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## REPRODUCTION AS SPIRITUAL KIN WORK: ORTHODOXY, IVF, AND THE MORAL ECONOMY OF MOTHERHOOD IN GREECE

**ABSTRACT.** Bringing gender and kinship studies together with an anthropology of religion, in this article I demonstrate how urban Greek couples and clinical practitioners in the middle 1990s proceeded with in vitro fertilization (IVF) in the absence of government regulations, and did so with reference to cultural beliefs and social relations consistent with Greek Orthodox religious practice. Drawing on ethnographic observations at an Athens IVF clinic as well as on interviews with former patients, I argue that Athenian women, in particular, engage IVF as a kind of spiritual kin work, normalizing the use of medical techniques with reference to ideologies of motherhood that treat it as a woman's moral achievement and as a source of womanly suffering. Since the period of ethnographic research described here, and despite disapproval of the Greek Orthodox Church, legislation regulating the use of IVF and other methods of medically assisted reproduction has become law. This article reconciles how the Church can officially reject medically assisted means of reproduction that Athenian users have normalized with reference to spiritual beliefs and practices.

**KEY WORDS:** motherhood, kinship, IVF, Greek Orthodox Church

### INTRODUCTION

Motherhood in Greece, cast in a divine light by Orthodox Christianity, is iconically represented in the Panayia Vrefokratousa, the All Holy Mary holding the Christ Child—her child—in her arms. With motherhood, women are transformed from maidens into adult women, from Eve to Madonna (du Boulay 1974). This transformation is consequential. In their introduction to *Infertility around the Globe*, Frank van Balen and Marcia Inhorn (2002) suggest that in order “to fully understand the consequences of infertility, the notion of child desire—the perceived importance of having children—must be interrogated in a variety of global settings” (8). In urban Greece, the notion of child desire is informed by a belief that both marriage and womanhood are made ‘complete’ through having children. The vast majority of Greek women, including urban professionals, express a desire to become mothers (Symeonidou 1990).

Although it takes but one child to make a mother and complete a marriage, Greece's family-centered ethos stands in tension with a national fertility rate of 1.3 children per woman of reproductive age—one of the lowest in Europe (Douglass 2005). While women cite economic as well as

cultural factors as reasons they do not have as many children as they say they would like, government officials ascribe a significant portion of the nation's low fertility rate to medical problems of infertility, most notably to secondary sterility caused by repeat abortion. In a country where the number of annual births has hovered for a decade at around 100,000, an estimated 200,000 abortions are performed each year, while as many as 300,000 couples struggle with infertility.<sup>1</sup> Since the late 1980s, middle-class Greek women have increasingly turned to medically assisted reproductive techniques, including in vitro fertilization (IVF), as a path toward becoming mothers.

As Athenian women tell it, their desire to reproduce is more fundamentally about becoming mothers than producing children. One 35-year-old Athenian civil servant who turned to IVF explained to me why she wanted to have a child: "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." IVF in Greece is incorporated into a narrative of reproductive normalcy, one that has to do with the social normalcy in modern societies of women *achieving* motherhood (Becker 2000). Achieving motherhood is part of a larger moral economy of gender and kinship in which women are concerned with being 'good' mothers and 'good at being' women (Pace Herzfeld 1985). During ethnographic research into changing notions of motherhood and fertility control conducted between 1993 and 1995, I heard Athenians claim that women having an abortion, not having an abortion, using contraception, not using contraception—not having children—and pursuing IVF all do so because they wish to be good mothers and, therefore, proper women. Elsewhere (Paxson 2004) I argue that motherhood—at once emblematic of moral virtue, validating of female adulthood, and metonymic of the means of human generation appropriated by Church and State—provides a stable signifier for the shifting terms of what it takes in an intensifying market economy, and in light of new biomedical models, for a woman to properly demonstrate her womanly nature and be 'completed' as a woman. The Panayia Vrefokratousa maintains her currency even in an age in which 'nature' can be realized with the 'helping hand' of such techniques as IVF (Franklin 1997). In Greece this 'nature' can refer to genetic substance, the embodied physiology of reproductive biology, and socially recognized moral character—any of which may benefit from divine intervention.

In this article, I explore the calibration of reproductive practice to spiritual habitus through the idiom of *work*. I follow Jill Dubisch (1991:43) in thinking of Greek Orthodox religious activities as the "spiritual equivalent" of what Micaela di Leonardo (1987) calls "kin work." Just as women in Greece tend to perform the everyday and exceptional labor of maintaining

meaningful domestic and extended families, so too do women prepare special Lenten dishes for family members to eat before Easter, keep oil lamps lit in household shrines, organize ritual events to mark spiritual occasions, and mourn and wash the bones of the dead. Kin work often is spiritual work, and vice versa. And both reside in the province of women—despite a patriarchal family structure and a patriarchal religious system. Just as kin work often subverts patriarchal ideals, so too can spiritual work confound the official statements of Church hierarchy. Recognizing this tension complicates structural assumptions about 'folk' or 'popular' religion that parallel the positing of strict, gendered divisions between public and private spheres: "the view of Greek women as principally responsible for the activities of 'folk' religion carries the danger of placing women once more 'inside,' constrained by a male structure, in this case the church" (Dubisch 1991:43). Greeks make use of a morally charged symbolic vocabulary to present themselves and their actions as consistent with being good women/men, good mothers/fathers, and good Greeks.

In early 1994, while researching urban Greek motherhood and family planning, I was fortuitously introduced through a mutual acquaintance to Dr. Stamatis (a pseudonym, as are all names associated with interviews here), the head of a private IVF clinic, one of Athens' ten at that time and, in 1987, one of the very first to open in Greece. I later toured the clinic's lab and examination rooms and sat in on two informational slide presentations the head of the laboratory presented weekly for new and prospective patients (I tape recorded one of them). The head laboratory biologist, Zoë (trained in Britain under in vitro pioneer Patrick Steptoe), provided me with contact information to follow up on several of the clinic's success stories. In the spring and summer of 1994 I interviewed, in their homes, seven mothers and one father who became parents after doing IVF at this clinic, which I will call Ekso. At a party thrown to celebrate 500 babies born through the Ekso clinic, I distributed 50 open-ended written questionnaires, nine of which (two by fathers, seven by mothers) were mailed back to me. Drawing from these interviews and questionnaires, as well as from my broader research on family planning and motherhood, I describe how Athenian patients and providers in the 1990s incorporated IVF into understandings of proper reproduction through appeals to a nature at once biological, social, and divine. The Greek word *pelatis* can refer either to a patient or to a client; I follow English-speaking Zoë in translating this as 'patient,' which also reflects my sense that assisted reproduction is less commercialized in Greece than in other areas studied by anthropologists.

