

Maternal relations, feminism and surrogate motherhood in the Italian context

Carlotta Cossutta*

Dipartimento di Studi Umanistici, University of Eastern Piedmont, Vercelli, Italy

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This article examines the surrogacy debate that has developed within contemporary feminist and LGBT movements in Italy, following the approval of the law on civil unions at the beginning of 2016. This debate has been marked by a deep fracture between those who see in surrogate motherhood a chance to imagine new forms of social bonds and those who consider that women's wombs and newborn children can never be the object of an economic 'exchange'. I will first analyse the most controversial positions held by some feminists who have participated in the debate, which revolve around the centrality of the maternal figure. Then I will outline a brief history of the social construction of pregnancy, linking it to changes in the marketplace and the birth of biopolitics. Finally, with the help of Angela Putino's philosophical thought I will advance a potentially different feminist approach to the issue of surrogate motherhood.

Keywords: surrogacy; feminism; biopolitics; reproduction; motherhood; sexual difference

Introduction

The first successful case of gestational surrogacy was the birth of a baby girl in New York in 1986, after a woman, in exchange for \$10,000, lent her uterus to a heterosexual white couple to accommodate the woman's egg, which had been fertilised with her husband's sperm. In that first case of gestational surrogacy, Judge Marianne O. Battani of Wayne County Circuit Court in Detroit ruled that the biological mother and father would be the legal parents. However, she added in her judgement that 'we really have no definition of mother in our law-books. Mother was believed to have been so basic that no definition was deemed necessary' (quoted in Hisano 2011, 519).

This quote offers some tools for the analysis of the Italian debate on surrogate gestation, which has developed in Italy since the discussion of the law on civil unions on 2016. Since then, the Italian feminist and LGBTQ movements have been deeply divided about the issue of surrogacy. Some emphasise the possibility surrogacy offers to create new families, breaking down the biological bond between the practices of parenting and of reproduction. Parenthood, in this sense, is conceived as a feeling and a practice of care that does not necessarily depend on the existence of a biological bond between the parents and the child. Surrogacy, moreover, is seen as a legitimate form of self-determination, and a way for women to gain an income. Others, by contrast, consider that women's uteri (and babies) should remain out of the market, because it is not acceptable to 'sell' part of our bodies. These positions have become so conflicted that, in anticipation of Pride 2017, the lesbian organisation ArciLesbica¹ wrote a statement affirming

*Email: carlotta.cossutta@uniupo.it

that maternity cannot be commodified and that surrogacy harms the preeminent right of all children to maintain, where it exists, a stable relationship with the mother (ArciLesbica 2017). This statement was also signed by some other feminists, in particular the journalist Marina Terragni² and the women's group *Se Non Ora Quando – Libere*,³ and also triggered an internal debate within ArciLesbica.

Similar positions have been put forward in the international debate (Lewis 2007; Couduriès and Herbrand 2014), but the Italian situation is specific because surrogacy is prohibited by Law 40/2004,⁴ which regulates medically assisted reproduction. In Italy, therefore, the debate is essentially theoretical, or provides only an analysis of the actual situation in other countries, which makes it hard to hear the voices of Italian people who are involved in different ways in surrogacy. In particular, although some couples share their stories about surrogacy, because of the prohibition there are no Italian surrogate mothers.

At the time when the law on assisted reproduction was being discussed in parliament, it attracted significant feminist opposition. The contemporary feminist movement, in its various forms, as well as a number of physicians, opposed the law because it prohibits cryopreservation of embryos, limiting the number of embryos that can be implanted in each cycle to three; it also forbids any assisted reproduction using a third party, as well as access to reproductive technology for couples who carry transmissible genetic diseases.⁵ The law, in fact, limits women's autonomy by prohibiting their choices on a range of issues, and aims to reproduce the patriarchal and heteronormative family, because only married (i.e. heterosexual) couples are granted access to reproductive technologies. In recent years, the law has undergone major changes following Constitutional Court rulings. Nevertheless, it still denies same-sex couples or single women access to medically assisted reproduction and surrogacy.

