature*? While those who successfully use IVF depict assisted conception as “a natural” and “proper way of reproduction,” some fear that others will view their child as abnormal. Contests over “normal” reproduction are articulated to a tradition/modernity dichotomy which Athenians discuss through an idiom of maturity. Believing that Greek society is not always mature enough to understand how natural IVF really is, couples turning to IVF follow one of the two strategies: to educate others or to completely hide it. Both groups want to guard against a view of IVF—in the terms of this volume—as a kind of “reproduction gone awry.”

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Introduction

Since the 1980s, feminists, journalists, bioethicists, and medical scientists have debated in the English-language media whether in vitro fertilization (IVF) and other fertility technologies enhance women’s reproductive choice, or oppress women by serving as a medical tool for rationalizing female reproductivity in contexts of gendered, classed, and racialized inequality (Arditti, Klein, & Minden, 1984; Corea, 1985; Katz Rothman, 1989; Spallone, 1989; Pfeffer, 1993). Others have worried that the new reproductive technologies (NRTs) will irrevocably rend the fabric of “the family” as it is known or, alternatively, may reinforce traditional patriarchal patterns and meanings (Stolcke, 1988; Alpern, 1992). Marilyn Strathern (1992a, p. 177) offers this diagnostic of the ethical questions raised by IVF in

the US and the UK: “What is in crisis here is the symbolic order, the conceptualization of the relationship between nature and culture such that one can talk about the one through the other.” This is to suggest that gender and family are in crisis precisely because the nature—heterosexual reproduction (Yanagisako & Collier, 1987)—that is supposed to ground them is under revision and reconstruction.

Such questions are rarely debated in the Greek newspapers, on television talk shows, or among acquaintances, although at least a dozen IVF clinics operate in Athens. During fieldwork to examine fertility control practices and the social significance of motherhood in Athens, I discovered that IVF in urban Greece is accommodated into local understandings of reproduction, gender, and nature/culture in ways that are at once familiar to and distinct from the US and UK cases. This article contributes to an understanding of how reproductive technologies are differently framed and utilized in localities around the world (Harcourt, 1997; Inhorn,

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2000; Kahn, 2000; Russell, Sobo, & Thompson, 2000), and it shows how technology transfer can introduce ethical and ideational conflict for even the most eager of consumers. Situating limited data on IVF within extensive research into motherhood and fertility control, I suggest that IVF in Greece does not so much make explicit the *social construction* of nature, as has been argued of the US and UK (Strathern, 1992a, b; Franklin, 1997), but is accommodated into a prior understanding of “nature” as *socially realized*. In urban Greece, the ethical questions raised by IVF centrally concern the extent to which use of the technology might go “with” or “against” the nature (*fisi*) of persons that are partially realized through kinship relations (cf. Yanagisako & Collier, 1987). As Becker (2000, p. 59) has discussed of the US, “Cultural ideologies about womanhood and manhood shape the bodily distress that infertility provokes in gender-specific ways,” and likewise women’s and men’s “responses [to infertility and to reproductive technologies] are dictated by specific cultural ideas about womanhood and manhood.” I suggest that IVF is more amenable to Greek women, who use it to realize a key aspect of their feminine nature through pregnancy and birth, than it is to men, for whom a central aspect of their gendered nature is bypassed by IVF technology.

The literature on NRTs is filled with cautionary tales about choice. Scholars and activists warn that the choice to pursue a child with IVF may become for childless (and married) women a mandate, and that soon the choice will be not to pursue every technological possibility regardless of financial or emotional cost (Katz Rothman, 1984; Strathern, 1992b; Raymond, 1993; Franklin, 1997; Becker, 2000). This may be of concern too in Athens; however, any given array of available reproductive choices is always contingent upon social and economic context, just as the imperative to choose is framed differently across racialized, classed, and national borders (Ginsburg & Rapp, 1995; Davis, 1998; Ragoné & Twine, 2000). Perhaps the most significant choice Athenian couples currently confront comes after having decided upon the IVF route: will they be open with family and friends about this, or will they keep it hidden? Either decision is motivated by a concern to guard against others’ potential views of IVF—in the terms of this special issue—as a kind of “reproduction gone awry,” a formulation which I apply to ethical as well as physiological considerations. I discuss how and why the relatives and friends of couples who pursue IVF might fear that this could work *against* the “nature” of the potential father or of a potential child. This question—with or against nature—traces major points of cultural tension concerning gender in Greece and (as will be taken up towards the end of this article) are frequently articulated by Athenians in terms

of relatively “modern” and “traditional” collective mentalities (*noōtropies*).

Methodology

My arguments here are based on ethnographic fieldwork conducted in Athens from 1993 to 1995, during which I attended medical conferences and public symposia addressing family planning and demographic issues, and I conducted open-ended interviews with health care and social science professionals as well as with women living and/or working in the middle-class neighborhood of Pangrati. I explored recent changes in how women’s gender identity is established with respect to their reproductive potentiality (Paxson, 2003). My methodological strategy is similar to Rapp’s (1999) “women-centered analysis” employed in her study of amniocentesis in New York City. Because in Greece sexual restrictions, conception, birth limitation, child care, and now contraception are framed as primarily the responsibility and ethical concern of women, foregrounding women’s experiences enables me to demonstrate the centrality of reproductive beliefs and practices to many of the most intimate and important issues facing contemporary Greece at every level of social and political life, including vacillating claims to modern European and distinctively Greek national identities.

In the course of my research, I was fortuitously introduced to an established, private suburban IVF clinic in Athens where I was able to interview members of the staff, attend informational seminars given to prospective couples, and tour the laboratory. At a party thrown to celebrate the birth of 500 babies conceived through the clinic, I distributed written questionnaires to 50 mothers and fathers who number among the clinic’s success stories. Nine questionnaires were mailed back to me. In addition, I visited and interviewed in their homes seven mothers and one father who had a child after undergoing IVF at the clinic. During previous and subsequent interviews with women about reproductive issues and parenting more generally, I inquired into their familiarity with and opinions about such reproductive technologies as IVF. Interviews were taped. I hired two bilingual university students to help me transcribe these audio tapes, my translations of which they mostly double-checked for accuracy. All persons interviewed are referred to by pseudonyms.