When in vitro fertilization is incorporated into a nature that is 'completed' through ethically and customarily appropriate social action, this entails

something other than making explicit the social construction of a fixed, bedrock biological nature, as Marilyn Strathern (1992) states in her persuasive diagnosis of the metaphysics of IVF in Euro-American societies, richly elaborated by Charis Cussins (1998) and Gay Becker (2000) in their ethnographic analyses of infertility clinics in the United States (on how reproductive technologies destabilize nature/culture dichotomies, see also Franklin 1997, Kahn 2000, Ragoné 1994, Rapp 1999, and Teman 2003). Insofar as IVF is 'naturalized' in urban Greece, I argue that this not only suggests the self-evidence or inevitability of medicalized conception (Yanagisako and Delaney 1995), but moreover *socializes* medicalized conception in a way that accords with everyday Orthodox Christian belief and practice. When human nature (*anthropini fisi*) is at once material, characterological, and spiritual, a discourse that naturalizes medicalized conception conveys messages about individual bodies, moral character, and the work of faith.

During my fieldwork, reproductive technologies were unregulated by the Greek government. The Orthodox Church, officially separate from state government but an agent that nonetheless works to influence the shape of legislation, had, so far as I, or any of the people involved with IVF I interviewed, knew, made no official pronouncements about IVF. When I asked a woman who had achieved motherhood via IVF why she thought medically assisted reproductive techniques were not (then) widely known in Greece, she suggested that the Church might suppress media attention, explaining, "Perhaps the Church doesn't know that most of the women who are involved in having a child [using IVF] have deep belief in God and in our Panayia." Church disapproval was largely assumed and equally dismissed.

Only after the European Union required it did the Greek legislature, in 2002, consider a bill to regulate IVF technologies. Drafted by a legislative committee of civil law attorneys for the Ministry of Justice, the bill was subject to parliamentary debate informed by comments prepared by a government-appointed National Bioethics Commission as well as by the Bioethics Committee of The Holy Synod of the Church of Greece. In slightly modified form, the "Medically Assisted Human Reproduction" bill passed into law on 23 December 2002, articulating legal provisions for the use of assisted reproductive technologies "in order to treat the incapacity to have children by natural way or to avoid the transmission of a severe disease to the child."<sup>2</sup>

Toward the end of this paper I comment on the 2002 legislation and its opposition by the Holy Synod of the Orthodox Church. I focus, however, on my ethnographic view from 1993 to 1995 of how Athenian couples and practitioners proceeded with IVF in the absence of government regulations, and did so with explicit reference to Greek cultural beliefs and social

relations consistent with Orthodox religious practice. I argue that as they engaged in these activities, they undertook spiritual kin work.

#### IVF AS A MEANS TO ACHIEVE MOTHERHOOD AND COMPLETE WOMANHOOD

In depicting changing ideas and attitudes about having children over the last three generations, Athenians frequently voice a narrative of increased self-reflection. "In the past," women told me, people "didn't think" about having children. Soula, a 39-year-old clerk who, after pursuing IVF, became the mother of a young child, put it to me this way:

I believe that in the past they had children, they had a lot of children and they just happened without planning it, without so much consideration. Today I believe young people are thinking hard about it and they have children consciously, that is they know why they are having children, what a child means for them.

When motherhood is framed, as it has been in Athens for the past couple of decades, as a moral goal to be personally achieved—as opposed to something that "just happened"—it seems sensible, if not morally obligatory, for a woman confronting infertility to "have to try" to reproduce using medical means (Becker 2000; Franklin 1997:170–176). Medically orchestrated reproductive methods, whether successful or not, have become one way thousands of Greek women address the felt obligations and desires of adult womanhood. By the time IVF was legalized in 2002, an estimated 2.5 percent of the nation's 100,000 annual births followed from the successful use of in vitro technology.<sup>3</sup> The full cost of a round of IVF in 1994 (when it cost \$10,000 in the United States) was about US \$2,000, not out of reach of working Athenians, for whom having a child is a priority.

Women who pursue IVF might appear, to themselves and others, as pragmatists, strategically employing (though not strictly 'choosing') newly available medical methods and repurposing biomedical meanings of reproductive bodies to achieve their own agendas (Griell 2002; Teman 2003). I asked women who had nothing to do with IVF to comment on it; nearly all agreed with Niki, an unemployed 35-year-old married woman without children (she and her husband felt they cannot afford to raise a child in a way they deem appropriate), who said, "I don't think that any ethical issue enters into [IVF] because Greek society loves the child. It wants there to be a child in the family." But if Athenians depict IVF as a technological means to achieve a socially valued end, their actual engagement with biomedicine

suggests that more is going on than a straightforward means-ends equation might suggest. The *manner* in which women and their partners approach IVF in Athens reinforces the meanings, while updating the forms, of longstanding, religiously significant ideologies of reproduction, gender, and kinship.

Athenian women are in the first instance able to incorporate in vitro (or, as it is called in Greek, 'external') fertilization into a normative understanding of proper motherhood because gestation and birth, rather than conception, are definitive and iconic of true motherhood. Mary is hailed as the Bearer of Christ (*Theotokos*) rather than as the Virgin. Orthodoxy does not hold with the Catholic doctrine of Mary's Immaculate Conception. Rather, the Panayia "is the most glorious of all humans, having achieved the highest sanctity, having become a member of the divine male ikoyenia [family] through the birth of Christ" (Iossifides 1991:150). In symbolizing women's moral worth as mothers, the Orthodox Church looks to childbirth rather than conception. Women find IVF to be consistent with this. As 40-year-old Phoebe, a divorced administrative assistant who is childless by decision, if not desire, remarked:

I believe 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 that helps two people to feel this joy of life.

