Today, more than thirty years after their introduction, assisted reproductive technologies (ARTs) are globally accepted as a concrete alternative for overcoming unintended childlessness. Though conception in the laboratory is no longer considered abnormal, the potential “disruptive” power of reproductive technologies for the “traditional family model” has produced diverse social effects in different parts of the world. Though changes in the conceptualization of kinship and family were widely alleged to be “effects” of these technologies, the “consequences” of ARTs have proved to be radically diverse in different social and cultural contexts.

The case of Italy does not reflect the expectations of changes in family patterns often related to ARTs, but represents a reinforcement of the status quo through the enforcement of a monolithic (and singular) model of family, consisting of a married father and mother with children, biological and preferably born within marriage. The case of Italy is particularly relevant for three main reasons: the restrictive national regulations, the institutional attempt to create a unique (catholic) moral and ethical view on reproductive issues, and the actual distance between politics and lay people.

On the basis of an analysis of an ethnographic study, which includes twelve in-depth interviews\(^1\) with patients who are excluded from access to ARTs in Italy and who had undergone fertility treatments (including surrogacy) abroad, in this paper I discuss the Italian

---

\(^1\) I am grateful to my co-interviewer, Dr Laura Lucia Parolin, with whom I conducted the interviews with patients from September 2011 to January 2012. We selected 4 single individuals (2 men and 2 women), 4 people from homosexual relationships (2 men and 2 women), and 4 in heterosexual relationships (2 men and 2 women). Those in-depth interviews, which lasted between 90 and 120 minutes, were carried out and professionally transcribed by both researchers. Interviews focused mainly on the parental projects of the respondents, on the technical and pharmaceutical aspect of their experiences, on possible alternatives to ARTs, such as adoption when possible or “domestic” insemination, and on reproductive citizenship (i.e., reproductive choices as they are read in terms of citizenship). In this contribution, I will focus mainly on the homosexual people we interviewed, as I am interested in exploring how forbidden parenthood is experienced through the narratives of our interviewees.
biomedical reproductive discourse and practices to illustrate how ARTs, when embedded in a specific cultural and social order, can be used by more (and even less) powerful actors as an element for reproducing a traditional model of society, producing what I here define “forbidden parenthood”.

A Restrictive National Regulation

The introduction of the law on assisted reproduction in Italy in 2004 was the result of a long negotiation process performed by numerous political and social actors, who deployed different rationalities and resources to support diverse proposals for change. The debate on the ethical and moral aspects of assisted reproduction was extremely heated, with radically opposed ethical, moral and religious stances being taken. On the one hand, the Catholic front—highly influential in the Italian debate—proposed that restrictions should be imposed on therapeutic treatments by virtue of the moral argument that an embryo is not only a life form, but it is also a person. However, there were those who argued (and who were accused of scientism) that it was necessary to go beyond biological limits to adjust reproductive capacity to the life choices typical of contemporary society.

Among other prohibitions no longer in force (such as heterologous fertilisation, i.e., with gametes from donors external to the couple; the production of more than three embryos per cycle; the cryopreservation of embryos; and the performance of pre-implant diagnosis), a Italian law of 2004 which regulates ARTs forbade surrogate motherhood of any kind, the insemination of homosexual couples and singles, insemination after the partner’s death, and insemination of women in non-precocious menopause. This law, popularly known as Law 40, moreover restricts provision of fertility treatments to “stable heterosexual couples” who are clinically infertile.