Similarly, I call this clinic the Ekso clinic¹ after the Greek term for IVF: *eksosomatiki gonimopisi*, literally

¹In 1994, the Ekso clinic had been in business for 6.5 years, had seen 3000 women, and reported an impressive 25% pregnancy rate for all ages. In Athens at that time, a cycle of IVF cost around US\$2000 inclusive of the injectible hormones, and while this amount is certainly significant, it compared

“out-of-body fertilization.” In everyday Greek, IVF is referred to simply as *eksosomatiki*. While I did on occasion hear Athenians speak of the process as “artificial fertilization” (*techniti gonimopiisi*), I never heard in Greek translation the phrase “assisted conception,” which has come to be the preferred term among Anglophone scholars and reproductive rights activists (cf. Franklin, 1997; Kahn, 2000) to avoid contrasting the supposed “artificiality” of IVF from an implicitly “natural” heterosexual method. In my discussion of IVF in Athens I thus employ the phrase “external fertilization,” which better captures the Greek phrasing and meaning.

Historical and cultural background

Athenian women currently in their 30s and early 40s were raised by parents who grew up in village or neighborhood communities where social personhood was acknowledged on the basis of active domestic, consanguineous, and spiritual kin roles (Friedl, 1962; Campbell, 1964; du Boulay, 1974, 1984, 1986). According to popular and ethnographic accounts, female adulthood has been tethered to women’s ability to give birth to children. Women were traditionally conferred adult standing upon bringing forth their first born, while spinsters, nuns, and other women who never birthed have been considered social anomalies (Hirschon, 1978; Iossifides, 1991; Dubisch, 1993; Cowan, 1990). In this sense motherhood, cast in a divine light by Orthodox Christianity, represented “the purpose” of a woman’s life. Reproduction in Greece has been culturally valued for *producing mothers*, for transforming maids into adult women.

Much has changed over the last half-century. With urban relocation following World War II and subsequent Civil War, the population of greater Athens has doubled and now accounts for roughly a third of the national population. After the fall of a conservative military junta (1967–1974), women have entered (or reentered) the waged work force in significant numbers. Since Greece joined the European Economic Community in 1981, successive governments have struggled to rationalize the economy and liberalize social legislation in line with EU regulations. In the early 1980s, state-operated family planning centers opened in select hospitals, and Greek women have become accustomed

(footnote continued)

favorably to \$10,000 per cycle in the US or around \$6000 elsewhere in Europe. IVF is not restricted to Athens’ professional class. Ekso Clinic’s head obstetrician/gynaecologist, Dr. Stamatis, first worked in IVF in Virginia; Zoë, one of the biologists whom I came to know socially, trained in England under Dr. Steptoe, the in vitro pioneer.

to medicalized birth (Arnold, 1985; Lefkarites, 1992) and biomedical prenatal care (Georges, 1996b). Legislative reforms of the 1980s legally recognized civil marriage and divorce, and legalized abortion on demand (General Secretariat of Equality, 1993). Between 1970 and 1990 the divorce rate doubled from 5% to 10% (National Statistical Service of Greece). Also in the past 50 years, the country’s fertility rate has fallen from about 2.5 to fewer than 1.4 children per woman of reproductive age. That this rate compares unfavorably with that of Greece’s neighboring, historical foe, Turkey, has sparked nationwide demographic anxiety and pronatal sentiment, if not comprehensive family policy (Paxson, 1997; Halkias, 1998). In the midst of such social and economic changes, the cultural significance of reproduction is shifting from establishing females as adults to distinguishing adult women from adult men; that is, to establishing gender difference (Paxson, 2003).

Being a woman and being a mother have come to symbolize the paradoxically opposed poles of modern female adulthood in urban Greece, as in other parts of the capitalist world (Collier, 1986, 1997; Ginsburg, 1989; Stivens, 1998). As modern *adults*, women are supposed to act independently, exercise reasoned decision-making, and assume responsibility for their actions. But as adult *women* (including being mothers or potential mothers), they are supposed to subordinate their own interests to others’, be swayed by emotion, and love unconditionally. The ideals of gender and kinship, for women, are moving out of phase with one another. And yet, if motherhood is one thing and womanhood another, as one respondent to my IVF questionnaire wrote, this begs the question of why “modern” women continue to claim that motherhood “completes” them *as* women.

I met numerous middle-class Athenian women—single, married, divorced, with and without children—who assured me that motherhood “completes a woman.” Addressing this question, Daphne, a 32-year-old school teacher and feminist activist, distinguished between past and present, traditional and modern formulations of the relationship between womanhood and motherhood:

For my mother’s generation, I can say that becoming a mother was the purpose of a woman’s life. But for the women my age or maybe younger—the *modern* woman, let’s say—they work and they have a social life and they are involved with different activities. Maternity is something that could make you a *whole* woman. You complete the purpose of life. And I think especially here in Athens, in the cities, they accept you if you don’t have a child, but they admire you more, they accept you more if you are a working woman and you have your husband, your family, your house, *and* your children.

I found that contemporary middle-class Athenians view motherhood as a matter of personal responsibility or as a goal to be achieved. In the context of an unstable economy and the weakest level of state support for childcare and parenting in the European Union (Papadopoulos, 1998), motherhood is not something Athenian women take for granted. Here, women seem to encounter infertility less as a shock that upsets their assumptions about how the world works (Becker, 2000) than as yet another hurdle in a line of many to be overcome in their efforts to achieve motherhood.

Athenian women who pursue IVF cite the same reasons for wanting a child as do others; written responses to my questionnaire included such ideological citations as, “It’s not a marriage without children,” and “Basically our life was asking for it—and my completion as a woman—I wanted to become a MOTHER. To feel the creation inside me.” *Becoming mothers* is more explicitly desired than having children. It can be argued that IVF reinforces a biological motherhood mandate here as elsewhere (cf. Inhorn, 2000; Becker, 2000). Merope, a 40-year-old teacher living in a wealthy suburb, told me in an interview that before she had a child (with IVF) she felt both “different” and left out by “the others”—specifically women with children—who were, she owned, her “number one problem”: “I wanted to have a baby, of course, but I also felt alone.” While research suggests that the vast majority of Athenian women want to become mothers (Symeonidou, 1990), it is difficult to discern desire from obligation because social expectations are pitched as metaphysical concerns. Another woman who became a mother using IVF told me, “A married woman who has no child is a topic of conversation. What is significant is that it is not acceptable for a couple to decide not to have any children.” The narrative of reproductive “normalcy” into which IVF gets folded has to do with the normalcy of women *achieving* motherhood (Becker, 2000).