Regardless of whether a woman conceives via heterosexual intercourse in her bedroom or through embryo transfer at an IVF clinic, a mother's belly still swells; she feels the fetus moving inside her, she births, and, if she wishes, she keeps her 40 days of home seclusion *san lechona*, as a newly delivered mother. Several of the mothers who had done IVF told me they had, indeed, "held the 40 days." As one woman explained, "I'm a believer in the Greek ethos and customs. I want to give them to my child, too." For these women, regardless of their reasons for keeping the 40 days (whether for the sake of custom or because they consciously felt themselves and their newborns to be vulnerable to magical, or microbial, harm), opposition between reproductive 'tradition' and 'modernity' would be a false dichotomy.

Childbirth in Greece is the dramatic, bloody event that ritually marks the social beginning of the maternal relationship. Women told me they wanted to feel the pain of birth. Two felt cheated by cesarean deliveries. Ariadne, who had her child using IVF, said to me, "I wanted to grow a child inside

my belly. I wanted my belly to swell up.... I wanted to feel the child get bigger, kick. As I told you, I birthed naturally. It hurt—I wanted to feel the pain to get the pleasure out of it." *Aghapi*, the enduring, charitable love celebrated by the Apostle Paul in his first Letter to the Corinthians, is epitomized, women told me, by a mother's love for her child. As Niki said in the presence of her elderly mother, aghapi obtains "mostly with the mother and the child who is a part of her self, from her body." Marina Iossifides (1991) writes of a Greek mother, "She suffers in giving birth; she holds the infant to her breast to feed and nourish it. The child is very much a 'natural part of her body'" (142). And according to du Boulay (1983), "It is the mother who 'tears herself apart' (*shizetai*) to bring her children into the world, and who therefore 'feels' (*ponáei*) more for them" (258–259).

Gestation, birth, and breastfeeding are not only kin work; they convey sacrificial kin substance—the mother gives of her body to sustain her children (the father's contribution of sperm is not regarded as analogous sacrifice). A rather extreme example is reported in Michael Herzfeld's *Portrait of a Greek Imagination* (1997:46), in which the writer Andreas Nenedakis describes how his mother went to great lengths to provide him with food parcels while he was a political prisoner (as an accused Communist) during the Second World War. When he returned "from exile" he noticed that his mother's row of gold teeth was missing. "I ate her teeth," he realized with a start. "Can you understand the meaning of such a thing?" The pain and blood of birth moreover convey a moral currency that mothers deploy to legitimate the active role they will play throughout their children's lives and to demand their children's respect and gratitude by reminding them, "Look what I suffered for you! My child!" (Dubisch 1995:225–226).

With IVF, the pain of repeated injections of hormones and the ordeal of going under general anesthesia for ovum retrieval can augment the desired pain of childbirth. IVF is normalized with reference to an ideology of maternal suffering, an ideology that links women with the Panayia (All Holy Mary). With IVF, procreation results, when it does, following the bodily regimen a woman has elected to undergo—the series of hormonal injections, the monitoring of her temperature, the (often repeated) surgical procedures. Incorporating such efforts into a longstanding, religiously anchored ideology of maternal suffering or sacrifice (Dubisch 1995; Seremetakis 1991), Greek women may claim that their use of IVF makes them exemplary mothers. Angeliki, who works for the electricity board, was 35 when she birthed her daughter. "When I chat with women," she said, "and tell them I had Ioanna with *eksosomatiki* [external fertilization, or IVF] and now I'm trying to have a second child, again with *eksosomatiki*, they think I'm a heroine. Why? Because it's one thing to make love and get pregnant, and

another thing to enter into a procedure and have a baby like that. You have to want it a lot." Such women depict IVF as an opportunity to experience more fully—and garner more moral credit for—procreation and birth.

Such rhetoric may also affect everyday maternal practice. Research conducted in Athens by child psychologist Zaira Papaligoura suggests that mothers who birthed following intensive infertility treatments culminating in IVF may be more attentive to their infants than recent mothers who conceived without medical assistance, and that the infants born after IVF appear significantly "more playful" (Papaligoura and Trevarthen 2001). Women who birth after struggling with infertility may, in view of social psychology, start out as 'better' mothers.

When the virtue of maternal suffering legitimates women's pursuit of technological solutions to childlessness, women sometimes rhetorically portray IVF as a natural means of conception by crediting God with their reproductive success. Responding to my query, "Do you think you will try for an additional child?" a 38-year-old physiotherapist wrote on her questionnaire, "I don't think anything. I believe that a lot of things are a matter of chance and I thank God for the child that he gave me." Another woman, who tried to get pregnant for a year before she married (at age 40) and subsequently turned to IVF, wrote, "For me, motherhood is a gift of God."

One mother confided to me how she found her faith through her eventually successful pursuit of medically assisted reproduction. Ariadne, who owned that she "was never very religious" before enduring years of infertility treatment, narrated to me a kind of revelatory experience:

One day we [were] on the island of Chios and we visited a monastery where you can see the only icon of the Panayia not holding Christ in her arms. When I went to venerate this icon it touched me very strongly. It was the one time I knelt and prayed with passion and said that if I had a child and it were a boy, I would name it Panayiotis (after the Panayia) or Nicholas (after my father, who is a saint in his own way), and if it were a girl, Maria. I came back to Athens, did an IVF, and got pregnant. The day that the test came back positive was the name day of Aghios [Saint] Nectarios, so I decided to have the child baptized in the church of Aghios Nectarios. I birthed. Then when the day of the christening came and I went to the church I saw the font between two icons, those of the Panayia and of Aghios Nicholas—what a coincidence as I was naming [my son] Panayiotis Nicholas! The baptism took place, and then one day I was talking to a friend of mine who follows the Church very closely and she told me the child was given to me by Aghios Nectarios. She said Nectarios became a monk at Chios and that the icon of the Panayia [at the monastery Ariadne visited] was his most beloved, and Aghios Nicholas was his favorite saint for whom he built a church in Alexandria. My friend told me that when I prayed in church he heard me. And I believe that it really did help me. I was helped by my faith. To some people it might seem strange, they might laugh at me—but it never existed for me before either.

Such a tale evokes an understanding of procreative agency that complicates the prevailing view in Athens that, today, as one woman put it, "couples consciously decide to have a child." Ariadne and her husband clearly decided consciously to try to have a child, but as she tells the tale, God and His earthly intermediaries, the saints, contributed to the happy outcome. In Ariadne's narrative, IVF doctors are not "playing God"—far from it, God rewards her for her great effort, her kin work, in achieving motherhood. This represents a biomedical twist to, rather than replacement of, a sense of procreative agency traditionally held in Greece: humans undertake a social activity (heterosexual intercourse or, now, IVF) after which, "if God wants, He gives you a child." As I discuss elsewhere (Paxson 2004), this notion not only expresses the humility appropriate to proper humans (*kali anthropi*), but allows Greeks to appeal to God's will to abdicate from responsibility for apparent reproductive "failure"—the failure to conceive, the failure of technology, even the failure of maternal desire.