Due to this prohibition, people who have resorted to various forms of surrogacy abroad⁶ have often been at the centre of criminal proceedings when they register the babies back in Italy, although the outcomes have varied. In some cases, the parentage of surrogacy clients was recognised, while in other cases the child was declared adoptable and entrusted to another family (Di Masi and Virgilio 2017). It is striking that the debate on surrogacy took off in the months preceding the Senate's approval of the Law on Civil Partnership (Law 76/2016), known as Cirinnà's Law (named after the MP who proposed it). In the first draft, the law envisaged stepchild adoption, but this possibility was removed from the final version. The opposition to stepchild adoption, from both left and right wings of the political spectrum, was driven by what some perceived as the need to protect the traditional family, based on the heteronormative view that only a man and a woman can generate a child. Moreover, according to some commentators stepchild adoption would 'legalise' and bring official recognition to the practice of surrogacy performed outside Italy.

In the first section of this article I will explore feminist positions opposed to surrogacy. These positions are articulated primarily within the feminist tradition of sexual difference; beyond highlighting the risks of exploitation, they also analyse symbolic and theoretical risks in the practice. For this reason, I locate this debate within broader philosophical debates on biopolitics, capitalism and bodies (especially women's bodies). In the second section, I analyse the 'invention' of motherhood by medical knowledge, and in the third section I will link this invention to biopolitics. In particular, I will draw on the philosophical thought of the feminist scholar, Angela Putino, which – although it does not explicitly address surrogacy – offers a suitable theoretical framework for rethinking the encounter between feminism of sexual difference and technology. I thus hope to offer a different feminist theoretical perspective that can overcome the narrow for/against debate about surrogacy, and thus imagine new forms of discussion.

Feminist positions against surrogacy

The turning-point for the feminist debate on surrogacy in Italy was the petition for a global ban on the ‘uterus for rent’, launched on 4 December 4 2015 by a group of feminists, including *Se Non Ora Quando – Libere*. In this petition they wrote:

We cannot accept – simply because it is technically possible, and in the name of alleged individual rights – that women should once again become disposable objects – objects that are no longer at the disposal of the patriarchy, but of the market. We want surrogacy to be banned. [...] Children are not objects to be sold or ‘donated’. If they are deliberately separated from the history that gave them life and remains their own, children become disposable goods.

This text echoes the appeal of some French feminists in *Libération* on 11 May 2015, which prompted an initiative in the French parliament promoted by Sylviane Agacinski, a feminist philosopher close to the Socialist Party. Both in France and in Italy, feminists opposed to surrogacy are closely connected to institutions and have positions similar to radical feminists in the US. In Italy, this stance was also espoused by the sociologist Daniela Danna. In *Contract Children* (2015a), Danna analyses the various forms of surrogacy to argue that the practice is acceptable only if there is a voluntary and free exchange between women. Moreover, she emphasises that reproduction is central to the distinction between the sexes: ‘there can be no equality in consideration of what happens to men and what happens to women in issues related to procreation: it is here (and only here) that the biological difference cannot be ignored’ (2015b, online)⁷. From this position she criticises the use of surrogacy by gay male couples, on the basis that it provokes the ‘erasure’ of the biological mother and of the idea that we are always born from a woman.

A few months after Danna’s book was published, while the Senate was debating the Cirinnà law in February 2016, Luisa Muraro, one of the most prominent feminists in Italy, published *L’anima del corpo. Contro l’utero in affitto (The Soul of the Body. Against Surrogacy)*. In this pamphlet, she advocates prohibiting surrogacy to avoid the risk of the market erasing the fundamental maternal relationship, in which a woman discovers herself as a woman. Muraro claims not only that the market in body parts should be avoided, but also that surrogacy unnaturally breaks a fundamental bond. This is the bond of the newborn with the woman who has undergone the pregnancy; according to Muraro, she is the real mother, who is replaced by the woman who will take care of the baby. As Muraro (2016, 62) puts it: ‘to make a mother it takes a woman of flesh and blood, and a gestation physically not different from that of other mammals, and it takes a symbolic order that enhances the maternal relationship with its characteristic’. The maternal relationship, in fact, can create an alternative symbolic order to the patriarchy. Moreover, she also speaks of ‘the search for a new and richer sense of paternity, which began with the end of the patriarchy’ (Muraro 2016, 29).