In this light it is not surprising that the Greek Orthodox Church has made no official pronouncement against IVF. In symbolizing women’s moral worth, the Orthodox Church already fetishizes motherhood rather than conception—Mary is far more frequently hailed as the Bearer of Christ (*Theotokos*) than as a Virgin—and, as Kahn (2000) has argued similarly of Jewish kinship, this overshadows questions potentially raised by female gamete donation, for example. A distinction between Orthodoxy and Catholicism on the matter of IVF can be further discerned through the Orthodox doctrine of *ikonomia* that dictates it is ethical to commit a smaller sin in the interests of avoiding a larger sin. Applying this to IVF, since “God wants there to be a child in the family,” the end of “completing a marriage” can be seen to justify non-standard means of conception in order to reach that end. I asked women who had nothing to do

themselves with IVF to comment on it; nearly all agreed with 35-year-old Niki, a married and unhappily childless woman (not owing to fertility problems but because she and her husband cannot afford to raise a child in the manner they deem appropriate): “I don’t think that any ethical issue enters into [IVF] because the Greek society loves the child. It wants there to be a child in the family.”

In this context, when reproduction “goes awry” and women find themselves unable for physiological reasons to complete their marriages and themselves as women, it is not surprising when they seek a medical solution. At present, fertility technologies are available in Greece to a limited extent, clustered in urban areas and on wealthier islands such as Mykonos and Crete. The Athens clinic I visited is not alone in accepting as patients only heterosexual and, with few exceptions, married couples. Same-sex partners have not organized to seek parenting rights in Greece. Consistent with the low overall percentage of single-parent families during the 1990s (just 5% nationwide, including children raised by widows), independent sperm banks in Athens barred single women from purchasing donor sperm. Contract surrogacy has only just begun to be covertly practiced since the time of my fieldwork,² although there had been a few publicized cases of gestational surrogacy arrangements where a woman gestated an embryo on behalf of her daughter or sister, for “love” not profit. Reproductive technologies are available in Greece for heterosexual couples to use in completing the dominant family form.

With nature: women doing IVF

My observations at Ekso clinic indicate that staff present IVF to childless couples in the same manner as successful parents talk about it: as a means to an end. During a network television appearance, Dr. Stamatis insisted “that every woman wants a child, and so everything else is secondary.” Angeliki,

² According to a *Kathimerini* newspaper article (April 27, 2000), the public prosecutor in Thessaloniki recently investigated accusations that immigrant Balkan women are being employed to undergo “artificial fertilization,” gestate, and birth babies on behalf of childless Greek couples in northern Greece, where pronatal rhetoric is stronger than in Athens. The case of a young Bulgarian woman who had been paid “a few million Drachmes” (a few thousand US dollars) to act as a surrogate mother became known to the public after she “reportedly gave birth prematurely to a child with health problems, resulting in a disagreement between the two sides.” Local doctors admitted to journalists following this incident that “many women have given birth for payment in a private clinic over the last 5 years.” See Ragoné (1994, 2000) for the complications contract surrogacy introduces to IVF practice in a US setting.

a 35-year-old mother who gave birth to her one child using IVF, told me that when she tells people about doing IVF:

I explain to them that it's a procedure, that the woman does some preparation of the organism so that she has many ova, that the spouse gives the sperm, fertilization happens in a tube [sic], and then after cell division happens they give you the implantation. What they put in you is an embryo. This is what I tell them. And then you wait and see what happens. Which ones will grab on [to the uterine lining] and which will leave. They say "Bravo."

Ariadne, also a 35-year-old mother of one owing to successful IVF, asserted similarly that she and her husband of 12 years "accepted it very easily, as all the doors had closed. We had to do something to have a child." Soula, a 39-year-old bank clerk who birthed her child the year before I met her, said, "from the moment a couple is faced with such a problem they try to find a solution to their problem, isn't that how it is? And I believe this is a very good solution, very efficient." After several years trying to become pregnant with her husband and seeing innumerable doctors who could find nothing "wrong" with either of them, a laparoscopy revealed endometriosis; Soula's fallopian tubes were preventatively tied. Stamatis was the physician who performed the laparoscopy, and he suggested IVF to Soula and her husband as a treatment option. "I said this thing must be done," Soula told me. "I decided it, and I had no problems with it." Soula, Ariadne, and Angeliki all sought a medical cure for their social problem.

Childlessness is a social condition (Inhorn, 1996), one that can become a social problem when notions of gender identity and relatedness are linked through family laden religious imagery, kin-based means of transmitting wealth and conferring social status, and/or project-oriented desires to produce quality children. Infertility, which also gains meaning in relation to ideologies of gender, kinship, nationalism, and procreation, is often, contrastingly, represented as a medical problem. When infertility is pathologized, couples are able to seek a medical cure for their social problem of childlessness. In Athens this was evidenced when I asked about health insurance: people who had no immediate experience with infertility conceded that "of course" IVF should be covered because, as one woman who had been through it said, "One turns to IVF because one has a *páthosi*, an illness." The government agrees. As part of the state's pronatal efforts, partial health insurance coverage is offered for "the expenses of contemporary fertility methods to couples who face

serious problems of sterility" (Parliament of Greece, 1993).³

The pathologization of infertility—viewing it not only as a medical condition but as a medical illness—may at first glance be seen to reflect the folding into "nature" (in the form of parental desire) of the "social" problem of childlessness; this kind of "naturalization" of a social problem—turning childlessness into the problem of a medical illness—is what Franklin (1997) and others argue of IVF practice in the UK and the US. But there is more going on in the Athenian case. When having children helps realize people's nature as men and women, seeking a cure for the apparent cause of childlessness, namely infertility, can be readily incorporated into the natural order of things. In Greece, the "naturalization" being called upon does *not* signal inevitability—as Yanagisako and Delaney (1995) have argued for "the West"—but allows for (limited) human intervention in "nature" if this intervention is morally justifiable. The women I met who had successfully used IVF to become mothers described the *procedures* of external fertilization as "a natural, normal way of reproduction" and a "proper" one at that. Zoë, the head biologist in the Ekso clinic's lab, declared to prospective and first-time patients in one of her informational seminars, "there's nothing strange [*parákseni*] about it." IVF is largely regarded as natural and normal because women depict themselves as morally responsible for maintaining or treating their bodies to facilitate *teknopi-ía* (the making of children) to overcome their childlessness, and thereby complete the family form and their own womanly nature. In this way, IVF can be seen to work *with* nature, with a nature that is not in dichotomous relationship to culture or society (cf. Strathern, 1980).