Elements of Orthodox belief and practice—the theological emphasis on Mary as birth mother rather than on her own immaculate conception, the virtue of maternal suffering—not only help normalize IVF for participants, but render it for women a socially appropriate endeavor. When I asked Zoë, head of the clinic's lab, about the Orthodox Church's position on IVF, she replied, "They haven't interfered so far. I've heard priests being for it, and I've heard priests being against it." But as an organized body, they had not and, she suggested, could not make any official statement because "they don't really understand what's going on." The patients, she continued, "are never ambivalent for religious reasons." By the time they arrive at the IVF clinic, usually after years of invasive infertility treatments, "they want a child. As long as [they can be reassured] the kids are going to be normal, [there's] no problem." The Greek legislature, offering partial health insurance coverage for IVF treatment for state employees through its social welfare agency for a decade before the Medically Assisted Human Reproduction law was considered, has acted consistently with this view.

#### MAKING BIOLOGICAL AND SPIRITUAL KINSHIP AT AN IVF CLINIC (1994)

The Ekso clinic is located in a modern high-rise office building in an affluent Athens suburb. The spacious entryway offers a comfortable grouping of chairs arrayed around a low coffee table, and the sleek receptionist's desk is tucked into an unobtrusive corner. To reach the laboratory, as well as the examination and seminar rooms, one walks along a corridor decorated with

display cases featuring photographs of young children held by proud parents and smiling members of the clinic's staff. Several of the photographs were taken at children's parties thrown by the clinic, complete with clowns and balloons. (In 1994, I attended the festivities held in a hotel ballroom to celebrate the birth of 500 children to the clinic's patients.) A binder placed among photo albums in a second waiting room holds newspaper articles on IVF that mention the clinic, letters of acceptance for staff members' professional publications in such journals as *Fertility and Sterility*, birth announcements, and letters of gratitude written by former patients. Scientific and personal achievements are presented in complimentary juxtaposition.

In a similar way, both scientific and folk understandings of relatedness inform understandings among Athenians of how IVF helps to make kinship. Greek kinship ideology, based on bilateral consanguinity symbolized as "blood" (du Boulay 1984), is today commonly voiced in the language of genes as the fusion of male and female gametes. Such a representation, however, is not a simple translation of *blood* into *genetics* where maternity and paternity are rendered equivalent on the basis of a 50/50 contribution to a baby's genetic material. Greek kinship ideology further recognizes the substantive contribution of gestation to relatedness *eks ematos* (by blood). This prenatal substance is not the material described in biomedical argot as "genetic." Because the "blood" that establishes maternity includes that which flows between womb and fetus during gestation and is shed in birth, Greek kinship ideas suggest that a child who enters a family via IVF does so "more naturally" than, say, an adopted child. For this reason, and because with readily available abortion so few Greek women give up infants for adoption, IVF in Greece is not so much an alternative to adoption as an alternative to remaining childless. For women, gestation and birth are both what demonstrate IVF's validity in making them proper mothers and what are problematically displaced by adoption.

While in most regions of the country the father's name defines the *ikoyenia* (family group), the mother's body contributes material substance that binds it together. Gestational blood transmission is seen to help make not only babies, but also kinship distinctions. In the rural village where Juliet du Boulay (1983) conducted fieldwork in the 1970s, half-siblings who shared a mother were said to be "closer" than half-siblings with the same father because they come "from the same womb" (*apo tin idhia kilia*) (258). Not only does such symbolism fuel the ideology of virtuous maternal sacrifice, but also at the IVF clinic it is used to downplay the symbolic significance of female gamete donation, similarly to what Susan Kahn (2000) has argued of Jewish IVF practice in Israel.

One mother and former patient summed this up for me on her questionnaire: "After birthing a child which you have had in your belly for nine months, I don't think it makes any difference whose the sperm or egg was. It's also a matter of personality and character, but what can I say? It didn't happen to me." Most of the parents I interviewed announced, unprompted, that they did not ("have to") use donor gametes. While only one woman expressed strong reservations about gamete donation, most either spoke in hypothetical terms or, like the above questionnaire respondent, asserted that, thankfully, they and their spouse were able to use their own ova and sperm. Lack of need for donor eggs is consistent with problems of secondary sterility caused by abortion, which government representatives claim accounts for as much as 40 percent of nationwide infertility (Parliament of Greece 1993). The Ekso clinic did not keep records of women's reproductive histories, but Zoë anecdotally estimated that "no more than 50 percent" (!) of the women they treated encountered problems of secondary sterility following abortion.

Nevertheless, Zoë told me that unused, frozen ova do circulate within the clinic as needed. She also warned me that couples who have accepted donor gametes would not want to talk about it; they do not even want to think about it: "They're trying to deny it," she claimed. In fact, when she reviewed the list of questions I planned to include on the written questionnaire I would distribute at the party, Zoë suggested I drop all questions dealing with donor sperm and ova, saying, "They won't admit to that." While the topic remained on the questionnaire, I never asked directly whether a respondent had used donor gametes, only whether they and their partner would have if need be. One woman wrote emphatically, "Yes I would have [used donor sperm]! I would not have a problem! Yes I would have [used donor ova] if I hadn't my own. I wouldn't want to learn [anything about the donors], only the state of health!" According to Zoë, donor egg usage was "going up like crazy" in the clinic. After seven or eight unsuccessful attempts (embryo transfers) she will steer a patient toward donor ova.

Untransferred zygotes (the cell clusters divided in vitro from fertilized ova) go "into the bin," although the clinic encourages couples to cryopreserve extra zygotes for their own potential use before a pregnancy is carried to term. Ariadne told me matter-of-factly, "I went to them [the Ekso clinic] for one year and made three attempts, and one with frozen ones, you know. The doctor only uses five [ova] that get fertilized, they don't put them all in you [at once]. The rest are left in the freezer and used next time." "It's economical," Zoë explained simply to a group of prospective patients. There was no talk of "donating" fertilized ova. Nor was there talk of contract pregnancy. Zoë told me flat out, "We don't do surrogacy" at the clinic—but

also, she implied, in Greece. The only controversial news story about assisted conception during my research concerned the elderly maternal age (58) of an IVF patient at another Athens clinic.

