

Infertility, Surrogacy and Motherhood: Constructs and Perspectives in Select Movies



Dissertation submitted to the University of Kerala in partial fulfillment of the requirements for the Degree of Master of Arts in English Language and Literature.

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Literature

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2019-2021**

CERTIFICATE

This is to certify that the dissertation titled “Infertility, Surrogacy and Motherhood: Constructs and Perspectives in Select Movies” is a bonafide record of the studies and research carried out by Ms Aparna Martin at the Department of English ,All Saints’ College, Thiruvananthapuram, under the guidance of Ms Nishel Prem Elias ,Assistant Professor, Department of English, All Saints’ College, Thiruvananthapuram and submitted to the University of Kerala in partial fulfillment of the Requirements for the Degree of Master of Arts in English Language and Literature.



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DECLARATION

I, Aparna Martin, do hereby declare that this dissertation titled “Infertility, Surrogacy and Motherhood: Constructs and Perspectives in Select Movies”, is a record of studies and research conducted by me under the guidance of Ms Nishel Prem Elias at All Saints’ College and submitted to the University of Kerala in partial fulfilment of the requirements for the Degree of Master of Arts in English Language and Literature. No part of this dissertation has been submitted before for the award of any other degrees, diplomas, title or recognition.

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PREFACE

Fertility and the ability to procreate is one of mans' most fervent desires since the beginning of recorded history and to this day remains one of the most driving needs of humanity. Having children and the continuity of the family unit has always been of major significance in our society and remains so until the present day. The birth of Louise Brown in Oldham, England, on July 25 1978, inaugurated a new era in the history of reproductive technology. Since then, the industry has exploded, with IVF clinics opening up across the country and the whole world. Couples of all ages have flocked to fertility specialists in the hope of having a baby and shaking off the stigma associated with being childless. While tales about infertility in the popular media are few and far between, when they do surface, they may have a significant impact. Film directors have tried to show most of these issues in films, and the public has gained a better understanding of what all childless couples go through.

The project titled “Infertility, Surrogacy and Motherhood: Constructs and Perspectives in Select Movies”, analyses the topic of artificial methods of reproduction through movies. The dissertation is divided into four chapters. The first chapter is an introduction about marriage and talks about how a child is important in families. The second chapter covers the biological factors which lead to infertility. The third chapter shows the reviews of some selected movies and documentaries which depicts the plights of childless couples and their story of infertility. The concluding chapter sums up the above chapters and talks about how movies shape the psyche of the people in the society.

Chapter - One

Introduction

Marriage is usually used as a term for social institution. As such, it may be defined as a relation of one or more men to one or more women, which is recognised by custom or law involving certain rights and duties both in the case of the parties entering the Union and in the case of the children born of it. These rights and duties vary among different people and cannot, therefore, all be included in general definition; but there must, of course, be something which they have in common.

Marriage always implies the right of sexual intercourse; society holds such intercourse allowable in the case of husband and wife and generally speaking, even regard it as their duty to gratify in some measure the other partner's desire. At the same time marriage is something more than a regulated sexual relation. It is also an economic institution where it is generally considered to be the husband's duty to support his wife and children, but it may also be their duty to work for him. As a general rule, he has some power over them, although his power over the children is in most cases, of limited duration. Very often marriage determines the place which a newly-born individual is to take in the social structure of the community to which he or she belongs; but this cannot, as has been sometimes, be regarded as the chief and primary function of marriage, considering how frequently illegitimate children are treated exactly like legitimate ones with regard to descent, inheritance and succession.

Even in primitive time it was habit for a man and a woman to live together to have sexual relation with one another and to rear their offspring in

common, the man being the protector and supporter of his family and the woman being his helpmate and the nurse of their children. This habit was sanctioned by custom, and afterwards by law and was thus transformed into a social institution.

The first recorded evidence of marriage ceremony uniting one woman and one man dates from about 2350 B.C., in Mesopotamia. Over the next several hundred years, marriage evolved into a widespread institution embraced by the ancient Hebrews, Greeks, and Romans. But back then, marriage had very little to do with love or with religion. Marriage's primary purpose was to bind a woman to a man, and thus guarantee that the man's children were truly his biological heirs. Through marriage, a woman became a man's property. In the betrothal ceremony of ancient Greece, a father would hand over his daughter with these words: "I pledge my daughter for the purpose of producing legitimate offspring" (The week Staff)). Among the ancient Hebrews, if wives failed to produce offspring, their husbands could even give them back and marry someone else.

As the Roman Catholic Church became a powerful institution in Europe, the blessings of a priest became a necessary step for a marriage to be legally recognized. By the eighth century, marriage was widely accepted in the Catholic church as a sacrament, or a ceremony to receive God's grace. At the Council of Trent in 1563, the sacramental nature of marriage was written into canon law. The notion of marriage as a sacrament, and not just a contract, can be traced to St. Paul who compared the relationship of a husband and wife to that of Christ and his church (Eph. v, 23-32). St. Augustine (354-430), following St. Paul, condemns sex outside marriage and lust within it.