The positions of *ArciLesbica*, *Se non ora quando – Libere*, Danna and Muraro revolve around the centrality of the maternal figure, which can only exist in the body of the woman who undergoes the pregnancy. These positions originate, explicitly and implicitly, from the strand of Italian feminism called *sexual difference* (Diotima 1987, 1990),⁸ which originated in the 1970s in reaction to the emancipationist positions espoused by women’s associations up to that time. Sexual difference feminism criticises the idea of equality between women and men, and claims a difference from the patriarchal and symbolic male order – a difference that is manifested in the sexed bodies of women (Milan Women’s Bookstore Collective (1990)). Sexual difference feminism identifies the response to the patriarchal symbolic order in the symbolic order of the mother, and sees in the mother a figure of female authority that can shape relationships between women (Muraro 1991). As Linda Zerilli points out:

[...] the ‘symbolic mother’ as a figure of missing female authority can seem like the ‘female duplicate of the authority of male origin’. [...] The very idea of a symbolic mother, therefore, could be at once

radical – whatever a mother is in masculinist cultures, she is never symbolic – and ordinary. A symbolic mother is a gendered figure of origin around which to organise a feminist practice of freedom, a new social contract. (Zerilli 2004, 74–75)

From this perspective, a practice like surrogacy challenges the mother-child relationship, which for sexual difference feminists is fundamental. To interrogate these positions against surrogacy, I will now briefly analyse the history of the medicalisation of pregnancy and childbirth, to show how the mother-child relationship is subject to social change over time.

The ‘invention’ of motherhood

Between the end of the seventeenth century and the beginning of the eighteenth century, men in Western Europe began to observe pregnancy, transforming it into an object of study and medical-scientific reflection. The rules of modesty changed: childbirth stopped being a ‘woman’s thing’, regulated by secrets guarded by midwives, to become worthy of observation and knowledge. In the second half of the eighteenth century, this interest in pregnancy and birth became a mass and institutionalised phenomenon, with the emergence of the first maternity wards and the first schools of obstetrics (Henley-Einion 2009). Hospital maternity wards were created to train future surgeons and obstetricians, admitting single mothers free of charge in exchange for them willingly offering their body to the doctors’ observations. In the eyes of society, this made them equal to prostitutes, as they transformed their bodies into commodities, exposing them to the male gaze and hands for gain – indeed, after giving birth, the women received food and lodging for a week (D’Amelia 1997).

In these years the first generation of male physicians appeared who began to palpate pregnant women’s bodies, rather than just observing through referring to the sensations experienced by the women themselves. In her analysis of these transformations, Barbara Duden (1993, 98) reported the observations of Plocquet, a German physician who believed that ‘finding pregnancies is one of the doctor’s tasks’. Plocquet was not satisfied with just asking the woman to tell him their symptoms, but wanted to ‘discover the movement of the foetus from the outside [...] by touching and looking at the stripped woman’ (Duden 1993, 98), thus breaking with the Galenic-Hippocratic tradition that saw reports about symptoms as the principal means to make diagnoses.

The entrance of women into hospitals and of doctors into maternity rooms transformed the experience of pregnancy. Previously, only women had been able to give a subjective and uncertain testimony of the experience, which started when a woman perceived the movement of the foetus. At this stage, the notion of pregnancy was born, which assumed the expectation of reproduction as a calculable outcome, a measurable and monitorable line of development. This moment also marked the beginning of ‘the history of the woman as a place of foetal development’ (Duden 2002, 65), marking a shift in attention from the figure of the woman to her unborn child. This change of gaze formed part of a broader demographic concern, which coincided with the predominant view of the time that the strength of nations depended on the growth in numbers of quality of their citizens (Weeks 2005; Foucault 2007). Along with the creation of the maternity wards and the medicalisation of pregnancy, this period also saw the emergence of laws against infanticide, for example in the Napoleonic Code, which severely punished anyone who killed a newborn or even an unborn child.