Precluding treatment in Italy for singles and non-heterosexual couples, the Italian legislation has generated an intense phenomenon of cross-border reproductive care (CBRC) to countries with more liberal policies. Interestingly, in Italian the expressions “cura riproduttiva transfrontaliera” or “assistenza riproduttiva transfrontaliera” – which are the literal translations of CBRC – are not common in the public debate, where this phenomenon is usually referred to as “turismo riproduttivo” (i.e. reproductive tourism). As noticed by Marcia Inhorn and Pasquale Patrizio (2012), a terminological debate has arisen over how to describe the search for ARTs across national and international borders. Although currently cross-border reproductive care is the institutional (and neutral) label for this phenomenon, most social scientists and commentators favour some version of “tourism”, such as fertility tourism,
procreative tourism and reproductive tourism. However, speaking about tourism in the Italian case – as in many other – misses one of the core reasons for travel; the impossibility to get access to this kind of care in patients’ own countries. Accordingly, as some authors suggested, it would be more appropriate to talk about “reproductive exile” (Matorras, 2005; Inhorn and Patrizio, 2009). In this sense, I argue that the tourism label is often used – willingly or unwillingly – to reinforce the idea of an individual choice and locate the debate in the domain of a free market, rather than discuss access to care and restrictions to fertility treatment.

In the case of Italy, the state openly discriminates against some of its citizens, such as those who are not allowed to undergo treatments in Italy and cannot afford to go abroad. A recent study on Italians travelling abroad for fertility treatments (Zanini, 2011) showed how acknowledgement of legal limitations provoked special feelings of abandonment in patients. The decision to leave the country represented intentions that opposed institutional positions and resulted in an embodied dissent against them. People are willing to cross the border for treatments illegal in their own country and cross-border reproductive care is not socially stigmatised.

As I have discussed elsewhere (Parolin and Perrotta 2012; Perrotta 2013), the legislative choice was embedded in a strongly conservative and heteronormative context. National regulations on ARTs, being situated in specific social orders and moral values, are often the expression of local, morally oriented answers to globally available biotechnological knowledge. What makes the case of Italy of particular interest is that the Italian legislative choice was consistent with the dominant narrative of a conservative Catholic oriented morality and ethics, rather than national trends. As I will show in the next section, in fact, on the practical level civil society makes personal reproductive choices that are openly opposed to the official bioethical position of the state.

**Invisible families**

In the last few decades, fundamental changes have occurred in Italian society, particularly in the fields of reproduction and family models. The dominant conservative Catholic rhetoric on the supposed supremacy of the “traditional family” in Italy does not seem to correspond to facts on the ground. Intimate relationships are no longer based solely on marriage, and reproduction is increasingly disconnected from a model of the “natural family”.

Looking at ISTAT’s (Italy’s National Institute of Statistics) Web site\(^2\), for example, it is

\(^2\) [http://www.istat.it/it/](http://www.istat.it/it/) Detailed information on marriages can be found at the page
interesting to notice that new trends are quite evident in the demographics. Since the early 1970s the number of marriages in Italy has seen a steady decrease, from about 420,000 in 1972 to 194,057 in 2013. Moreover, the main structural features that characterize marriage in Italy are continuously and ever more rapidly changing, namely the trend towards postponement of marriage (in 2013 the average age of newlyweds was 34 years for the groom and 31 years for the bride against, respectively, 27.4 and 24.1 years in 1972); the increase in the proportion of marriages in a civil ceremony (42.5% of the total in 2013), the low birth rate (the average number of children per Italian woman was 1.39 in 2014); and increasing number of births out of wedlock (30.3% of the 549,794 children born in Italy in 2010). In 2012, there were 88,288 separations, and 51,319 divorces. Compared to 1995, the former increased by 68.8%, while the latter almost doubled. Furthermore, since such increases were observed in a context in which marriages are decreasing, they seem to be related to an actual increase in the propensity to dissolve the conjugal union.

As a recent ISTAT report states, “the lower propensity to sanction the first union with the marriage bond is partly related to the gradual spread of de facto unions, which have doubled since 2008, surpassing one million cases in 2012-2013” (ISTAT, 2014, p. 3). More detailed data are unavailable as “de facto unions” are not yet regulated in the country. Although these data show how the everlasting model of traditional family is no longer the only (or even prevalent) model in the country, Catholic hierarchy and religious groups actively lay claim to heterosexual marriage as the only acceptable model of family. For example, the recent debate on the lack of any acknowledgment for unmarried couples (both heterosexual and homosexual), who have no legal recognition or adoption rights in Italy, faces opposition from a new conservative Catholic movement, the Standing Sentinels, a pro-family movement that organizes silent demonstrations.