“[A]bstinence from all sexual union is better even than marital intercourse performed for the sake of procreating,” and the unmarried state is best of all (*The Excellence of Marriage*, ca. 401, §6, 13/15). But marriage is justified by its goods: “children, fidelity [between spouses], and sacrament.” Joseph Campbell, in the *Power of Myth*, mentions that the twelfth-century troubadours were the first ones who thought of courtly love in the same way that the present century does now. The whole notion of romance did not exist until medieval times and the troubadours. This shows the importance of a couple's consent to marriage. It has remained an important part of both church teaching and marriage laws through the years. Church blessings did improve the lot of wives. Men were taught to show greater respect for their wives, and forbidden from divorcing them. Christian doctrine declared that the twain shall be one flesh, giving husband and wife exclusive access to each other's body. This put new pressure on men to remain sexually faithful. But the church still held that men were the head of families, with their wives deferring to their wishes. It also pressurised the families to have children.

In India, arranged marriages have been the centuries old tradition dating back to the fourth century. The culture of arranged marriage is considered as a foundation stone of the Indian system. In ancient times, the marriages often took place at the time when bride and groom were in their adolescence. The boy's parents searched for a suitable girl with the help of middlemen and approached the girl's parents with proposition. The middlemen or negotiator suggested suitable date and hour of marriage according to the birth charts of the couple. In that era, generally marriages took place at the hometown of the girl and bride's family acted as a host for the groom's family.

Certain references to the polygamy and polyandry are visible in Hindu marriages because of various political as well as social reasons. At those times, falling in love before marriage was unacceptable; however there are references to affectionate relationships that budded between princes and princesses.

The new natural law account of marriage focuses on the permissible exercise of sexual attributes. According to Aquinas, it emphasizes the goods of marriage, which new natural lawyers, notably John Finnis (cf. George 2000, Grisez 1993, Lee 2008), identify as reproduction and *fides*—roughly, marital friendship (see entry on The Natural Law Tradition in Ethics). Marriage is here taken to be the institution uniquely apt for conceiving and rearing children by securing the participation of both parents in an on-going union. The thought is that there is a distinctive marital good related to sexual capacities, consisting in procreation and *fides*, and realizable only in marriage. Within marriage, sex may be engaged in for the sake of the marital good. Marital sex need not result in conception to be permissible; it is enough that it is open towards procreation and expresses *fides*.

Fertility and the ability to procreate is one of man's most fervent desires since the beginning of recorded history and to this day remains one of the most driving needs of humanity. Children and the family unit has always been of major significance in most cultures and remains so until the present day. When couples marry, they often view parenthood as the next stage in their family life and they want to have a child and they want to be a mother and a father and they cannot envisage that this fundamental aspect may not be so easy to achieve as a natural process through no fault of their own. Many

genuine expectations of family life and possibly the couples' own perspectives of themselves are shattered when they realise their inability to conceive a child and their most naturally beautiful dream becomes a nightmare in reality.

Motherhood has traditionally been defined as a woman's role in society, especially in Indian society, where motherhood is glorified and exalted. It is believed that 'motherhood' defines a woman's identity, elevates her status in society and becomes the sole purpose of her existence. Therefore, a woman who is unable to give birth to a child is treated as an outcast and subject to social stigma. Among infertile couples, in general, women show higher levels of distress than those of their male partners. Both men and women experience a sense of loss of identity and have pronounced feelings of incompleteness and incompetence. Many movies had been created on themes of infertility treatments. There are many movies which shows both the excitement and the struggle, the couple or any other human being go through while trying to get a baby of their own blood. The mental struggles are inexplicable. To make one understand the pain of being childless, the pain of being under societal pressure and the pain of trying and failing, one must depend on media. Movies and documentaries have done diligent work on that. They have tried and succeeded in it to a great extent.

This thesis proposes to the review some of the movies and with the intention of exploring the various sides and arguments on how infertility treatments create an impact on the families. The thesis also focuses on infertility treatments and all kinds of factors that affect the couples including biological and psychological factors.

Chapter- Two

Gender Binaries and Biological factors

In order to be fertile, a man needs to have the necessary reproductive internal organs like testes, epididymis, seminal vesicles, vas deferens, prostate gland and external organs, such as a penis and properly descended scrotum. The different sperm abnormalities that lead to infertility can be identified as: absence of sperm, low sperm counts, abnormal sperm shape, problems with sperm movement, sperm that is completely immobile to name a few.

Genetics contribute to infertility by influencing a variety of physiological processes including hormonal homeostasis, spermatogenesis, and sperm quality. In the case of women, the evaluation of the ovulatory function is an initial diagnostic step in the Evaluation of infertility. Ovulation disorders occur when a disruption in the part of the brain that regulates ovulation causes low levels of LH and FSH. The Polycystic ovarian syndrome (PCOS) is a significant risk factor associated with primary infertility. Infertility can also be caused by an underlying medical condition. Other causes of fertility in females include tubal blockage, uterine problems, cervix disorders, cervical mucus abnormalities and hormone imbalance.