The political interest in population development, however, also entailed an interest in assisted reproduction (Betta 2012). The English doctor John Hunter claimed to have completed the first artificial fertilisation in 1776 for an infertile couple. In the following years, many doctors around

the world tried to replicate his achievement. This came to attract the interest of the Holy Office of the Catholic Church; in 1877, the Church responded to the first question from a couple on the subject by recommending secrecy. Twenty years later, in 1897, it openly condemned artificial fertilisation, on the basis both of the male masturbation necessary for the donation of the sperm, and of the involvement of a different man from the husband in reproduction, which suggested adultery. The position of the Catholic Church remained that pregnancy could only be the result of complete sexual intercourse between a married heterosexual couple.⁹ Notwithstanding the opposition of the Church, these practices continued. In 1927, in Tashkent, the first article on assisted fertilisation was written by a woman, Dr Šorova, who proposed to undertake fertilisation through donation of sperm to realise women's right to maternal happiness. Meanwhile, in the United States the practice of artificial fertilisation had become so widespread that a protocol had to be introduced for couples, which left the choice about fertilisation to the physician. This marked the entrance of reproduction into the public area, through a political act.

Along with this transformation, motherhood and maternal feeling became naturalised in medical discourse. A woman's life came to be divided into phases closely related to her body and its reproductive purpose. Hence, women were now seen as passing from childhood to puberty, maturity and menopause; the pinnacle of this cycle could only be pregnancy. At the same time, innate 'maternal instinct' and immediate love for the newborn became seen as the constituent features of the feminine, unlike paternity, which is not innate and is thus endowed with social rather than psychological and biological characteristics. In this period, as the mother-child relationship changed, 'the desired rigid control in mother-child relationships is now replaced with the predilection for attachment theories, which consider the mother-child dyad is indispensable for the healthy development of newborns' (Forti and Guaraldo 2006, 68).

In the medical and psychoanalytical discourses of the early twentieth century, the relation with the mother was seen as providing the environment that formed the basis of a healthy life. This centrality of the mother-child relationship has assumed an ambivalent character: on the one hand, it is strongly recommended by doctors and educationalists, while, on the other, many women claim it as a way to avoid the impositions of doctors and specialists. A striking example is breastfeeding. From one perspective, it is connected with the standards of medical science, because it is recommended by doctors for the good of the baby and is monitored with medical instruments. At the same time, however, women see breastfeeding as a sign of naturalness, choosing it as a more natural practice which can strengthen the bond with their child. Breastfeeding shows, therefore, that in the case of motherhood it is impossible to separate nature from the social construction of scientists. As I will show in the following section, for this reason motherhood is a key locus of transformations in forms of power, from a repressive to a productive paradigm, which Michel Foucault (2010) terms biopolitics.

Motherhood and biopolitics

These changes in the management of pregnancy and childbirth are central to what Foucault (1998, 2010) saw as a key development of the nineteenth century: the birth of biopolitics. In the biopolitical paradigm, powers take care of the life of subjects. While sovereign power was characterised by the power of the king to impose death, biopolitical power assumes the task of favouring and developing life, transforming the power to impose death into the possibility of letting die (or rather, not letting live).

In this sense, reproduction lies at the core of biopolitical power, and techniques such as surrogacy that can regulate reproduction assume critical importance. Angela Putino is one of the

first in Italy to analyse biopolitics from a gender perspective. Putino (2011, 82) argues that women's bodies in this context become:

[...] the point of application of techniques which, by confining sexuality and desire to this limit, see the female only in her reproductive capacity, as a supplier of material both from the biological and the legal points of view.

One of the main features of biopolitics is the imbrication of biology and law, whereby the standards and standardisation of subjects are anchored in biological foundations, and so appear incontrovertible. This imbrication is most evident in the field of sexuality, which is primarily assimilated to, and interpreted as, a reproductive phenomenon. Motherhood, therefore, figures as the privileged moment of biopolitical sexuality, as it creates both a new individual, guaranteeing the continuation of the species, and a new subjectivity, transforming a 'woman' into a 'mother'.