The Sentinels stand – often in front of town halls, courts of justice, or other authorities – silently and read books: “Standing, silent and still, we watch over freedom of expression and the protection of the natural family founded on the union between man and woman³”. Sentinels oppose what they call “gender ideology” (i.e. gender theory), which questions traditional gender roles and, according to their view, is undermining the traditional family.

Although Catholics groups are against all the alternative models to the traditional family, from their point of view same-sex families constitute a particular threat to the status

http://www.istat.it/it/archivio/matrimoni. Information on fertility rates can be found at the page http://www.istat.it/it/archivio/140132
³ “Ritti, silenti e fermi vegliamo per la libertà d’espressione e per la tutela della famiglia naturale fondata sull’unione tra uomo e donna” – from their website www.sentinelleinpiedi.it
Despite the rapid change taking place in public opinion, which sees Italians increasingly favour forms of recognition of homosexual partners’ rights (see Zanatta, 2008), homosexual parenting is still a controversial issue, if not a taboo, in Italian public debate. This stigma is motivated by the widespread concern that a same-sex family context may adversely affect the evolution of identity (and sexual identity in particular) of the children.

This stigmatized view of homosexual parenting is not only promoted by private associations of citizens, but it is often institutionalized through public positions of leading figures in politics. A prime example of this institutionalized stigma is the quarrel between the Minister of Health, Beatrice Lorenzin, and the National Council of Psychologists. In September 2014, the Minister participated in a popular talk show (Porta a Porta) broadcast by the first national TV channel (Rai Uno). Arguing her position against adoption for gay and lesbian couples, the Minister claimed “since Freud, all the psychiatric literature recognizes the importance for the child to have a father and a mother as core figures for the formation of their personality”. A public refutation⁴ of this statement arrived promptly from the National Council of Psychologists: “It is certainly not the double parenting that ensures a balanced and positive development of children, but the quality of emotional relationships. The scientific literature and research in this area agree that the healthy and harmonious development of boys and girls within same-sex families is not in any way affected or compromised.”

Interestingly, same-sex families are often referred to in the public discourse as an undesired future development of gay and lesbian unions, without taking into account the real existence of this phenomenon. Despite their invisibility in national statistics (there are currently no official data able to capture the phenomenon of homosexual parenting on a national scale) same-sex families are a consistent social phenomenon in Italy. According to the research study “Modi-di”⁵ (a statistical survey of the homosexual and bisexual population conducted in 1996 by Arcigay in collaboration with the Higher Institute of Health, and which involved about 10,000 people), 20.5% of Italian lesbians and 17.7% of Italian gay men over the age of 40 had at least one child in 2006. The percentages decrease when all age groups are considered, but they are still significant: one gay or lesbian out of twenty is a parent. These figures refer to at least 100,000 Italian children who had a gay or a lesbian parent in 2006 (see also Barbagli and Colombo 2001).

⁴ The press release by the National Council of Psychologists is available here http://www.psy.it/comunicati-stampa/allegati/2014_09_20-comunicato-stampa.pdf

⁵ A summary of the research results, entitled “Gay dad, lesbian mom: baby boom among Italian homosexuals” is available at: www.salutegay.it/modidi/press_release/inglese_modidi2.pdf
Heteronormative kinship

Doing research on ARTs often means reflecting on ways of thinking about reproductive bodies, gender relations, and parenthood. ARTs, in fact, often question the traditional, presumed meaning of kinship. Cultural studies on ARTs (Strathern 1992; Franklin 1997) have clearly highlighted how ARTs have rendered such concepts as maternity, paternity and kinship, problematic.