Treatments or the prevention of infertility always depend on its causes, so it is important to know the proper causes. About 5% of couples living in the developed world experience primary infertility (inability to have any children) or secondary infertility (inability to conceive or carry a pregnancy to term following the birth of one or more children). Experts once thought that only about half of all infertility cases, had a physical origin, and that the rest were unexplained or the result of psychosomatic problems in women. But research

indicates that most cases of infertility can be attributed to a physiological cause in the man or in woman. About one-third of the time a physiological problem is identified in the woman, one-third of the time in the man, and about one-tenth of the time, in both the partners. In another 10% to 20% of cases (estimates may vary), the basis of infertility cannot be determined.

But while the causes of infertility are overwhelmingly physiological, the resulting heartache, often exacerbated by the physical and emotional rigors of infertility treatment, may exact a huge psychological toll too. One study of 200 couples seen consecutively at a fertility clinic, for example, found that half of the women and 15% of the men said that infertility was the most upsetting experience of their lives. Another study of 488 American women who filled out a standard psychological questionnaire, before undergoing a stress reduction program, concluded that women with infertility felt as anxious or depressed as those diagnosed with cancer, hypertension, or recovering from a heart attack.

Less research has been done on men's reactions to infertility, but they tend to report experiencing less distress than women. However, one study found out that men's reactions may depend on whether they or their partners are diagnosed with infertility. When the problem is diagnosed in their wives or partners, men do not reports being as distressed as the women do. But when men learn that they are the ones who are infertile, they experience the same levels of low self-esteem, stigma, and depression as infertile women do.

Apart from the direct age-related decline in fecundity, postponement of attempts to conceive increases the risk of morbidity with reproductive threats to the couple. Morbidity will increase the risks of reproductive problems with each year of delay at the attempt to become pregnant. When both the spouses are working, they find it difficult to focus on their sex life. Modern contraception especially the contraceptive pill spreading since the late 1960's

vastly improved women's abilities to plan their pregnancy and postpone childbearing to a later age. The questions of when to have children has risen in prominence; the right timing of childbearing has become a problem between interrelated education, partnership work and family careers.

In vitro fertilization (or IVF as it is called) is the oldest and most standard of the ART (Artificial Reproductive Technology) procedures. IVF involves retrieving eggs and sperm from the female and male partner and placing these gametes together in a petri dish to enhance fertilization. After the fertilized eggs have begun dividing, the cleavage-stage embryos are transferred into the female uterus, where implantation and embryo development can occur as in a normal pregnancy. It was developed in the early 1970's to treat infertility caused by blocked or damaged oviducts in women. In IVF procedures, after fertilization and embryo development, the next step is the embryo transfer. Embryo transfer is a process to deposit embryos into the endometrial cavity by using a fine catheter that is passed through the cervix. The embryos can be transferred three days after the insemination called the cleavage stage. The number of embryos to be transferred is determined by the age of the patient, the quality of the embryos and other related factors.

Surrogacy is a common adjunct to IVF. It is not a particular assisted reproductive technology but a special situation in which ARTs are applied. Surrogacy is the reversal of artificial insemination by a donor. Here, the wife has the infertility problem while the husband is fertile. To resolve this problem, another woman is inseminated with the husband's semen. Thus the husband is the biological father while the wife has no genetic relation to the child. In surrogacy, a woman carries a pregnancy with the pledge to surrender

the baby once it is born to the party, who made the contract for the pregnancy. Genetic relation of the surrogate mother with the child depends on the agreement that she donated her own ovum or only the gestation. The legal situation concerning surrogacy is still not transparent in many countries and issues of rights and inheritance may arise.

In addition to the personal grief and suffering, it causes the inability to have children creates broader problems particularly for the women in terms of social stigma, economic hardship, social isolation and even physical violence. There is now a growing demand for services that can help infertile couples to conceive when no other way can be used. For couples who suffer from infertility, IVF is often the best and last solution to start a family. For many, what was once a hopeless situation now have the promise of a solution to their infertility. Murphy in *Ethics of Procreation and the Defence of Human Life* states:

Spouses, who as a last resort and perhaps even reluctantly decide for ART, would do so only so as to realize their legitimate and never ending desire for a child. They could therefore see a child conceived through ART as a fruit, so as to speak, of their sexual acts, which were infertile, but have been made fertile with the help of reproductive medicine. In this way the couple pursues an entirely legitimate end and the ART act, which is de facto generative, becomes irrelevant in determining the will. One must therefore focus simply on the end in view and the legitimacy of the desire and not on the intervention of reproductive medicine, which would be simply a phase in the

entire process. (36)

There are some things in human life which are not to be commercialised. If we commodify sexuality and the experience of becoming parents that are integral to self of human beings, there is an unconscious violence that is inflicted on the deepest understanding of what it is to be human. In the ARTs the child is believed to be a commodity to satisfy the desire of parents. The child is treated as an object, a thing manufactured out of an egg and sperm subject to quality control and domination by others. Such a manufacture of a person is inappropriate to his innate and unassailable worth. “Some of the new ARTS carry with them the danger of commercialisation of human beings, their bodies and their body products.” (47)

Compensation of any sort to surrogates and gamete donors, making these surrogates and the children produced from them objects of market exchange, alienate them from their personhood in a way that diminishes their value as human beings. The price to be paid for producing optimum or even only genetically sound babies is the transfer of procreation from the home to the laboratory. Increasing control over product can only be purchased by the increasing depersonalization of the entire process and its coincident transformation into manufacture. Commodification of health and medical care mean that the relationship between physicians and patients become a commercial relationship. In this relationship profit-making and the pursuit of self-interests are legitimized. Then people are prone to sell health care like any other commodity by creating a demand for those who can pay.