While the seeming indifference among women to donor sperm that Zoë reported reflects the centrality of achieving motherhood for women's child desire, it must also be noted that, given a tendency in Greece to conflate male fertility and virility, IVF *does* represent a more ambiguous situation for these women's husbands as prospective fathers. Zoë told me:

I think ninety-five percent of the women in Greece would like to have at least one child. They want to be mothers and they want to have a child, irrespective of whether it was their husband's sperm or not. 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 donor sperm unless the husband knows here, so we have to tell the husbands and they have to agree to this. But women don't care quite often about whether the sperm is their husband's or not. Most of them, eighty percent, would tell you that.

In her weekly presentation to prospective and new patients, Zoë mentioned "microfertilization," the technique developed in the early 1990s, also known as intracytoplasmic sperm injection (ICSI), of injecting a nonmotile sperm taken from a prospective father directly into an ovum, but she cautioned that its success rate was quite low. In the past decade, the procedure has been improved and ICSI has become an established fertility technique in Greece (Papaligoura et al. 2004), viewed as a boon to prospective fathers with severe male-factor infertility (on the use of ICSI in Egypt, see Inhorn 2002).

For Greek men, what external fertilization (IVF) throws into question is not in the first instance biological paternity but virility, their mechanical ability to succeed in intercourse, a key element of Greek masculinity. The possibility of donor gametes is especially problematic for men because it may be presumed that donor sperm is required because a woman's husband cannot perform in bed or that his infertility takes away from the symbolic potency of his virility. When I asked Zoë why she does not discuss donor eggs or sperm in her informational seminars, she explained that if she did "the men would hide under their chairs!" This is despite the fact that "at least 20 percent of the patients use donor sperm; it may be more like 25 to 45 percent." At the end of each seminar, women and couples hang around for a quick private consultation with the biologist—this is when the question of donor gametes comes up.

A very supportive, even sociable, atmosphere pervades the clinic. Patients sitting in the two waiting rooms do not passively page through magazines,

common practice at doctors' offices in the United States, but avidly trade notes with one another, offering encouragement. A few of the mothers I interviewed remained friends with fellow patients they met at Ekso clinic.

Zoë, who has worked in IVF in the United States and Britain, characterized general differences between Anglophone and Greek patients. Rather than process an array of technical details and weigh their statistical odds, as IVF clients often do in the United States, "in Greece patients want to be fathered or mothered a lot. If they could call you at home, they would, for things like, 'Oh my God, I coughed today, is this bad for the IVF?'" In her informational seminars, Zoë does not warn that the hormonal treatment may manifest mood swings or other emotional effects—an omission first brought to my attention by a Greek-American friend who had been through two unsuccessful IVF cycles at this very clinic and who speculated that many women *must* be emotionally affected by hormones promoting superovulation ("It's like getting your period tenfold!" she cried). But Zoë assured me that Greek patients "just complain about bloating, headaches, weight gain; not any emotional effect." Several of the women I interviewed and surveyed mentioned that they purposely sought not to understand the technical details of the procedure. A 40-year-old high school teacher said of the procedures themselves, "To me it was a dream, it was not near to me." Three years after conceiving she still couldn't really explain to herself all that went on, "how it works physiologically." And yet, when I asked a social psychologist, who for a time did informal counseling at an Athens IVF clinic, what women wanted to talk about with her, she told me, "First of all they cried. They would cry for half an hour, then they would talk. The tension had built up that much."

The emotional aspect of pursuing IVF, which Cussins (1998:67) has pointed out is often pathologized in the United States or Britain as a hormonally induced "side effect," is here normalized, even naturalized, in quite a different way—as a social performance regarded as a reasonable response to stress, or an expression of maternal suffering, or as an aspect of Greek culture that organizes social relations as kinds of kin relations; as Zoë put it to me, patients value medical treatment for offering paternalistic as well as scientific support. Everyone I interviewed who had been through the clinic praised Zoë and the other staff for their warmth. A 35-year-old civil servant wrote on her questionnaire, "The possibility that I would not have a child had bothered me very much more in my emotional condition than the drug and hormone treatment. When the IVF team consists of individuals such as Stamatis, Zoë, Katerina and all their other fantastic colleagues you don't have any psychological problems." Another respondent commented, "Above and beyond their science they are very positive as people to help you



established by marriage to the mother during the time when she is likely to have conceived or, in the event of unwed motherhood, by voluntary 'acknowledgment' of paternity so long as the mother concurs. In other words, when paternity is socially and legally established via marriage, this intensifies the symbolic role of clinic practitioners who, in baptizing infants they help bring into this world, might also be seen to 'sponsor' a couple's marriage and thereby validate the paternity of their patients' husbands. Through the technique of IVF, Zoë and Stamatis can be seen to sponsor the shared substance of *agnatic* blood that connects generations through fathers.

When patient and practitioner are linked in a *koumbaros* relationship, this again signals an appropriate humility in the face of modern technology, reinforcing the idea that while IVF may provide new means, it is ultimately God who gives women babies. Moreover, spiritual kinship appropriately socializes the clinical relationship, joining in religiously sanctioned relationship members of the medical team, the woman seeking treatment to become a mother, and, importantly, her husband, who is otherwise (aside from those few moments with sterile cup in hand) left out of the action. Of course only a few patients ask a medical team member to spiritually sponsor a child—and this sanction is available only after successful conception and birth. But a visitor or current patient may well be soothed to see the gallery of baby photos lining the clinic's halls, many accompanied by cards and notes acknowledging spiritual kinship between blessed parents and clinic staff.

Nevertheless, for every marriage cemented through medically assisted reproduction there may be another that crumbles under the stress. Even if medicine succeeds in producing a baby, it may not succeed in the kin work of binding the family. Zoë acknowledged that some couples turn to IVF in the hopes that a child will rescue a failing relationship, and maybe for the first years of a child's life things will go smoothly "while it's still a new thing in the [extended] family," but eventually a bad relationship will grow worse and separation will follow. "We do face this with people who have had their child," Zoë told me. "They say the child was not the solution to their marriage."