According to Melinda Cooper and Catherine Waldby (2014), the centrality of motherhood to biopolitics is seen in the emergence of surrogacy as a new form of labour in the clinical field.¹⁰ Cooper and Waldby explore the power relations and the material conditions that result when capitalism is entangled with biomedical technologies. The term 'clinical labour'¹¹ is, in this sense, used to indicate forms of productivity usually defined by gratuity and donation, in which remuneration is not defined as a 'salary' but as a 'compensation'. The authors make it clear that the category of 'labour' cannot account for all the circumstances in which, for example, patients donate tissues or participate in clinical trials. According to Cooper and Waldby, any exchange involving bodies only becomes work in the classical sense when it is motivated by the search for a purely economic compensation (2014, 33). In this sense, surrogacy is a perfect example of clinical labour, because, even when it is not commercial, it is a form of workfare. Surrogate mothers, in fact, receive healthcare before and during the pregnancy, even if they do not receive a salary or a compensation.

Whereas other writers have addressed technological and scientific changes (e.g. Haraway 1997), Cooper and Waldby (2014) study the social and political effects of economic changes, locating the historical formation of clinical labour in the transition from Fordism to post-Fordism. By contextualising clinical labour in the broader history of labour in the twentieth century, they show how clinical labour is an example of the processes of outsourcing and privatisation that characterise all forms of work. In this sense, we are witnessing a change in perspective: post-Fordism restructures the distinction between public and private, transforming actions previously considered intimate – sexuality, reproduction, care – into profitable services.

Surrogacy is a paradigmatic example of this transformation. The twentieth century has also seen the fragmentation of the living body through the transfer of the work process at the molecular level: the category of labour, then, becomes a space for rethinking the alienation and reification of those involved in these processes (Lazzarato (1996)). A worker's ability to work cannot here be understood as a straightforward commodity, because the subject cannot be separated from its own capacity. As Carol Pateman (1988) points out, this inseparability is relevant to all forms of labour, since any type of work to some extent involves the worker's body. However, it is particularly pertinent to work that involves the biological processes which keep us alive. The property, though part of people's bodies, is seen to derive from the intellectual work of the scientist, which includes the production processes; as a result, the bodily activity of the human beings involved appears a *res nullius*. The reference here is to Marx's theory of wage labour, which highlights how the worker sells the power that exists in his living body. In this sense although the means of production are people's bodies, value is seen to derive from the intellectual work of scientists.

The attention to bodies highlights the differences not only of class, but also of race and gender. As Angela Balzano points out, it is necessary to acknowledge that 'an increasing part of Western

middle-class reproduction at the time of new technologies is guaranteed by women from economies in transition, mostly from marginalised classes during the transition from Fordism to post-Fordism' (2016, 122). Cooper and Waldby (2014, 97) show how the structure of reproductive labour markets varies according to skin-colour. Eastern Europe has become a centre of production of the oocytes (the fertilised eggs), considered best for their whiteness, because the majority of the clients are white. India, on the other hand, has developed a market primarily for surrogacy, even for white people from abroad. The surrogacy market has grown so much in India that in 2015 the government presented a law to restrict surrogacy to Indian citizens (Pande 2014). The women who work as surrogate mothers protested against the law, which would have denied them a form of income (Huber, Karandikar and Gezinski 2017). Reproduction of whiteness is thus one of the central elements governing fertility markets, establishing the value of oocytes and sperm on racial bases.

In addition, Cooper and Waldby (2014, 79–80) point out that different rhetorics apply to men and women. Sperm donors are especially attracted by the possibility of free medical examinations, with welfare replacing workfare in many instances of clinical labour. By contrast, a rhetoric of altruism and the gift is promoted for women – both donors and surrogates. Novel technologies, therefore, reproduce stereotypes that portray women as naturally inclined to care. Even in material terms, the two processes of donation are regulated differently: while men sign a contract with a sperm bank, women, both donors and surrogates, deal directly with the commissioning couple or person. This supposed necessity of building a personal relationship reinforces the idea of altruism and care, even as the 'donors' are tied to disadvantageous contractual conditions (Almeling 2007).¹² This point is important to bear in mind when, in the Italian debate, proponents of surrogacy refer to the altruism and generosity of women who have chosen to lend their uterus to another (see for example De Marchi 2017). The exertion of biopolitical power through medical technologies and the capitalist organisation of work reproduces the idea of women's natural urge to motherhood, thereby creating a new market for surrogacy. Moreover, surrogacy, from this perspective, becomes an instrument to regulate reproduction by encouraging the reproduction of rich, white subjects, who are most able to afford such techniques. In this sense, surrogacy reinforces the exclusion of weaker subjects.