The World Health Organisation defines reproductive rights as the basic right of all couple to decide freely and responsibly the number spacing and

timing of their children and to have the information and means to do so also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence. It is clear that, no individual should be denied the rights to have children of their own and moreover no individual should be discriminated against should they make the decision to. According to personal autonomy mindset, one is free to make his or her choice on ethical determination to follow in Assisted Reproductive Technology procedures and to use whatever is deemed appropriate; norms that would discount reproductive Technologies place a limit on personal freedom. Reproductive freedom is better explained by John Robertson who introduced the concept of Creative Liberty. Liberty is essentially the individual's right to have or avoid having children and importantly one violates no moral duty in making a procreative choice and other people do not have the right to interfere with that choice, competent adults should be permitted to exercise their reproductive rights at will without interference.

Assisted reproductive technology allows many people to become parents. It is also incredibly, and often prohibitively, expensive—especially IVF, one of the most successful technologies. According to the Society for Assisted Reproductive Technology, the live birth rate for each IVF cycle started ranges from 41 to 43 percent for women under age 37, and from 13 to 18 percent for women over 40. A basic IVF cycle costs around \$12,000, which does not include the price of fertility drugs, specialized testing, and hospital delivery. Insurance coverage for IVF varies depending on the insurance company, state-specific legislation, the woman or couple's age and reasons for infertility, and even the insured's relationship status. IVF is a multistep process requiring egg, sperm and a uterus. Doctors will prescribe hormones, usually given via injections, to stimulate hyper-ovulation in the person

whose eggs will be used for IVF. (Hyper-ovulation is when the ovaries release multiple eggs instead of the usual one egg per cycle.) Once the eggs are mature, the patient (or egg donor, if using one) goes under general anesthesia while a fertility specialist collects the eggs. Scientists will prepare either fresh or frozen sperm through sperm washing, a process where the healthy, swimming sperm are separated from semen. Eggs and sperm are then placed in a laboratory dish and given the chance to fertilize.

If a sperm fertilizes an egg, it becomes an embryo. Embryos are placed in an incubator and monitored for several days. Embryos that develop successfully in the incubator can then be transferred into the uterus during a quick procedure that doesn't require anesthesia or frozen for later use. Two weeks after the embryo transfer, a blood test can determine whether or not the transfer resulted in a pregnancy.

The desire to have a child is determined by multiple factors, including age, marital status, parity, gender, culture, religious beliefs and the degree of reproductive autonomy and access to contraception in a particular setting.⁴ Stereotypically, women are presumed to desire children and therefore to experience grief when the life goal of motherhood is unrealized, but men, having more diverse life opportunities, have been described as being 'disappointed but not devastated' by the inability to have a child. The desire for fatherhood has also been investigated among men diagnosed as infertile. In a review of the biological and cultural anthropological theories of masculinity and human reproduction, it was shown that infertility is potentially humiliating and emasculating to men, has a profound adverse impact on masculinity and is more stigmatizing for men than it is for women. "Society tells us that men aren't supposed to show emotions or be sad," (*Psychology Today*) says Alice Domar, a psychologist, IVF expert, and founder of the Domar Center for

Mind/Body Health in Boston. "In most cases where a wife is expressing pain and sadness, the husband to some extent feels he has to hold it together." (*Psychology today*) When a man is already watching his partner struggle with her emotions, adding his own on can feel like an unnecessary burden.

Approximately 70-80 million couples world-wide are currently infertile and it can be estimated that tens of millions of couples are primary infertile or childless. For most people, having children is immensely important; not being able to have children is a major life problem. There is also a large group of women and men, who have children, possibly from a previous relationship, who desperately wants to have another child. A considerable body of research in Western countries shows that involuntary childlessness has strong psychological consequences. Most of the studies carried out in this domain are quantitative and some are qualitative. Both kind of studies, point in the same direction: there are various psychological and psychosomatic effects, and especially women are affected. The most frequently mentioned effects are distress, raised depression and anxiety levels, lowered self-esteem, feelings of blame and guilt, somatic complaints, and reduced sexual interest. For a small minority of women and men in the Western world these effects are at a clinical level or can be considered extremely serious.

It is interesting to note that social and cultural consequences are seldom mentioned in the reports on these studies. When these aspects are considered, they are often related to studies about elderly people without children, regardless of the reason for being childless. It is stressed in the reports of these studies that frail old people without children have less social support and a less robust network for independent living compared to old people with children. However, a study was carried out in 2007, that is unique in the sense that it aims at elderly involuntarily childless women. They reported on 14 women, and described that in all cases but one sexual life was affected negatively and that half of these elderly childless women were separated.