Athenian women are in the first instance able to incorporate external fertilization into an understanding of "natural" and "proper" motherhood because it is gestation and birth, rather than conception, that are definitive and iconic of true motherhood. As 40-year-old Phoebe, a divorced administrative assistant who is also

³ Angeliki, who gets national health through her job at the state electric company (DEH), called her insurance coverage "a joke," although certainly it helps. The hormones she takes to super-ovulate, for instance, would cost 100,000 Drachmes (about US\$440) without any insurance, but with insurance she pays 25,000 (US\$110) per cycle. The IVF itself costs 300,000 (a little over US\$1300) per attempt; DEH will give her 120,000 (US\$530) per year for IVF. If she makes more than one attempt in a year, she is responsible for its full cost. "It's a lot of money. Because of this, most of them [women having trouble conceiving] tell you 'I'll go to the gynaecologist, not IVF. I'll pay 10,000 (US\$45) for an office visit.' Ten thousand rather than 300,000 Drachmes. There's a difference."

childless (not owing to infertility), remarked:

I believe that there's no problem created with IVF because it's clearly a technical issue. That is, from the moment that a life is started up you feel it in your body and you have this life inside your belly for nine months and you have the child — there is no ethical problem, nor any other problem. It's simply a technical matter which helps two people to feel this joy of life. To have a child.

When women's recourse to external fertilization is accepted as working "with nature," women are seen to be properly making themselves into mothers. Given the significance of birth for creating mothers, Greek kinship ideology suggests that a child who enters a family via IVF does so "more naturally" than, say, a child adopted into one. For women, gestation and childbirth is both what demonstrates IVF's validity in making them real and proper mothers and what is problematically displaced by adoption. Most of the couples I met through the Ekso clinic had considered adoption, and a few had even initiated the bureaucratic process before turning to IVF, but IVF is not so much an alternative to adoption as an alternative to remaining childless in Greece since few Greek women give up infants for adoption and because the "blood" that establishes maternity is conferred through gestation and shed through birth.

With *eksosomatiki*, Greek women depict themselves as *achieving motherhood* by *taking charge of a natural process*. Procreation results, when it does, from the bodily regimen that a woman elects to undergo—the series of injections, the taking of her temperature, the surgical procedures. Women expressed appreciation for how IVF is practiced in Athens as a women-centered event. At the clinic, nearly everyone I encountered was a woman: the smiling receptionist, the lab technicians, two out of three biologists, and the women (only occasionally accompanied by husbands) attending informational seminars and awaiting their turn in the operating room. It is common in the British literature on NRTs to read that IVF is something to which women "submit" (Pfeffer, 1993, p. 169; Arditti et al., 1984; Spallone, 1989; but see Becker, 2000). In Athens people talk about it as something women "do"—and to which husbands agree.

Many of these women view IVF as an opportunity to experience even more fully—and get even more credit for—procreation and birth. Angeliki, who works for the electricity board, was 35 when she birthed her daughter, now four and a half. "When I chat with women," she said to me, "and tell them I had Ioanna with *eksosomatiki* and now I'm trying to have a second child, again with *eksosomatiki*, they think I'm a heroine. Why? Because there's some procedure. They tell me 'hail to your courage.'" Precisely because Angeliki went to such

lengths to have a child, onlookers are impressed by the tenacity of her maternal desire (see also Franklin, 1997). "It's one thing to make love and get pregnant," she elaborated, "and another thing to want to have a child, to enter into a procedure and have a baby like that. You have to want it a lot." According to some women I met, their commitment to having a child using IVF makes them better mothers when many others around them appear to have a child merely because it is expected of them. Not only has their maternal desire been proven beyond a shadow of a doubt, the efforts they make to achieve motherhood are incorporated into a longstanding ideology of maternal suffering or sacrifice (Dubisch, 1995; Seremetakis, 1991). The pain of repeated injections, the ordeal of going under general anaesthesia for ova retrieval, augment the *desired pain* of childbirth.

One 35-year-old woman wrote on her questionnaire, "For me, I just wanted to become a Mother, to birth, *to be pained*, and to bring into the world a living creature who will fill our home with joy, happiness, love" (emphasis added). For Litsa, a bank teller married to a plumber, the most difficult pill to swallow in her years of battling infertility came after she became pregnant via IVF: she was told she had to have a Cesarean section. She resents being denied the crucial experience of childbirth, and fears repercussions of this for her subsequent mothering:

It means something to me that I couldn't learn how I'd control myself the hour that the child comes out, not for the pain—what feeling could I have, what repercussions—can there be no repercussion for the child? I thought of it [childbirth with Cesarean] like an operation after all that I had done. I went in and okay, I came out with a child—not that the child wasn't my own—but I wanted to feel that specific [she mumbles something incoherent]. It didn't happen. It doesn't matter.

In keeping with an ideology of maternal sacrifice, every parent I met intended to tell her child an IVF origin story. Angeliki showed me an archive she kept for her son for when he grows older comprising a video recording of an interview the director of Ekso clinic did on television, various of her examination results, and fetal sonograms.