The biomedical procedures carried out in infertility clinics have resulted in numerous transformations, affecting kinship categories. In particular, the connections between the biological elements considered relevant for kinship relations and the socially meaningful kinship categories are unstable.

Charis Thompson (2005) define the “procreative project” as a more procedural and less transparent notion than it might appear, one that is negotiated inside the clinics so as to bolster kinship relations. Biology and nature are just resources, while there are many legal, socioeconomic and domestic factors that actually occur in the design of the procreative aim. For example, who pays for the treatment? To whom do the gametes and embryos belong? What is the relationship between the women involved and the men who provide the semen? Who is responsible for the unborn child inside the “nuclear family”?

Parry (2005) outlines how the experience of infertility forces a rethinking of the notion of family based on blood ties, so as to define a new and wider notion. The building of the concept of family as something more than a simple genetic fact is the result of an intimate, personal, and emotional involvement that constitutes the basis of a “chosen family” (Parry, 2005). Therefore, the concept of ‘the family’ as the heterosexual and biogenetically related nuclear family is built on specific social, political and legal discourses. In her ethnographic study of gay men and lesbians living in the San Francisco Bay Area in the late 1980s, Kath Weston (1991) offered the basis for understanding the kinds of ties people create as families and friendships according to the centrality of their ideas about commitments. Weston proposed the notion of “chosen families” as a way to underline what we mean by “family,” and how the very concept of “kinship” is culturally shaped and interpreted. Moreover, she uses the concept of kinship as a way of focusing on how lesbians and gay men experience otherness, and negotiate their relationship as the “families we choose.”

All these studies show how the “traditional” model of family is naturalized through what has been called “heteronormativity”. Heteronormativity, i.e., normative heterosexuality, is a concept that has its roots in Queer Theory (Warner 1991; Berlant and Warner 1998). Heteronormativity is not about being or not being heterosexual, but rather focuses on the
social, cultural and legal rules that enforce conformity to hegemonic, heterosexual standards of identity. In other words, “heteronormativity refers to the myriad of ways in which heterosexuality is produced as a natural, unproblematic, taken-for-granted, ordinary phenomenon” (Kitzinger 2005).

In the case of Italy, however, the symbolic, discursive and material dimensions of heteronormativity have been transformed into a coercive “state heteronormativity” where “non stable, heterosexual, and infertile couples” are excluded by law from access to assisted reproduction. Italian regulation of ARTs is embedded in the production of a new form of “forbidden parenthood,” through the definition of which categories of parents are acceptable and which are not, based principally on moral and ethical statements.

Forbidden Cure: When Motherhood is not an Option

The first episode I will present comes from an interview with a young lesbian who went abroad with her partner to carry out their parental project. During the interview, however, she revealed that she had previously been treated for a diagnosis of endometriosis. Since this disease can affect fertility, she asked to have her fertility status checked. The fertility visits, however, were not made in the same hospital ward in which the interviewee was treated, but in another centre that specializes in fertility for women with endometriosis. Technically, this centre is part of a public ARTs centre and, therefore, subject to Law 40. Here, the interviewee talks about the first time she encountered the restrictions on access imposed by the legislation:

Well, you go there, book a visit, you pay for your ticket, you sit down and, after the name surname, address and date of birth, they ask you for the name of your partner. The department is called – note – Couple Sterility, which is a load of crap, because one of the partners in a couple is infertile. Usually it’s just one that has problems. They won’t visit you if you don’t tell them the name of a male partner. They tell to you “We can’t visit you here at the Department of Couple Infertility.” This would be the first step of assisted reproductive procedures. But my questions are: can I have a medical visit to the ward to check how my ovaries are doing? What chances do I have [of having a baby in the future]? Can I get a medical opinion in a public hospital for which I pay taxes, without having to go to private clinic in Brussels, Madrid or Barcelona? Can I have an opinion on my health in view of possible occasional sexual intercourse? No, you cannot, unless you give the name of a male partner.