Some studies, report the difficulty that childless couples have in communicating with friends who do have children. They describe negative (although sometimes well-meant) remarks within the couples' social worlds, for instance at birthday parties and other social gatherings; however, supportive reactions are also mentioned very often. It is possible for childless couples to participate in the 'world of children', especially if couples have good friends or relatives who have children. They are able to participate in the lives and activities of the children of their friends and relatives by, for instance taking care of the children for a part of the week or when the parents are on holiday; taking the children to school, music lessons or sports activities; or going to games or shows in which the children participate. An early study on childlessness found that about ten per cent of couples had chosen this strategy as a way of coming to terms with their childless life described this as typical coping strategy for childlessness. It appears that in the West childless people are not formally excluded from being involved with raising children.

However in India, it is a completely different scenario. Although it is often controversial or misleading to make generalizations about India, one of the safest and less controversial generalisations is that human procreation is highly valued in Indian cultures. Procreation is quite important for human beings in general and within all human cultures. Indian civilization is one of the most ancient. During the entire history of a subcontinent the emphasis on the family has been paramount and family essentially signify families with children. Thus having a child has been of the greatest importance, not only to couple themselves but also to their extended family as well. Unfortunately, there is also a social stigma which childless couples suffer from, especially the

women in the equation. The value of having children is high due to cultural and economic reasons and it is considered as a foundation for a successful married life. Having children is considered as a norm. Therefore childlessness creates many problems for the couple especially the women because they are generally blamed for infertility even though the problem may not be in them but in the men.

If the destiny of frozen embryos is already a complicated issue for parents, this situation is even more complex when the couple is divorcing. Usually the couples sign an informed consent to decide about the fate of embryos before treatment begins. It also contains information of the spouses' instructions in the event of a divorce. If the couples have not reached any previous agreement, a perplexing situation emerges, when one of the spouses wants to implant the embryos and the other is against this decision. If there has not been a previous agreement, there is a tendency to favour the party who does not want to gestate the embryo. After that the divorce, if the couples do not contact the clinic. After a certain period, the clinics automatically use them for experimentation.

The natural procreative potential of a marriage is sometimes not realized through the birth of a biological offspring. The conception and enwombing of a baby as a by-product of a marital union is the high point of the relationship. Those who are unable to conceive try repeatedly and often end up spending money towards assisted reproductive therapy. They may submit even to third party interventions just to have at least partial biological continuity. Those who still remain unable to conceive often carry the emotional burden of a void and suffer from silent social stigma of being

considered 'barren'. When all else fails, adoption becomes the closest equivalent to the presence of one's own progeny.

In the context of infertility, Adoption comes into play when Assisted Reproductive Technologies fail and the couple is counselled towards adoption. The couple is taken through the process only when both the partners are absolutely ready for it. Little will the adopted children realize the psychological upheaval the parents went through before they made their appearance on the scene. Adoption, if it can be brought about, can be a blessing. To emerge out of the confines of only being able to love a biological offspring into learning to love someone from a completely different background may actually broaden our humaneness. A child learning to love an adopted sibling makes him or her more adaptable to the larger world which is full of different people. The prejudices of caste, creed, colour, community are more easily navigated by those who have grown up in the 'Adoption' environment. The process of adoption builds the character of the adoptive parents and the adopted child. A 'family' status is acquired without having to go through a prolonged investigative and treatment programme with its attendant uncertainty and painful injections.

The species argument, the continuity argument, the identity argument and the potentiality argument are put forward in defending the absolute moral status of the embryo. According to these arguments, embryos belong to the human species; there is continuity between embryos and their adulthood; embryos are morally identical to themselves in every stage of their development; embryos are person with potential.

To be a human organism is to be a whole living member of the species

Homo sapiens, with a human present and a human future evident in the intrinsic potential for the manifestation of the species typical form. The biological sciences can tell us that a new human being, a new member of the human species, comes into existence at fertilization. The human body is constituted by two kinds of cells, the somatic and the generative. Those of the first kind contain 46 chromosomes, the number of chromosomes proper to the human species. The 46 chromosomes in the zygote are a different kind of reality from the 23 in the sperm and ovum considered together. The zygote is from the beginning a genetically complete, organized, unique individual organism in the species. If it does not die and is not killed, it will develop into a man or a woman. This is not the destiny of ovum and sperm if they do not unite." Affiliation to the human species demands dignity to every member of the species of the species by virtue of being human. It means that every human being, including an embryo, by solely belonging to the human species, is thus worthy of protection.

It is an undisputed fact that our individual lives as bodily human beings had an organic beginning, encompassed certain stages of development, and will cease to be a living entity at the moment of death. There is an undeniable continuity in our organic development: every one of us has been a zygote, an embryo and then a foetus, an infant and a child, and has then passed through different stages of development to adulthood and maturity. According to the continuity argument, the development of an embryo into an adult human being progresses so continuously that it is impossible to distinguish clear-cut breaks that could then be used to justify a change in moral status. The dignity therefore, has to exist from the inception of the human as embryo. Thereafter,

there would be no single point of moment at which the human is said to have acquired the moral status or dignity. It is not an arbitrary disposition of a cultural adscription; rather it belongs to the very nature of the human. There is no morally significant separating point between an embryo and an adult human in the process of continuing physical development. The embryo with its inherent potency for growth has its continuity of human identity with its inherent dignity, and therefore, inviolable moral status, from the moment of conception.