In sum, the techno-sciences are increasingly becoming a knowledge-power device (Foucault 1998), capable of normalising subjects and creating new subjectivities. At the same time, these techno-sciences also become a breeding ground for a new figure of *homo economicus* able, in this case, to profit even from his cells; moreover, this work is valorised as he provides the best cells – for the market. I propose terming the female clinical worker *mulier economica* to highlight how gender differences are also valued in this market through the commodification of reproduction. Indeed, the ways in which value can be extracted from one's own body are not neutral, but follow gendered differences. Genes, foetuses, chromosomes and cells are at the centre of a new form of reductionism, which breaks bodies down into small pieces that can be analysed separately and constantly manipulated. Capitalism has become intertwined with medical science, generating the figures of *mulier economica* and *homo economicus*. This process has produced a new conception of the body, not only as an object on which public power is exerted, but also as an economic good.

Questioning the figure of the mother

In this last section I will draw on Angela Putino's philosophical thought in order to rethink the encounter between feminism of sexual difference and technology. Angela Putino highlights that

the centrality of biology leads to new political forms of inclusion and exclusion. Moreover, she reflects on the figure of the mother in the biopolitical context from a feminist point of view. Her reflections show how feminist positions that criticise surrogacy on the basis of the necessity of the maternal relation reinforce some biopolitical forms of power, creating an impasse.

In biopolitics, biological advance becomes the criterion for excluding those who do not correspond to social norms, concealing this choice under the supposed inevitability of nature and its merciless laws. Putino (2011, 88) argues that this centrality of biology encourages ‘individuals to submit to an almost anthropological fascination for authenticity’. Biopolitical power thus presents medical and biological knowledge as a way to discover and explore an authentic human nature that is necessary for a healthy life.

The biopolitical discourse on maternity is constantly permeated by this fascination. On the one hand, medical knowledge-power presents itself as direct delegate of biology. On the other hand, women who try to distance themselves from this knowledge assume the same biological perspective, in the name of natural authenticity. Hence, women and their bodies seem to be trapped between examinations and measurement on the one hand, and instincts and spontaneous feelings on the other. Yet both descend from the same biopolitical paradigm. The body therefore does not represent the emergence of an unexpected dimension (Lonzi 2010), but something that is inserted into a scheme of functions and projects. The body, in this sense, is an instrument with characteristics that can be measured and adapted for different purposes, rather than a receptacle in which we are located (De Beauvoir 1949).

For Putino, feminism of sexual difference risks assuming that women’s bodies are places where natural essences can be found. This link between the woman and her body, in which she can find her authenticity, can lead to the creation of communities based on biological bonds or similarities. I would also add that this is a particular risk for mothers, because in sexual difference feminism women’s bodies are always considered in relation to motherhood. This articulation of a feminine authenticity that is expressed in the biology of the female body and its capacity for reproduction perpetuates and reinforces biopolitical power. Sexual difference feminism and biopolitics, then, seem to share a similar construction of a female subject, based on biology. Putino (1998, 46) terms feminism that returns constantly to the maternal relationship ‘hysterical feminism’,¹³ and suggests that ‘hysteria moves between two drives’: from one side, it ‘projects a mother tongue retracing the structures of proximity’ and from the other, it erases this proximity, creating a separate self in the world of knowledge. However, these two tendencies are continuously intertwined in a hysterical position that ‘tries to reinforce the nostalgia of the maternal place together with all those forms of knowledge that allow a more inflected participation’ (Putino 1998, 46).

In this biological enticement, Putino sees a compatibility with the needs of biopolitics, which becomes ‘cast into an indissoluble bond – in the end, biological – that is preserved from fear’ (Putino 1998, 47). The fear is of not being able to find strong similarities among women. Indeed, Putino considers that the maternal order has too often bolstered the exercise of governing. The management of relationships among women in a maternal framework creates a community rooted in biology which thus repeats the paradigm of inclusion/exclusion that is key to biopolitics: ‘the hysterical [...] cannot unleash herself from the vicinity, from the fear of loss’ (Putino 1998, 48). Putino suggests an inability to ‘hypothesise a feminine otherness’ (1998, 48) that does not coincide with the mother who reproduces the form. This ‘hysterical’ feminism constantly refers to the mother as the symbolic figure for building a female subjectivity. From this perspective, such feminists criticise the idea of a woman breaking the bond with her baby by carrying the foetus for someone else. For Putino, this feminist position risks limiting women’s freedom and thus reinforcing biopolitical power by reproducing the connection between subjectivities and biological bodies.