#### CIVIL AND RELIGIOUS AUTHORITY ON IVF (2002)

The draft bill on "Medically Assisted Human Reproduction," submitted in April 2002 to the Minister of Justice for legislative debate and, in slightly modified form, ratified by Parliament on 23 December of that year, was

overcome your problem." Another way to look at this is that the clinic's staff bear witness to potential mothers' divine suffering.

The extent of the social, even familial, relationship between patients and staff was made clear to me one afternoon when, after sitting in on Zoë's informational session—half of the ten women attending as new or prospective patients were accompanied by male companions, half were alone—I trailed Zoë to the laboratory break room, where she plied me with *glyka*, sweet pastries. All the pastries, taken from at least four large, beribboned sweetshop boxes, had been gifted to the lab by women patients. Gift-wrapped pastry sweets are traditionally presented during social visits. They signal hospitality and the acceptance of hospitality and, in this case, I suggest, are a kind of spiritual kin substance. It is also assumed that sweets will be consumed by women rather than men (Cowan 1990). Among the entire office staff of ten, including five lab technicians, only Dr. Stamatis and Nikólas, a biologist like Zoë, are men. Zoë refers to the lab techs as *ta korisia*, "the girls;" three of them are named Katerina. (Using a slide-projected photograph, Zoë identifies all ten staff members by name during the informational seminar.) On this day "the girls" were all on diets, so I helped out with the pastries while listening to Zoë tell the others about a nameday party she had recently attended for a child, one of quadruplets, of whom she and Dr. Stamatis had been named godparents. With sweeping arm gestures and modulated voices, Zoë reenacted for us how each of the young siblings tried to introduce them at the party saying, "This is *my* godparent," each wanting to lay claim to an intimate connection with these clearly important adults whose role in their own coming into being is not yet clear to them.

Several former patients, officially recognizing the contributions Zoë and Dr. Stamatis make to their families "beyond their science," have asked them to accept the honor and obligation of godparenting children conceived through the clinic. The spiritual kinship of godparenting further incorporates the medical technology of IVF into socioethical understandings of reproduction. *Koumbaria* is a spiritual kinship constituted through substance (the oil with which the infant is anointed in baptism) and code of conduct (sponsorship of the parents' marriage and oversight of the child's upbringing). Traditionally, the godparents of a couple's firstborn would already be in spiritual kin relationship with that couple as their wedding sponsor. When Zoë and Stamatis godparent their patients' children, they not only become long-term participants in the coming-into-being (procreatively and, later, socially) of these children, but also contribute to the valid constitution of couples' marriages.

Clinical spiritual kinship may have particular significance for men married to women who do IVF. Paternity (and patriliney) in Greece is legally

prepared by an ad hoc committee of civil attorneys led by Emeritus Professor of Civil Law, George Koumantos, an expert in Greek family law. Much of the bill and final law stipulates provisions for establishing legal maternity and paternity and inheritance in cases of assisted reproduction.

Permitting "medically assisted human reproduction (artificial fertilization)" only in cases of medical infertility or to avoid transmission of a severe disease to a child—"up to the reproductive age of the assisted person"<sup>4</sup>—the draft bill provided, among other items, for (1) the option of assisted reproduction to unmarried and unpartnered women; (2) the recognition of noncommercial gestational surrogacy in the event of prior juridical permission, in which case the "presumed mother" will be the woman who obtained the court permission to engage a gestational surrogate;<sup>5</sup> (3) the possibility of postmortem fertilization; and (4) the anonymity of gamete donors, although a medical history record is to be kept for the health benefit of potential children. In addition, the draft bill prohibited reproductive cloning and embryonic sex selection, except to avoid serious hereditary sex-related disease, although it allowed for the use of extraneous "cryopreserved reproductive material" for "research or therapeutic purposes."<sup>6</sup>

There was no special legislation in 1994 to oversee or facilitate medically assisted reproduction, and in my conversations with Zoë during that year she asserted there was no need for any such legislation. In part, she felt this was because practices and precedents were well on the path of becoming coherent and consistent. Interestingly—and perhaps for this reason—her account of these practices anticipated many points of the eventual bill: alternative insemination using donor sperm, she said, has been going on "for ages," so no new legal terminology is required for that; "the precedent is firm" that gamete donors remain anonymous, and in any event, patients "don't want to know" anything about donors other than that they are healthy; no sex selection or other genetic engineering is practiced, so there is no need to regulate that; and contract pregnancy is not done. "Well," Zoë qualified, "there is one woman who wants to do it with her sister, but not for money." The 2002 legislation seems to have given legal status to practices Greek fertility doctors had already made standard. But a few provisions reflect wider social changes: ten years earlier the Ekso clinic was not alone in accepting as patients only women who had an accompanying male partner, whether married or not. Litsa, a 37-year-old bank teller married to a plumber, objected to this discrimination when I spoke with her in 1994:

Every woman should be allowed to have a child. A woman who is divorced, works, and does not want to remarry at the age of forty—however she wants to fulfill her

life ambition, every woman's life ambition [to have a child]. Such a law should be passed. Of course today there are many mothers who bring up their children alone, and I am not saying that they have no problems, but nothing so serious they cannot overcome. Let's say that I have a child with IVF and then I divorce—is my doctor responsible? Of course not. I never had to sign anything [at the clinic] that said that I will never divorce.

In December 2002 the provision Litsa wanted to see was passed into law.

Before this took place, however, on 16 September 2002, the Bioethics Committee of the Holy Synod of the Church of Greece, an Athens-based governing council composed of the metropolitans (bishops) of the country's regional churches, issued a press release stating objections to the Medically Assisted Human Reproduction draft bill. In 1994 Zoë suggested that Orthodox Church officials did not "know what was going on" with assisted fertility; their 2002 statement opposing legal provisions for gamete donation, gestational surrogacy, and medical research using embryonic by-products of IVF conveys little understanding of the actual clinical and spiritual experiences of couples seeking assisted conception. Instead, the Church charges that "the sacred institution of the family is threatened by those who should, in fact, protect it."<sup>7</sup>