The identity argument states that a living creature is at all times in its development, identical with the living creature that it was at an earlier point in time from the moment of conception. In other words, overtime in the growth stage, a human being remains the same as what her or she was an embryo. Human has the capacity of self-determination for obligations and rights, whether he is able to exercise the capacity or not for example while sleeping or during the developing period of consciousness. The identity, that holds a person in its embryonic form with an addressee of an unconditional obligation and bearer or corresponding unconditional rights, is therefore independent on whether this human perceives that identity in its adult form or not and equally independent of whether he through his development ever gets a chance or not to achieve a maturity level of his abilities, skills and powers that allow him to realize that identity.

Though not yet organized into distinctive parts or organs, the embryo is an organic whole, self-developing, genetically unique and distinct from egg and sperm whose union marked the beginning of its career as a discrete unfolding being. This moral status independent of any developmental factors

leads us to conclude that the human has this inherent moral status already from the moment of the conception. This status is therefore actual and not potential. That is why, Kant says, "person begins to exist from conception as not merely a worldly being but a citizen of the world" (37) .

The term potentiality refers to the potential capacities of embryos inherent in them which are actually in adult humans. This potentiality argument refers to the real and actual capacity of the human embryo to develop into an adult human under normal circumstances. The potentiality argument thus states that the unborn and unconscious humans, who over a period of time, are not actually capable of conscious acts, have the same capacities still potentially to act as an adult subject." Thus the embryo has claims of respect upon us because of what it is now as well as what it will be. In the sense as a bearer of moral capacity, the embryo has the potential moral capacity of the actual moral capacity of an adult human. Insofar as the capacity of the adult human is present in the embryo potentially, it has the capacity signifying moral status, namely, dignity potentially. In the words of Leon Kass: "In the blastocyst, we face a mysterious and awesome power, a power governed by an immanent plan that may produce an indisputably and fully human being. It deserves our respect because of what it is now and prospectively" (40). Such a power is something actually present which in the normal course of development will become manifest fully in the personal life of an adult.

CHAPTER -Three

Infertility, Surrogacy and Motherhood as Depicted in Select Movies

In 2013, a study by Reuters Health identified that, almost one in six couples are unable to get pregnant after one year of trying. This is the accepted definition of infertility. In 2020 that figure has dropped to 2.448, suggesting more than one in six couples are dealing with infertility today. Not everyone realizes that infertility is a common problem. That may be because it is not something many people feel comfortable talking about. Most people probably know quite a few couples who are struggling with fertility, but they do not know it because it is not talked about. But there are several thousands of couples frequenting fertility clinics harbouring hopes of making their dreams come true and in this 21st century. Some movies, short films and documentaries portray the real and stark picture of these fertility treatments. I have selected some such movies and documentaries which justifiably depicts the actual picture of them with real intensity and reliability. In this chapter, we will be focusing on reviews of movies *Private Life*, *The Switch*, *Making Babies*, *Baby Mama*, *Juno*, *The Easy Bit* and *One More Shot*.

The film *Private Life* (2018) depicts the trauma the couple Rachel and Richard, has to undergo in the process of getting pregnant that it obliterates everything else in their lives. *Private Life* is conceived as a comedy-drama about a forty-something New York couple, who are desperate to become parents. Rachel is 41. She is not as fertile as she used to be. Richard is 47. He has just one testicle, and it happens to be blocked. This is a terrible state of affairs for any couple. It is evident that Rachel and Richard's obsession distracts them from dealing with longstanding issues in their marriage and

maybe individual neuroses as well. Richard was once an acclaimed actor and theatre impresario. He now runs a pickle-making company. Rachel is a writer who is trying to finish a new novel. She finds it hard to stay focused with all the obstetrical drama going on. They know having a child is a long shot. They try various procedures and treatments and even considered adoption and surrogates. They refuse to give up.

The first part of *Private Life* follows Rachel and Richard through the medical system, undergoing tests to figure out if they have a specific problem that can be fixed by science. Their fertility specialist, Dr. Dordick speaks frankly of the obstacles in their path. They hear him but fail to absorb the facts as deeply as they should. It could also be because they are hopeless optimists. Richard and Rachel are close with their in-laws—Richard's brother Charlie, his second wife Cynthia and Cynthia's college-age daughter Sadie lean on them for emotional support and sometimes more. There is a bit of drama early on when Richard asks Charlie for a loan to pay for a medical test. Cynthia explodes, warning him that they've been at this forever and that he needs to stop enabling.