I wish to contrast this sense of women "taking charge of nature" with a depiction common in the US and UK that the naturalness of IVF comes from "just helping nature to do what it would have done anyway" (Franklin, 1997, p. 103). Most of the Athenian women I spoke with who had successfully undergone IVF described it as an intervention to correct damage that had previously been done to them *by nature*. By "nature" they referred to injury of their internal organism, as with Soula's ectopic pregnancies, or

perhaps to metaphysical forces that denied them easy conception. The assessment that “nature” has wronged them can hold regardless of whose organism, hers or her husband’s, “nature” injured. Either way, a woman suffers, pointing to an indeterminacy between infertility and childlessness. Litsa’s heart-breaking maternal success story indicates that even human error can count as “natural damage” that one may appropriately work to repair. Unable to become pregnant after having had an earlier abortion when she was young, Litsa suffered in her childless marriage. Following years of being told there was nothing to be done for her sterility, an Italian doctor gave her hope that she might be able to conceive if she agreed to surgery on her fallopian tubes. Within six months of that operation she had an ectopic pregnancy, and her one functioning fallopian tube was removed. A couple of years later she met Dr. Stamatis, who had just established his Athenian IVF clinic. In 1987, Litsa became the first woman at Ekso to become a mother. “I haven’t hidden from anyone that the child is with IVF. I didn’t consider it and I don’t consider it shameful what I did. I consider it my honor. I did something on my own that nature denied me—back when I had the abortion, by my own error or by the doctor’s, I don’t know what. I tried to redress something that I know nature damaged. I don’t feel badly about this.”

When a Greek woman cannot “do” fertilization and conception inside her body and takes the problem into her own hands, so to speak, she “does it” (fertilization) *outside* her body, “with *eksosomatiki*.” It always startled me when I phoned the Ekso clinic and the receptionist would inevitably answer in a pleasant voice, “*Eksosomatiki?*” [literally, “Out of body?”] This word significantly designates the procedure as something that happens outside a woman’s body, rather than stressing its “technological dimension,” which Franklin suggests is the case with the acronym IVF (1997, p. 105). Extending Arnold’s (1985) and Georges’s (1996a) analyses of an “inside/outside distinction” that Greeks apply to health maintenance, I suggest that “doing fertilization outside” actually contributes to the “naturalness” of the procedure. Just as withdrawal is seen as a more natural contraceptive method than the IUD or pills *because* it operates outside a woman’s body, IVF poses no threat to the integrity of a woman’s “inside”—specifically to her womb, which is crucial for the validating process of *gestation* to occur. The phrase *eksosomatiki gonimopüsi* makes explicit the fact that what happens “outside” (with assistance) is *fertilization*; pregnancy is the same as always. When fertilization occurs outside rather than inside a woman’s body, the technique of IVF does not substitute for distinctively maternal processes; women who become pregnant with IVF still get morning sickness, still dread Cesarean-sections or elect for epidurals, still get their 40 days off work *san lechónes*, as newly delivered mothers.

The importance of gestation and birth in establishing maternity also helps explain Phoebe’s comment that, “After birthing a child which you have had in your belly for 9 months, I don’t think it makes any difference whose sperm or ovum it was.” Zoë, Ekso’s lead biologist, assured me that 80% of the women who have been through the clinic were indifferent to the possibility of donor ova or donor sperm: “A lot of women say, ‘if my husband’s sperm is no good just use any other sperm, I don’t care.’ Of course we don’t use it without the husband’s permission,” she added. Her qualification is significant because fertilization *is* key to *paternity*, as I will address below. But if, as I argue, women more readily than men can “do” IVF in such a way as to realize their gendered natures, *how* women approach the procedures of IVF importantly contributes to their sense that IVF is a “natural thing.”

Zoë contrasted the patients she has worked with in Greece as being “completely different” from clients in the US and the UK, arguing that Greeks pursuing IVF act more like patients than clients.⁴ “Greeks,” she said, never “ask things like, ‘tell me the percentage of my chances for getting an ectopic out of so many tries,’” as they do in the States (see Becker, 2000).⁵ They want to be told what to do and when, but “some people don’t want to know any details, they’ll just worry the more they know.” Angeliki, who when I met her was in the midst of superovulating for her first attempt at a second pregnancy, described to me the exhaustion and depression of seeking fertility treatment from gynaecologists before learning about IVF: “after going through those 4 years, IVF was child’s play [*pechnidhi*]. I had a better experience with the IVF, the injections, than waiting to go to the doctor for him to see you, come again in 2 days to see the sperm, to think about this or that.” Rather than process the technical details and weigh their statistical odds, Zoë continued, “in Greece patients

⁴The word *pelatis* encompasses the meanings in English of both “customer” or “client” and “patient,” at once obscuring and emphasizing the simultaneous commodification and pathologization of infertility problems and treatments. In Greece, though, the emphasis falls more on client as patient rather than customer—speaking with me in English, for example, staff at the Ekso clinic consistently referred to the women they see as “patients” rather than “clients,” the standard appellation in British and US American IVF practice.

⁵In her study of amniocentesis in New York, Rayna Rapp demonstrates that among “Americans,” demands for statistical information and a “sense of entitlement to the best scientific data” must be understood not merely in terms of “American culture,” but as a “class-based response to anxiety” (1999, p. 110). Because IVF is relatively more expensive and less covered by health insurance in the US than in Greece, the American “clients” Zoë encountered in her IVF work there were most likely to belong to the professional class which Rapp reports seek comfort in numbers.

want to be fathered or mothered a lot, they want to sit there for hours and hours—really, they just want to call you all of the time. If they could call you at home they would for things like, ‘Oh my God I coughed today, is this bad for the IVF?’” She and the other biologists frequently find themselves performing ad hoc marriage and grief counseling. For a time, a psychologist friend of Zoë’s informally counseled patients at the clinic. In a later interview, I asked this psychologist what the women most wanted to talk with her about. “First of all they cried,” she replied. “I mean, we had to spend about half an hour for them to cry, before they talked, which means that the tension had piled up that much.”

In the informational seminars she gives to prospective couples, Zoë does not warn that hormonal treatment may manifest emotional effects, an omission first brought to my attention by a Greek–American friend who had undergone two unsuccessful IVF cycles at Ekso. When I asked Zoë about this, she replied, “Usually they just complain about bloating, headaches, weight gain; not any emotional effect.” The emotional aspect of pursuing IVF, which in the US or UK is largely pathologized as a hormonally induced emotional “side-effect,” is here naturalized in quite a different way—as a social performance regarded as a reasonable response to stress, or as an aspect of “cultural tradition” by which most social relations are organized as some kind of kin relations. The medical establishment in Greece, when it works best, is seen to offer paternalistic as well as scientific/therapeutic assistance. Everyone I interviewed who had been through the clinic praised the staff for their warmth and emotional support. “Above and beyond their science they are very positive as people to help you overcome your problem,” one woman commented. What modern medical science in Euro-American settings sidelines as distracting, immaterial “emotional side-effects” (Cussins, 1998, pp. 67, 68) centrally figure in Athenian reproductive success stories. Women depict *eksosomatiki*, and reproduction more generally, as a social event that *they* orchestrate according to their own and their society’s needs.