The Church Bioethics Committee's most successful intervention was to change the language describing frozen zygotes awaiting possible implantation. The draft bill read, "The persons resorting to assisted reproduction should decide in common, declare their will in a written form ... whether any cryopreserved reproductive material that is not going to be used for their own treatment (surplus)" should be donated for the fertility treatment of others, used for "research or therapeutic purposes," or destroyed. The Church Bioethics Committee challenged: "Is it progressive to refer to the embryo as [reproductive] material' so we can do anything we like with it and, actually, be lawful? Perhaps it is the first time that a group of progressive people dare to identify a human being in its embryonic stage with the concept 'material.'"<sup>8</sup> Meanwhile, a National Bioethics Commission appointed in 1998 as an independent advisory group by the Prime Minister also reviewed the draft bill. The Commission, composed of nine academic experts including geneticists and physicians as well as a theologian, a philosopher, and a sociologist, suggested as an alternative to cryopreserved "reproductive material" the term "fertilized ovum." While noting that this is not "scientifically precise" because what is being referred to are "fertilized ova and their division products" (i.e., zygotes), the commission suggested "fertilized ovum" as an acceptable option because it is comprehensible by the nonspecialist.<sup>9</sup>

The final version of the law treats the disposition of "cryopreserved gametes and cryopreserved fertilized ova."<sup>10,11</sup>

Overall, the National Bioethics Commission offered thoughtful approval of the bill, affirming its need: "The widespread use of assisted reproductive methods reflects a reality that is beyond any doubt. Irrespective of whether the lawmaker intervenes or not in order to regulate the relative matters, the use of assisted reproduction meets an obvious social interest, namely facilitating the creation of family, overcoming the physical inability to have children."<sup>12</sup> This language not only reflects the pragmatic approach of couples I met in the middle 1990s who had turned to assisted conception to create families, but is reminiscent of the Greek legislature's legalization of abortion in 1986, also regarded as the recognition of 'a reality' (Georges 1996; Paxson 2004, 188–189).

The 'reality' recognized by the Medically Assisted Human Reproduction legislation concerns the social use of a medical technology. The most significant social change of the past decade reflected in the new legislation seems to be, if I may speculate from afar, that medically assisted reproduction is being openly discussed and debated, suggesting wider public knowledge of the techniques. A major concern of couples pursuing IVF in the early to mid-1990s was that 'others' might 'misunderstand' the procedure and assume that their child might not be 'normal' as a result of it (see Paxson 2003). What is most striking about the wording of the recent legislation is that it explicitly recognizes motherhood to be the right of every woman, *qua* woman. Although homosexuality is mentioned in neither the draft bill nor the Bioethics Commission commentary, under the new law nothing stands in the way of a lesbian woman's getting a medical bill of infertility (there is precedent for this sort of thing being accomplished by a cash incentive slipped to a doctor in an unmarked envelope) and initiating alternative insemination or IVF treatment with donor sperm (provided anonymously by the clinic or, conceivably, by a male friend or relative of hers or her partner's).<sup>13</sup> In its opposition statement, the Church points disapprovingly at such a singular possibility:

The new law gives the possibility for unwed mothers to bear children. This, however, should be rejected because, on the one hand, it implies birth of a child by unwed parents, and, on the other hand, it is unjust for the child because it is destined to grow without a father.

Moreover, it opens the way for the legalization of relationships and childbearing contrary to nature with destructive consequences upon the child and society.

Beyond its heterosexism, the Church does not acknowledge what Litsa pointed out above and what the law implicitly accepts: that no child is guaranteed to grow up with a father or, for that matter, with a mother.

Notwithstanding the rhetoric of the Holy Synod Bioethics Committee, changes in family composition and means of family making are neither magically brought about by new technologies themselves nor authored by doctors intent on 'interfering' in natural/divine procreative processes. Rather, it is women and men, themselves members of families, who seek means of realizing their biological and divine natures in order to fulfill shared ideals of rejuvenating 'the Greek family.' Missing from the government legislation (and National Bioethics Committee report) and from the Holy Synod press release is recognition of the agency of women, usually with the support of male spouses, who, far from being passively 'assisted' by doctors in conception, incorporate IVF into a repertoire of spiritual kin work, allowing them to factor new medical practices into symbolic equations of gender and kinship consistent with Orthodox values.

"WE DON'T HAVE A POPE!" NAVIGATING THE ETHICS OF IVF AND ABORTION

Athenians frequently explained to me the role of the Orthodox Church in their everyday lives by contrasting it with Roman Catholicism. One woman put it this way: "We don't have a Pope!" Greeks pride themselves on a church that trusts them to think for themselves on matters of family making. While the Holy Synod now clearly opposes medically assisted conception, most Orthodox believers will not take this as an injunction on how to act. Theologically, moreover, believers are trusted to make peace with their own sin, which, in cases concerning sensuality and reproduction, the church treats as inevitable to the human condition and therefore not to be translated into personal guilt. Recognizing these tendencies helps us reconcile the vehemence of Church opposition to IVF with the religiosity of Orthodox couples seeking medically assisted reproduction.

In analyzing widespread recourse to abortion within a child-centered society in which motherhood is important to proper womanhood, I have found useful Orthodoxy's notion of *ikonomia*, which recognizes that it is ethical to commit a smaller sin in the interests of avoiding a larger sin. Lela, an electric company employee and mother of a young son after doing IVF, said of Greek women's reliance on abortion:

Of course the Greek Church does not accept it, but on the other hand, I don't think that it has taken a negative position on it. I haven't followed the subject, but surely it [the Church] wouldn't accept it [abortion]. It is a control of the family, of births. It is bad for you to have an abortion. But ... if your relationship is not working, is it better to bring up your child in an already disintegrating family? It is better to have an abortion than not be able to give it a good life.

*Ikonomia* is frequently explained through the example of divorce. Church officials have long approved of divorce in cases of childlessness: it is a smaller sin for a couple to divorce in order to remarry and have a chance at procreation than to remain in a childless and therefore incomplete marriage (Meyendorff 1974:88–89). Applying this doctrine to IVF, since “God wants there to be a child in the family,” the goal of “completing a marriage” can overshadow morally ambiguous means of conception (using donor gametes, for instance)—or, perhaps more saliently for Greek women, in pursuing IVF women can use medical science to ‘correct’ damage done to their bodies by a previous medical abortion. Two of the IVF mothers I interviewed offered that they had had an abortion earlier in their lives (a third woman had, with painfully noted irony, terminated an unplanned, though not unwanted, pregnancy after having a child using IVF). Indeed, the suffering entailed by ‘doing IVF’ might help atone for the sin of earlier abortion, a sin that recent generations of Greek women have come to accept as a ‘necessary evil’ (*anangheo kako*).