The movie shifts into a different mode, when Sadie, a budding fiction writer herself, moves in with Richard and Rachel, and the couple asks if she would donate her eggs. (The movie makes sure to spell out that none of them are related, Charlie being Richard's stepbrother and Cynthia's second husband). Sadie is intrigued. She loves Richard and Rachel and she needs the money. And she too is at her own crossroad in life, and maybe feeling it is time for a gesture as dramatic as anything in the short stories that she loves. Sadie is oblivious to the fact that she's living some of the same clichés she

despises in her own fiction and the lives of others. Then the plot takes a lot of twists and turns, some predictable, others unexpected, and because what is important are the observations, visual as well as verbal, embedded in each scene, which projects the inner struggle of both the couples. The film's writer-director, Tamara Jenkins is a brilliant chronicler of upper-middleclass white people and their foibles, and her eye for detail is anthropologically exact, empathetic but never begging for sympathy. Her awareness of how people can be myopic and petty, and wrapped up in their individual dramas that they fail to appreciate what they do have is quite evident in the way the plot unfolds. She is also mindful of the deep biological urges that drive Richard and Rachel, who spent the first part of adulthood committing to an artist's life without taking on responsibility of anyone but each other.

Some of Jenkins' humor pushes right to the edge of farce without tipping over, as when Richard justifiably blows up at a doctor's unprofessional behavior, then realizes he's overdoing it and making a spectacle of himself. Other times the film digs into the minutia of marriage and family life with the surgical precision of Mike Leigh, capturing fleeting images and moments that sum up an experience.

The dialogue, especially between Rachel and Richard, is just as astute. What draws them together as well as the despair that they hide from each other for fear of making a tense partnership unpleasant is portrayed beautifully. Each sometimes feels that their failure to conceive is the other's fault, and Jenkins weaves social messaging into their reasons for waiting, acknowledging it as a factor behind taking good or bad decisions. Richard pokes Rachel by suggesting that she is assigning blame for their situation onto

the mixed messages she received about family and career back in college. "You can't blame second wave feminism for our ambivalence about having a kid!" he groans. To the film's credit, neither is portrayed as being entirely wrong.

There is also the question "If they don't conceive, does it mean all of that time and money was wasted?" lingering throughout the movie. It's becoming increasingly hard for films like this to have a big impact on audiences, in part because stories about recognizable, present-day adults of every social class have been largely driven from theatres and onto TV and streaming platforms. Anything that doesn't involve special effects and some kind of world-ending threat is deemed "low stakes" or "television" and thus not worth leaving home to see. But when the story is told in as engaging and fair-minded a way as it is here by Jenkins—who is as adept with lyrical images as she is with snappy dialogue, it allows one to laugh at the characters and at the same time empathize with them. This film is a reminder that the smallness of life can feel huge when one is right in the middle of it and also that the lack of a child can destroy husband-wife relationship.

In the 2010 film, *The Switch*, thirty-something Kassie Larson who is single, has not found love yet. But she decides she wants to have a baby. Despite the objections of her long-time, best friend Wally Mars, she chooses to do so alone because she does not want to wait any longer. Sometimes women becomes overwhelmed by the feeling of maternity that they try to have a baby without a boyfriend or a father. She also wants a face-to-face sperm donor, disdaining using a sperm bank. Wally suggests he be the donor, but Kassie believes he is too neurotic, pessimistic, and self-absorbed. And not just

that since they were best friends, she thinks "that would be weird." Wally has always had feelings for Kassie, and they dated six years ago. His friend Leonard points out he missed his chance when Kassie relegated him to the "friend zone". Kassie selects Roland Nilson as her sperm donor; who is a handsome, charming, and married assistant professor. Kassie organizes an "insemination party", where Wally meets Roland and takes an instant dislike to him. Roland produces his sperm in the bathroom, leaving it in a sample cup. Wally uses the bathroom and sees the sample. Drunk Wally plays with the cup and accidentally spills it into the sink. Panicking, he replaces the sperm with his own. The next day at work, still hungover, he remembers nothing. The insemination is successful and Kassie becomes pregnant. Wally is upset when she says that she is returning to her childhood home town in Minnesota, as she thinks it would be a better place to raise a child than New York city. Here, fertility treatment is glossed over and glamorised. Kassie is a wealthy New Yorker with a successful career and financial freedom.

Financing artificial insemination is not considered an issue, despite this being the most important and commonest problem for those considering it. Kassie is successful on her first insemination attempt, but the real pregnancy rate after donor insemination is very low per menstrual cycle. About two-thirds of women are not successful until after six cycles of treatment. The lengthy relational and emotional burden of artificial insemination is also overlooked here. Later she leaves New York, and Wally sinks into a dreary period. Seven years later, Kassie returns to New York with Sebastian, her precocious and neurotic six-year-old son. She wants to reconnect with Wally, and eagerly introduces her son to him.

Wally eventually forms a bond with the boy. Sebastian starts to become close to Wally, too. Roland is in the picture, as he got divorced and Kassie has started dating him, which in fact gives the audience the impression that she wants a father for her child and that she has become tired of being a single mom. She believes he is the biological father of Sebastian and the relationship might work, which has both right and wrong in it. Wally notices the strong similarities between him and Sebastian and realizes the result of the switch seven years earlier. Though, the director Josh Gordon has cast Roland and Wally as romantic rivals, this movie covers too many bases and fails to get to grips with the implications of using a known sperm donor . Just before Roland proposes to Kassie, Wally reveals to her that Sebastian is his biological son, and he loves her. Shocked and angry about the switch, she rejects him.