This first episode illustrates some core and controversial issues: assisted reproduction treatments, which are also carried out in public centres and through the national health system, in this case are no longer included in the conceptual frame of care, but in that of
service. Moreover, the infertility of the patients who are not in “stable heterosexual couples” is not recognized as an illness, but as a nonconforming reproductive choice. The exclusion of some people occurs even before access to the reproductive techniques. For those are not in conformance with the law it is impossible even to have a fertility check before the parental project. This was the case of a young lesbian woman, but the same form of exclusion would have been experienced by single women. In the next section I will discuss the experience of male same-sex parenthood.

Reproductive Choices: Making Possible the Unthinkable

The idea of having a child is very often experienced by gay couples as an impossible option, both for the lack of information and in terms of reality. One of the interviewees recounts the inability to have children in a homosexual way of life as given, an internalized assumption. Interestingly, while for him the idea of having a child through surrogacy did not fall in the realm of possibility, adoption – which in Italy is not allowed to singles, unmarried couples and same-sex couples – is being considered as a viable way despite the limits of the legislation:

“We did not know much about assisted fertilization, so we started to look for information about adoption on the Internet. We also thought, for a period, to move to England, as the company where I work is English... Then the fact that even an adoption that is possibly successful abroad would not have been recognized in Italy, with all the problems that ensue... we said no. This would have meant moving to England, staying at least three or four years considering the lengthy procedures, the difficulty, anything... Looking for this information, I saw the website of Famiglie Arcobaleno (Rainbow Families). Since then I started to understand this thing of surrogacy and we started to think about it.”

For the interviewee, the same-sex parenting (especially male) is invisible and therefore not only it does not exist, but it is not part of what is thinkable. Having a baby is a dream, an impossible wish. The interviewee and his partner came to consider the idea of moving to another country, England, which has a more open regulation on adoption by homosexual couples, and in the popular imagination is a place where homosexual paternity is possible. The desire for fatherhood, in fact, is not only self-limited but is part of a family framework which, though not hostile to the couple’s parental project, does not recognize surrogacy as a morally acceptable choice. In next sections, I will present two opposite experiences of surrogacy.

Surrogacy: The Human Supermarket
In this section I will present a first experience of surrogacy. I report an episode from an interview with a lesbian woman, who got information on surrogacy while on vacation in California:

The idea of a package with a blue-eyed, long-legged mother, and a mixed race father... I can talk to her [the possible surrogate mother], can control what she eats, and then I can decide... There is a whole schedule of fees if I want to control her diet... I had a feeling... I don’t remember the details, because it was something of a nightmare... So I’ve erased it a bit. But it felt like the amplification of the idea of a human supermarket... I wouldn’t want to approach this morally. It is good that there are options for all couples’ and all human beings’ desires. I thought that the biological link only counted so much... However, as it's organized in California, this surrogacy market scared the hell out of me!

Different national and situated rhetoric emerged from this episode: the Italian one, which sees becoming a parent as the main aim of the process, in opposition to a more capitalist vision that considers it an advanced form of personal services. The interviewee refused both the embedded understanding of market logics in surrogacy as well as the dominant idea of biological ties as the base of the parental relationship. The lack of emotional relationship with the surrogate mother and its replacement with a commercial agreement created a breakdown in the interviewee’s parental project.

Furthermore, patients who cannot legally undergo these treatments in Italy often use reproductive tourism. Because of the necessity of turning to a more permissive country in order to achieve her parental project, the respondent lost her perspective as a patient and was forced to adopt the perspective of a client, which frightened her. Being in the position of a client emerged as a deterrent to the use of surrogacy. The respondent did not exclude surrogacy for economic reasons, but because she refused to be placed in a state that seemed to her to be that of a customer in a “human supermarket.” Yet this episode reveals another aspect of the forbidden parenthood, which refers to the economic dimension. Going abroad, in fact, not only incurs a number of expenses related to travel, but also means not having access to foreign public health care systems and, therefore, having to deal with private clinics and expensive medications for treatment.