Paternalism, virility and the gender of IVF

Let me return briefly to my observation that IVF is more readily incorporated into Greek notions of realized *feminine* nature than realized *masculine* nature. Paternity is not equivalent to maternity (cf. Delaney, 1986). In Greece, paternity is theoretically about the contribution of “seed” (*spóra*, whence “sperm”) and the social recognition of that contribution; legally, this has been secured through the institution of marriage (Dheliogianni & Kousoula, 1984; Koumantou, 1985, 1988). Reproductive technologies with the potential of utilizing donor sperm complicate this picture. Litsa told me that people

sometimes ask of her child, when they learn about the IVF, “‘Is it your own?’ But they mean is it your husband’s especially, because you’re fine. They don’t know what the ovum is, they see your belly inflated, ‘She birthed, it’s hers.’ For the woman, since it came out of her belly it was her own. They take issue that it isn’t the spouse’s.”

The threat here is not so much that a man’s genetic ties to the child will be questioned; what is thrown into doubt is his virile capability to inseminate his wife through sexual intercourse. After his wife Ariadne commented that “the Greek male...doesn’t want to accept that he can’t have a child. And only a few [men] accept IVF. They are afraid of their relatives, they keep it a secret,” Yiannis explained, “They feel ashamed because they did not do it [conception] the natural way [*fisiologiká*], they had problems [i.e., of a sexual nature]. What will people say?” Men in Greece, as in the US, often “confuse virility with potency” (Becker, 2000, p. 46). As in urban Egypt (Inhorn, 2000) and Israel (Kahn, 2000), male-factor infertility in Athens is increasingly “treated” with a variation on IVF called intracytoplasmic sperm injection (ICSI), where a single sperm is injected into the cytoplasm of an oocyte in vitro. This procedure facilitates couples’ biogenetic reproduction, eliminating the need for donor sperm. ICSI was first used successfully in Athens in 1993,⁶ although it does not address the most significant local concerns regarding paternity. What is frequently at issue ethically and socially in Greece is not what *actually* happens (e.g., that a husband’s sperm is used in IVF) so much as what others might *believe* happens. Secondly, Greeks, like the Israeli Jews of which Kahn (2000) writes, are not so concerned with biogenetic connection in and of itself. What is primarily at stake for Greek men, by way of biological paternity, is their gender proficiency, their ongoing demonstration of what it takes to be good at being a man (after Herzfeld, 1985).

Women I interviewed pointed to an ideology of masculine sexual “capability” to explain why infertility problems are immediately assumed to arise from problems in the woman’s body. In so doing, they use local terminology which sounds more analytical in English than it does in Greek. Maro, a 38-year-old unmarried dentist, cited the ideology of masculine sexual capability as a reason why infertility problems are immediately assumed to lie within a woman’s organism:

There is the following phenomenon in Greece, when a couple tries to have a child and for whatever reasons a child doesn’t come, usually the weight falls on the women. The responsibility is the woman’s, not the man’s. When of course it may well be the man’s.

⁶“The first births with microfertilization,” *To Vima*, 7 November 1993.

Why does this happen? Because men are capable [*ikani*]; the women have the problems in Greece. That's what they think, that's what [men] are taught, that it's not possible that they are unable to have a child. It's the male egoism that all this social conditioning has cultivated in them. Men are phallogocentric [*falokendrik*], very few are not.

In virtually the same words, a civil servant who turned to IVF after having “problems with my fallopian tubes” told me, “the man still has a hard time going to get checked out... It is very difficult for Greek society which is patriarchal to admit that the man might have the problem.” For Greek men more than for Greek women, then, fertility is linked to sexual “capability,” and virility is a key means by which men realize their gendered natures. For this reason, IVF in Greece may be viewed as a less “natural” a means of achieving fatherhood than of achieving motherhood, in which gestation and birth are central.

Or against nature? “Traditional” concerns over kids and kinship

Although Athenians who pursue external fertilization work to frame this as a natural means of reproducing and becoming parents, they are aware that “others” may see things differently. Ariadne mentioned having seen a morning television program on which women on the streets of Athens were asked whether they would do IVF; in seeming contradiction to the above discussion, “most said ‘No, because I can't go against nature’ [*dhen boró na bo enántia stin fís*]. [But] they were young, inexperienced,” Ariadne explained. Her husband Yiannis, who participated in this interview, elaborated: “When you don't have a problem things look rosy. When you develop the problem, from then on it's on your mind and you think about it and you say ‘I accept it,’ one way or another.” Angeliki made a similar argument, explaining that when a friend of hers “told me ‘I would never do [IVF] myself,’ I said to her, ‘You have two kids and you don't need to do it.’ When you don't have any [infertility problem], you don't know when you would do it.” Nevertheless, “misunderstandings” about what external fertilization actually entails are apparently legion among people who do not themselves face “the problem,” and in negotiating these, women and men who choose to pursue IVF confront head-on the overlapping mentalities and ethics that texture Greek modernity.

Many Athenians who turn to IVF—both the biologist Zoë and the psychologist who works with IVF told me—opt not to tell a soul, or they tell only a few close friends. In keeping with the above discussion, women's “choice” to hide their IVF is often made in service of

their husband's paternity, or more precisely to avoid disrupting a conceptual link between sexual virility and manliness rendered through fertility and proven by demonstrated paternity. But there are other reasons too, reasons which urban Greeks often evaluate in the relative terms of societal “maturity.” Soula, who invited me into her home to speak with her about IVF, warned me the moment I settled in my chair that only the staff at the clinic, her husband, and now I knew about this. She explained her silence in part as an outcome of simply being too exhausted to take on the burden of having to explain the technicalities to skeptical ears: “I did not want any negative influence from outside. My husband and I didn't have any problems with it, but I don't think the Greek society is mature enough for some things and they don't understand.”