As a medical technique, abortion (‘selective termination of embryos’) is often packaged with IVF. If three or four embryos implant, Zoë said at one of her weekly informational seminars, “We can stop one or two of these. Many people do this—and without anesthesia,” she reassured the audience. “It’s very easy.” Zoë continued, “It’s a problem to have more than two kids at once unless you know you can. Many people have three well, but it’s not simple today—there’s the high cost of raising children.” Good mothers, she implies, have only the number of children they can care for properly—a rationale I heard many Athenians use to explain the nation’s high incidence of abortion. Both abortion and IVF are procedures that women in Greece enact through their bodies to protect the ideals of a patriarchal family. Both abortion and IVF sustain tension between women’s desire and their subordination.

Faye Ginsburg (1990) has written of the United States,

As reproduction has become more a matter of choice, one sees a steady transformation away from essentialism, in which gender is assumed to be determined by the body. In the abortion debates, as each side takes a different position on ‘women’s

interests,’ neither can claim that there is an essential femininity. Instead, it is a woman’s *stance toward* her body, and pregnancy in particular, that becomes a kind of crucible of female identity, and the focus of gender discourse. (60)

Women in Greece who pursue IVF present it as an appropriately feminine stance toward the body in that it opens additional possibilities for pregnancy and birth, the bodily practices that fulfill womanliness. But if a woman’s kin work includes completing herself and her *ikoyenia* (family) through motherhood, she is also charged with protecting her husband’s reputation as a complete man. While use of donor gametes is immaterial to pregnancy and childbirth, it is material indeed to the masculine performance of virility and patrilineal insemination. As a result, just as Greek women often view abortion as a sin, yet practice it widely, couples may accept donor gametes, yet rarely reveal it. As Margaret Lock and Patricia Kaufert (1998) caution, neither is pragmatic action the exercise of unfettered ‘choice’ nor is it without ambivalence. Greek women use IVF in ways that reinforce patriarchal ideologies of reproduction and motherhood, often enlisting the process into visions of modern motherhood as a virtuous achievement, one through which Greek values of maternal sacrifice, suffering, and spiritual work continue to be enacted.

#### NOTES

1. Gilson, George. 2002. Greece Braces for Test Tube Babies. Athens News, November 15: A05. Online edition accessed June 24, 2004.
2. Law 3089, Medically Assisted Human Reproduction, ratified 23 December 2002 by the Parliament of Greece. Quoted from the unofficial English translation from Council of Europe web site, [http://www.coe.int/T/E/Legal\\_Affairs/Legal\\_cooperation/Bioethics/News/02news\\_States\\_organisations.asp](http://www.coe.int/T/E/Legal_Affairs/Legal_cooperation/Bioethics/News/02news_States_organisations.asp). Accessed June 24, 2004.
3. Gilson, George. 2002. Greece Braces for Test Tube Babies. Athens News, November 15: A05. Online edition accessed June 24, 2004.
4. Gilson, George. 2002. Greece Braces for Test Tube Babies. Athens News, November 15: A05.
5. Articles of Law 3089/2002 pertaining to surrogacy:

Article 1458—The transfer of fertilized ova coming from one woman into the body of another woman and the gestation by the latter is allowed by a court authorization issued before the transfer, given that there is a written and, without any financial benefit, agreement between the involved parties, meaning the persons wishing to have a child and the surrogate mother and in case that the latter is married of her spouse, as well. The court authorization is issued following an application of the woman who wishes to have a child, provided that evidence is adduced not only in regard with the fact that she is medically unable to conceive but also with the fact that the surrogate mother is in good health condition and able to conceive.

Article 1464.—In case that the child is born after medically assisted reproduction of a surrogate mother, under the conditions of article 1458, it is presumed that mother is the one who has obtained the Court permission....

Quoted from the unofficial English translation from Council of Europe web site, [http://www.coe.int/T/E/Legal\\_Affairs/Legal\\_co-operation/Bioethics/News/02news\\_States\\_organisations.asp](http://www.coe.int/T/E/Legal_Affairs/Legal_co-operation/Bioethics/News/02news_States_organisations.asp). Accessed June 24, 2004.

6. The Greek Bioethics Committee English-language web site, <http://www.bioethics.gr/>. Accessed June 24, 2004.

7. I quote the English translation posted online at [http://www.bioethics.org.gr/en/03\\_c.html](http://www.bioethics.org.gr/en/03_c.html). Accessed July 15, 2004.

8. [http://www.bioethics.org.gr/en/03\\_c.html](http://www.bioethics.org.gr/en/03_c.html). Accessed July 15, 2004.

9. In his minority dissent, National Bioethics Commission member Dr. Roupakias, Professor of Plant Breeding at the Agricultural University of Theassaloniki (the Bioethics Commission oversees biotechnology and genetically modified organisms), joined the Holy Synod in proposing the term *embryo* as more appropriate. Note that the Greek word *emvrio* encompasses the meanings of the English words *embryo* and *fetius*.

10. Law 3089, Medically Assisted Human Reproduction, ratified 23 December 2002 by the Parliament of Greece. Quoted from the unofficial English translation from Council of Europe web site, [http://www.coe.int/T/E/Legal\\_Affairs/Legal\\_co-operation/Bioethics/News/02news\\_States\\_organisations.asp](http://www.coe.int/T/E/Legal_Affairs/Legal_co-operation/Bioethics/News/02news_States_organisations.asp). Accessed June 24, 2004.

11. The Holy Synod did not succeed in restricting possible disposition of fertilized ova unneeded by the individuals for whom they were created: "Every human being and, therefore, every embryo bears the uniqueness of personhood, the sacredness of the image of God and the necessity of being in communion with other people" ([http://www.bioethics.org.gr/en/03\\_c.html](http://www.bioethics.org.gr/en/03_c.html); accessed July 15, 2004). I read this as an objection to the use of embryonic material for stem-cell research, an issue that did not come up for women who pursued IVF in the late 1980s and early 1990s. As previously noted, the women I interviewed were happy to donate surplus gametes to other infertile couples. The draft provisions for embryonic disposition quoted above stand in the final law.

12. National Bioethics Commission, Comments on the Draft Bill Concerning Medically Assisted Human Reproduction, p. 1. English version of the web site, <http://www.bioethics.gr/images/draftbillen.pdf>. Accessed July 15, 2004.

13. What the current law does not provide for is recognition of parenthood of a mother's lesbian partner (see Dalton 2000 for relevant court cases in California).

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