Putino's arguments suggest that criticising surrogacy on the basis of the figure of the mother and her attachment to the child is likely to lead feminist positions into a deadlock. The maternal figure, as an emblem of femininity, may express female power and alternative authority to the patriarchy, but it also binds women to biology, the same way as biopolitical techniques such as surrogacy do.

Conclusion

As we saw in the introduction, feminist positions against surrogacy in Italy assume that the maternal relation is always fundamental. This position seems largely to ignore the history that led us to 'invent' the idea of pregnancy and the necessity of a strong mother-child relation for a healthy life. Moreover, this story is intertwined with the development of pervasive medical knowledge and power. The idea that the mother has a special bond with the baby is the result, among other things, of the development of medical and psychological knowledge during the eighteenth century (Arena 2013). It is significant, then, that Daniela Danna, in a roundtable about surrogacy in the Italian journal *About Gender*, argues that '[i]n vitro fertilisation technology has created female fathers, not multiple mothers' (Bonini et al. 2017, 408). Danna proposes that a woman who provides just the oocytes is more similar to a man who provides sperm than to a mother, a figure who is so identified with pregnancy. Danna erases the possibility of recognising women who do not give birth as mothers, and likens them to fathers. Again, the creation of a maternal figure is linked with pregnancy and the body, without taking into account other ways to be a mother.

This position carries the risk identified by Angela Putino of locating female authenticity in biology, and thereby creating exclusionary communities based on a rigid interpretation of the body. On the basis of the figure of the mother, therefore, the market is criticised because women's bodies and their reproductive capacity should not be commodified. However, feminists critical of surrogacy do not suggest subverting this process through a different economic system or a redistribution of power and wealth to prevent commodification (see Zappino 2015). Rather, they maintain that a specific biological function, i.e. reproduction, should be protected on the basis that it gives rise to a fundamental relationship – that between the mother and the child (Casalini 2015).

This position, paradoxically, mirrors that of many couples who turn to surrogacy to have a child which is genetically their own. In this case, for a commissioner of surrogacy, 'the desire to have a descendant that is "the flesh of their flesh", in the technological scenario can become an obsession and colour the other bonds that come into play' (D'Elia 2015, 11). The desire to have a child that is genetically one's own can overshadow the possibility of imagining different forms of parenting (i.e. adoption, building different families with more than two parents, etc.). For both the market and the feminists quoted in this article, only one figure can be identified as the 'mother' – the genetic mother – and only one type of family is acceptable – the nuclear one, based on a heterosexual premise.

In conclusion, it is worth considering that the category of motherhood is discursively constructed and performed in a range of different ways, and that it is necessary to debate about the definition of mother and motherhood. As Judge Marianne O. Battani said, the mother was believed to be so basic a concept and a figure that it could be understood without definition. But this lack of definition makes unsayable the different form of maternal relations that already exists and that can be created. Moreover, even without surrogacy, the market already has a strong hold over bodies, especially those of women. The reflection on biopolitics and capitalism, from a feminist point of view, can highlight the connection between the different forms of commodification and oppression that affect bodies and subjects. Hence, to escape the rigid opposition between positions for

and against surrogacy, it is necessary to imagine different relationships and alliances. Putino's reflections can help us combine critiques of biopolitics and critiques of feminist perspectives that risk making women slaves not of technology but of their own bodies. Furthermore, Putino's emphasis on the unpredictable can help us imagine new social relationships and new families, even with technology and outside of the market.

Notes on contributor

Carlotta Cossutta is a postdoctoral fellow at the University of Eastern Piedmont. She completed her PhD in Political Philosophy at the University of Verona, with a thesis entitled 'Public Bodies: citizenship, motherhood and power from Mary Wollstonecraft'. She is a member of the research group *Politesse* (Politics and Theory of Sexuality) and she works on motherhood, clinical labour, postporn and feminism. In 2016 she taught a course on Philosophy, Politics and Sexuality at the University of Verona.