One thing “they” (often rural, older, “unlettered” persons) often “fail” to understand, according to the “we” who pursue IVF themselves, is a scientific explanation of procreation. Athenians told me of parents and relatives who are older and live in villages do not know the word “ovum” and thus cannot be expected to comprehend the process of externally fertilizing “it” in a petri dish, after which the embryo can be returned to a woman's uterus for normal gestation. Merope suggested to me that such persons may assume that “an IVF child” will be somehow “different.” Merope confided that her greatest fear about the entire procedure was that her mother would find out, because a friend of a friend who did IVF told her mother, and she “couldn't accept it. She is afraid, perhaps, *how the baby will be*” (emphasis mine). This woman feared the consequences of a kind of “reproduction gone awry” for the child produced. Disability is stigmatized severely in Greece. The residents of Greek orphanages sadly attest that here “unwanted” babies are primarily physically and mentally “abnormal” babies. Even my 25-year-old friend Eva, before weighing in on what she thought of the 58-year-old Greek woman who birthed a child after using IVF and whose story then filled the newspapers,⁷ first asked me whether the baby was healthy, signaling some kind of anxiety about biology—perhaps in reference to an inside/outside model of bodily health, but this time from the subject-position of the infant, rather than the mother. Thus, as Landsman (2000) has discussed, “real” motherhood is predicated upon making a “normal” child.

Without an understanding of gametes, traditional Greek procreation theories trace bilateral inheritance through the shared substance of “blood” (*syngénia eks ématos*) (du Boulay, 1984; Koumantou, 1985; Iossifides,

⁷ See “The Oldest Mama in Greece,” in *Eleftherotipia*, and “Record mum at 58” in *The Athens News*, both from Tuesday 18 July 1985.

1991). But if blood, a biologizable idiom of relatedness (cf. Schneider, 1968), normatively constitutes Greek kinship, it has a social component and social repercussions. As a 70-year-old former school teacher said to me, “A child’s character is created by the way that you bring it up, but also by what comes from inside, from its parents. If it comes from alcoholic parents, say, this creates problems for the child. It will not just depend on the way that you bring it up.” What is more, the blood which flows between mother and fetus during gestation augments the maternal relationship and accounts for the social fact that as it grows, a child will remain more “closely tied” to his or her mother than to the father.

External fertilization is most dramatically “misunderstood” as external *gestation*. Ariadne’s husband Yannis owned, “I was a little guarded myself. Not that I was ashamed to say it, but because someone else might not know what IVF meant, because the term ‘test-tube baby’ [*to paidhi tou solina*] is widespread.” “They hear ‘test-tube baby,’” Ariadne interjected, “and believe that the child grew inside a tube. That is, we’re talking about primitive [*protogona*] things.” The most threateningly “unnatural” aspect of IVF in these (mis)perceptions is the supposed bypassing of maternal gestation, which not only establishes maternity but significantly contributes to the development of the fetus, the resulting child’s character, and the subsequent relationship between mother and child.

Ariadne, fully aware of such possible interpretations, takes the opposite strategy of Soula and tells everyone that she used IVF. “I don’t let them misunderstand me,” she explained:

I haven’t hidden it from anyone. I have even told Yiannis’ parents and they live in the countryside. They are aged, learned but completely different. I have explained everything to them. We can’t expect an 80–85 year old woman in the countryside to know these things. She has lived all her life in the fields, she has had 6 children and I told her. She told me not to tell anyone that I did it with *eksosomatiki*, but I told her that it makes me even prouder than otherwise because I struggled to do it and I feel prouder because I managed to have a child despite all these problems. I tell her she should not be ashamed that her grandchild is by *eksosomatiki*. It is a bit difficult for her to understand, but I believe that she has. I haven’t given anyone the room to miscomprehend it. Everywhere I pose it as a natural [*fisiologikó*] thing, as it is.

Greek women such as Ariadne who go public with IVF often describe it as their mission to inform and help others who suffer childlessness. Many would happily donate ova (most donor ova at this clinic are the unneeded ova of other women undergoing IVF

themselves). With Ariadne’s consent, doctors give her phone number to women seeking infertility treatment—“I have sent complete strangers to Stamatis,” she boasted.

Discussion: strategizing “Tradition” and “Modernity”

People like Ariadne see this aspect of IVF similarly to how it is presented and accepted in the US and UK: as a medical means to bypass or surmount fertility problems in order to cure childlessness. It has been noted that what IVF “cures”—for the fortunate 20–25% of users who are successful!—despite its classification as a medical technology, is childlessness. IVF does not “fix” abnormal sperm or “mend” damaged fallopian tubes (Strathern, 1992b, p. 37). But in Athens, couples such as Soula and her husband who choose to hide a successful IVF can arguably be seen to cure their *infertility* as well as childlessness. So far as others were concerned, their wishes were answered and Soula birthed the child everyone awaited. If appearances suggest that pregnancy occurred without technical assistance, then infertility has been obscured rather than bypassed. Because in Greece fertility is by nature socially realized, arguably Soula used IVF to *expand her biological fertility*, rather than surmount her biological infertility. In contrast to the US and UK cases, in which assisted conception, when it is favored, is seen as “giving nature a helping hand” (assuming an a priori nature that knows what it wants) or as a typical and natural use of technology by culture-bearing humans, in Greece, as I have argued, it is natural (*fisiologikó*) to help direct nature (*fisi*): external fertilization is not the same as assisted conception. Athenians view IVF as an enabling technology whether they approach it as a means to obscure/erase or to bypass infertility; in either case it enables somewhat different goals. This difference comes down, in part, to where people seek to position themselves vis-à-vis Greek tradition/modernity.