The wanted child: A story of “spasmodic love”

A single gay man recounted to us a different experience of surrogacy. Although he also recognizes the commercial dimension that makes this experience feel like entering a supermarket of genetic traits (“it feels like choosing the characteristics of a laptop on the Internet”), the interviewee points out elements that balanced the commercial dynamic. On one hand, he refused to undergo this treatment in India, as it was seen as an exploitative
environment. On the other, he mitigates the depersonalizing effect of the American commercial system of surrogacy by stressing the importance of relations.

At the beginning I had an ethical concern towards the child and whether it’s fair to put a child in a family situation that is different from the traditional one, lacking a leading figure… not just someone, but Mom, which in Italy is something… mamma mia! It’s important stuff… But I think the kind of story you tell the child is very important. The need to tell a story that is true, a story of want, a story of a wait, of a spasmodic love for this child, even before he or she is there, to do so much to put his/her life at the centre of your existence. It’s actually a beautiful story to tell, and this is why it’s great that all the characters have a name, a face that is knowable… So that if my six-year-old son or daughter asks me: “Who is the lady who gave us the small egg?” You can make a Skype call, you can take a plane and see her, and thank her for what she did.

This excerpt illustrates some of the main issues that have emerged in the debate on surrogacy. The idea that parents must give their children the right environment, for instance, is an axiom of Euro-American kinship (Strathern 1992). The interviewee, however, overcomes the lack of a mother by rearticulating a new reproductive story based on his “wanted child” (Ragoné 1998). With an idea similar to the “conception in the hearth” described by Ragoné (1994), he uses his intentionality to resolve the lack of a mother genetically related to the child, and underlines the role his desire for a child plays in making the pregnancy possible. Moreover, in this case, the interviewee reframes the commercial relationship with donor and surrogate mother into a totally different relationship, based on commitment. The interviewee describes the importance of having a knowable donor, a face, a Skype contact, to place this figure in a story of love and want. A story that, though different from the traditional one, includes actors with faces and names. For this reason he chose the “open donor” option, in order to eventually give to the future child the possibly of knowing and meeting both the egg donor and the surrogate mother. The role of the surrogate mother (the woman who carries out the pregnancy) is even more relevant in his story. The interviewee recounted previous failed meetings, and the need for a good feeling with the surrogate. The aim of the interviewee is to build a relationship with the surrogate mother in the perspective of her possible inclusion not only in the tale of his own parental project, but also in a possible future relationship with the baby (“as an American aunt”).

Conclusions

This contribution focused on how people who are excluded from fertility treatments in Italy – where the current law restricts provision to “stable heterosexual couples” – deal with
these restrictions. Through the narratives of a number of homosexual interviewees, who had undergone fertility treatments (including surrogacy) abroad, in this paper I discussed how the Italian regulation on ARTs reinforces a traditional model of family and society, producing what I define “forbidden parenthood”. Forbidden parenthood is not only experienced in terms of restrictions to the treatments, but it rather involves unintended consequences (such as the limitation to fertility related cures) and the lack of an available model of non-traditional parenthood. Same-sex parenthood is an underrepresented phenomenon, which involves an increasing number of parents, children and invisible families.

Finally, I explored how interviewees deal with surrogacy, a completely neglected issue in the Italian public debate. Different strategies to handle the American commercial system of surrogacy, which can be seen as a “human supermarket”, are enacted to overcome forbidden parenthood.

To conclude, the “state heteronormativity” seems to produce a myriad of hidden stories of assisted reproduction in Italy, which should be explored more extensively through a broader research agenda.

References


Matorras R., Reproductive exile versus reproductive tourism. Hum Reprod 2005;