Notes

1. ArciLesbica, founded in 1996, is a national association aimed at promoting the social inclusion of lesbian women in Italy. ArciLesbica is the first non-separatist national lesbian association in Italy, and was founded to claim a more forceful lesbian presence in the LGBT movement (Gramolini 2000).
2. Marina Terragni is a journalist known for her 'Maschile/femminile' column in the weekly magazine *Io Donna*. In 2016, she published *Temporary Mother: Utero in affitto e mercato dei figli*.
3. *Se non ora quando* (If not now, when) was a women's movement founded in 2011 in response to the sexual scandals that had engulfed the then prime minister Silvio Berlusconi. The movement denounced the decay of women's image in contemporary Italy. In 2013, it split into two different groups: *Se non ora quando – Factory* and *Se non ora quando – Libere* (Free).
4. Law N. 40, February 19, 2004, 'Norme in materia di procreazione medicalmente assistita' (Regulations related to medically assisted reproduction), published in the Official Gazette, no. 45, February 24, 2004.
5. On this law and the debate around it, see: AA. VV 2004, Fineschi, Neri and Turillazzi 2005; Perrotta 2016.
6. Interestingly, as Manuela Perrotta (2016) suggests, the phenomenon of people seeking medically assisted reproduction (in all its forms) abroad is termed 'reproductive tourism' only in Italy. In other countries, it is described with formulas like 'cross-border reproductive care', which do not contain the moral judgment that seems to be inherent in the idea of tourism.
7. All the translations from Italian are mine.
8. It is important to note that this was not the only feminism in Italy in the 1970s. There was also a materialist feminism of Marxist origin that gave rise to the international Wages for Housework campaign (Cox and Federici 1975). This campaign sought to raise awareness about how housework and childcare form the basis of all industrial work and to make the argument that these necessary tasks should be remunerated as wage labour. While the Wages for Housework campaign formally called for economic remuneration for domestic work, it also used this demand to direct attention to women's affective labour, the reliance of capitalist economies on exploitative labour practices against women, and leisure inequality.
9. *Response of the Holy Office*, 17 March 1897: DS 3323. Part of this also appears in Betta 2012, 103.
10. The two authors develop the notion of 'clinical labour' from a suggestion in Kaushik Sunder Rajan's *Biocapital* (2006).
11. In the Italian version of the text, the expression 'clinical labour' is translated as *biolavoro* ('biolabour'), precisely to stress the link with biopolitics (Balzano 2014).
12. For example, Laura Corradi (2017) has criticised surrogacy on the basis of the working conditions of oocyte donors and surrogate mothers. In particular, she highlights the health risks of this practice and shows how safety conditions vary across the world.
13. Putino uses the term 'hysterical' provocatively, referring to the word's etymological connection with the uterus. She writes: 'In the Nineties, part of Italian feminism tried to make a turn to feminine freedom: if through the love of the mother every woman gives a value to herself, it is necessary to find a series of practices that – directly or not – connect each other to this awareness. [...] However, to be precise, it is not maternal love – which could be useful to questioning [...] if it is so necessary for a woman to come back to this dimension – but hysterical attachment to the mother' (Putino 1998, 7–8.) In particular, Putino reflects on the ideas of the mother's symbolic order.

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Italian summary

In questo articolo prendo in esame il dibattito italiano sulla maternità surrogata che si è sviluppato all'interno dei movimenti femministi e LGBT a partire dalla discussione sulla legge sulle unioni civili all'inizio del 2016. Questo dibattito è stato attraversato da una profonda frattura tra chi vede nella maternità surrogata una possibilità di immaginare nuove forme di legami sociali e chi considera che gli uteri delle donne e i neonati non possano mai essere oggetto di 'scambio'.

Nel testo analizzo le posizioni più discusse di alcune femministe per mostrare come ruotino attorno alla centralità della figura materna. In seguito propongo una breve storia della costruzione sociale della gravidanza e le metto in relazione ai cambiamenti nel mercato e alla nascita della biopolitica. Utilizzo, infine, il pensiero di Angela Putino per mostrare un possibile diverso approccio femminista al tema della maternità surrogata.