When Athenians share proudly with others the procedures they have followed to bring forth a child and to achieve parenthood, they are applying a modern technology through what they view as a modern ethical stance, one that evaluates a particular action in the context of individual interest and intent. When urban Greeks use a modern technology but hide its use from others, they are applying it within what they view as a more traditional ethic, rooted in proximate village life and consistent with the Orthodox doctrine of *ikonomia*, which holds that it is morally appropriate to keep hidden an act (such as IVF) that might cause social disturbance. Ethics in this formulation is directed at anticipating and circumventing “what the others will say.” The ethical impulse to hide a potentially controversial means to an unquestionably appropriate end

keeps the act (means) itself from being subject to moral evaluation: “if you don’t talk about it,” people often say of discretionary lapses, “it didn’t happen” (Kennedy, 1986). If Athenian couples can “choose” either option—to share with others their strategy of external fertilization, or to allow others to assume infertility was not a problem for them—these carry different kinds of moral ambiguity within contemporary urban Greek society.

Couples such as Ariadne and Yiannis who use IVF openly, where they receive extra praise and emotional support, seem more satisfied and settled with the experience. Those like Soula, who hide their IVF practice out of fear they will confuse and antagonize (usually older, less formally educated) relatives and friends, experience more evident frustration living in an ambiguously modern society. By ambiguous I do not suggest that Greek society is “not quite” fully modern, but rather indicate that “modernity” never exists without the “tradition” against which it is defined (Collier, 1997; Stivens, 1998). Recalling Daphne’s comment above [Historical and Cultural Background section], that even “modern” women do not feel “whole” without motherhood, I would suggest that one’s identification as a properly “modern” person must incorporate elements of “tradition”; for women, this includes motherhood. Things “modern” are implicitly incomplete, lacking, without key aspects of “tradition.”

Fully contradicting what she had said to me at the outset of our interview about “Greek society” not being mature enough, later on Soula spoke equally adamantly:

I believe that our society today is mature enough to accept IVF. Maybe 10, 20 years ago, I don’t know how they would have seen it then, I don’t think they would have accepted it. But today because there is this problem and it seems quite a widespread one, I think it is natural [*fisiologikó*] that they should accept it. It’s a natural way of reproduction. Proper [*sostí*].

That IVF forces urban Greeks to shoulder the paradox of modernity’s reliance on tradition in a most personal, intimate, and gendered way emerged too in Litsa’s recounting of her experience relating to the technological process of IVF. Usually, Litsa told me, she is a person who wants “the doctor to be my friend and not just a doctor, not because I pay him to be concerned with me, to give me explanations, but because I want to know what is happening to me. With the dentist I hold the mirror and see what he is doing to me.” In contrast, when she pursued IVF:

It was the only time that I wasn’t interested in anything, that I didn’t want to know anything—only the result that I got every mid-day from Zoë. And I knew that when the cells go up it’s good, when they don’t go up it’s not so good. This is all I knew. I didn’t want to be inside this. I wanted to think that it

was happening to someone else, not to me. The feelings were very strange.

I read the “strange” feelings Litsa felt, and her aversion to learning about the procedure for the sake of knowledge, as testimony to feelings of ambiguity about pursuing such a resiliently rational method in the attempt to realize the most moral and emotional of female desires recognized by Greek society. If IVF makes explicit anything implicit in Greek society, it is the contradictory nature of modern femininity.

Conclusion

Using the tools of “tradition” and “modernity,” Athenians who are open about their use of IVF, as well as those who are not, all want to guard against a view of external fertilization as a kind of “reproduction gone awry,” a means of reproduction that goes against the nature of ethical human possibility. Those committed to helping others overcome childlessness and to facilitating their society’s wider modernization devote themselves to educating friends and relatives, hoping to convince them that external fertilization appropriately works “with nature” in creating mothers and families. Those who hide IVF fold a modern technology into more explicitly traditional understandings of ethical gendered behavior to guard against (mis)perceptions that their child and lineage are somehow generated “against nature.” The perceived threats of IVF to the social order or to “nature” primarily implicate masculine gender proficiency and the normalcy of social relationships a baby will grow to be able to engage. Which strategy couples favor is informed by their stance regarding what is widely perceived as their country’s inevitable journey towards a “western future” that might abandon symbolic and practical elements of its more “eastern past” that, for men, include the prestige of patriarchal power and, for women, the cunning exercise of behind-the-scenes control over family matters (Friedl, 1967).

In pursuing their own desires to become mothers by doing IVF, women may shoulder the burden of men’s desire to be seen as virile, capable, properly manly. “Greek society is male-dominated [*androkrateúmení*],” one IVF mother wrote on her questionnaire: “The man might have the [fertility] problem, but it would never come out that he had the problem; it would come out that the woman had the problem.” The *kalá ‘ndras*, meaning a “well man” or one who is “good at being” a man, as Michael Herzfeld (1985) has discussed, is one who asserts a sense of “self-regard” (*eghoísmós*) through agonistic or competitive display. To demonstrate masculine gender proficiency men often enlist women’s help (by request or demand) in hiding their weaknesses, especially those associated with sexuality, be it lack of

restraint (hidden through women's abortion, as I discuss elsewhere, see Paxson, 2003) or lack of virility or infertility (hidden through women's IVF). The resulting double standard, as women I interviewed recognize, can place undue blame and responsibility on women for managing problems that may arise from male "weakness" or pride. But at the same time, this can offer women near-unilateral reproductive agency through post hoc birth control and fertility technologies. Greek IVF is harnessed through gender-laden assumptions about reproductive agency that grant women significant practical control, although women are frequently pressed to exercise agency within the confines of patriarchal family relations. I suggest that this lesson about nature and agency might be helpfully extended beyond the Greek case to reflect critically on the definitively "modern west." What is "real" about human nature is *not* its inevitability but its realization through social practice. Viewing nature as realized through social action reveals how agency is neither a matter of free will nor of resistance to the imperatives of either a fixed nature or a constraining culture. Women's reproductive agency can emerge in ways that simultaneously reformat and reproduce social relations, including patriarchal inequalities.

Far from threatening the institution of motherhood, then, IVF has been introduced and used in Athens in ways that accentuate its social and cultural significance. It will be interesting to see to what extent Greeks will follow the example of Britons and US Americans in parceling out component parts of procreation into marketable skills and contractual labor relations. I would not be surprised to see single women, regardless of sexual preference, seek single-parenting through assisted conception as Kahn (2000) reports has become common in urban Israel. After all, IVF in Greece is adopted into a sex/gender/kinship system that treats procreation and child raising as events more centrally feminine than masculine. When its use is justified, it is as a means by which women can properly produce and achieve for themselves the desired end of motherhood.

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