After some time passes, Wally finds Kassie waiting for him one day after he leaves work. She says that Sebastian really misses him and needs him. Wally admits he misses and needs Sebastian, too. Kassie says that she is no longer with Roland and has recognized the fact that she loves Wally. He proposes to her and she accepts. The final scene shows a happily married Wally and Kassie giving Sebastian an eighth birthday party.

There are many couples who face great difficulties conceiving, but sadly no such problem afflicts far too many filmmakers who persist in mining the topic for cheap laughs. The latest example of the unfortunately fertile trend is a comedy from Josh Huber that features every stereotypical plot element and predictable gag imaginable. *Making Babies* is a 2018 Josh Huber comedy in which a couple – Katie and John desperately attempts to conceive. Making

Babies demonstrates the need for creative contraception.

"My uterus is going to shut down like Chernobyl!" complains Katie after several failed years of attempting to have a child with her husband, John. Katie wants to have children, not only because she is bullied at work by the working mom's but also because she believes that she is finally ready. Both are experiencing professional frustration as well. John, who has an unfulfilling job as an IT specialist, dreams of opening his own brewery (as apparently all men do). Meanwhile Katie's boss, unlike her, has no problem getting pregnant.

The couple naturally turn to a fertility specialist, Dr Remis, a history buff, who peppers his medical advice with quotations from the likes of William Tecumseh Sherman and Abraham Lincoln. After assuring Katie that her uterus is a "showstopper," he says that the problem may be John's sperm count. Cue the inevitable sperm donation scene, with a skittish John complaining at the clinic, "I'm not feeling it." Katie offers to help, but has second thoughts upon entering the small, pornography-filled room in which the deed is to be done. "This is like the set of a Saw movie," she observes. It is a funny line; much less amusing is her attempt to turn John on by pretending to be a leprechaun. When the doctor later informs John about the woeful test results, it is not in the privacy of his office but rather in a crowded bar where everyone overhears.

A scene involving the couple's visit to a New Age healer (Jon Daly) who advises them not to refrain from sex but rather to "bone down" is desperately unfunny, and a sequence depicting their hallucinations after ingesting drugs seems like a leftover from the late 1960s. The most egregious episode features a sexually desperate John frantically masturbating in an

infant's bedroom at a crowded party.

On a semi-serious note, Katie's religious mother, disapproves of her daughter's herculean attempts to conceive. Huber creates a few conflict points that show promise. That it never amounts to much, or anything surprising, is a bit of a shame. The best thing about *Making Babies* is the way it humanizes the process of conception. For some, pregnancy is presented to be as easy as a snap of the fingers. For others, it requires the full might of the scientific community. According to the Eunice Kennedy Shriver National Institute of Child Health and Human Development, 9% men and 11% women of reproductive age experience fertility problems.

Katie and John fall into this category and the way they struggle, the way they support one another through it, and the way their continued failures weigh on them feels undeniably real. The actors pull in the audience through the small touches, the gentle caresses, and the laughter they inspire in each other as two people embarking are a difficult journey. Through their performances, the actors make Katie and John personable and relatable, presenting. The second best thing about *Making Babies* is Huber's script. At no point does it stoop to pandering, preaching, or exaggeration in any aspect of the Kelly family's trials.

In the opening Katie and John move into a home, hinting that they are nearly married. Over the course of a wonderful time-lapse sequence, the audience bears witness to the house's small transformations as the couple settles into their home and try again and again to conceive. Better than a montage, the time-lapse lets the audience observe, in near-real time, Katie's test-taking, the countless books which pile up on free spaces, and the countless

months of ovulation periods marked up on calendars. This opening immediately endears the Kellys to the audience in a way that a montage could not. Considering the number of individuals around the world for whom pregnancy is a difficult proposition, *Making Babies* is exactly the film that is needed for people to feel less alone. While it may not break any barriers in the way the world addresses fertility or infertility, *Making Babies* frequently feels like a salve for an aching wound that thoughts and prayers cannot heal.

Society at large does not see the problem with asking strangers about their birth plans or attempting to control who does what with a woman's body. In its own way, *Making Babies* confronts this, presenting conception as something which is not so easy for many, creating great hope and deep pain in the process. Through the laughter and their friends and family about pregnancy, and maybe, just maybe, help the ones feeling forsaken by their own bodies – men and women – feel seen and heard.

The protagonist of *Baby Mama* (2008) is Kate Holbrook is a successful single businesswoman who has always put her career before her personal life. Now in her late thirties, she finally decides to have her own child, but her plans are dampened when she discovers she has a minuscule chance of becoming pregnant because her uterus is T-shaped. Also denied the chance to adopt, Kate hires an immature, obnoxious, South Philadelphia woman named Angie Ostrowski to become her surrogate mother.

When Angie becomes pregnant, Kate prepares for motherhood in her own typically driven fashion—until her surrogate shows up at her door with no place to live. Their conflicting personalities put them at odds as Kate learns first-hand about balancing motherhood and career and also dates the owner of

a local blended-juice cafe, Rob Ackerman. Unknown to Kate, the in-vitro fertilization procedure Angie had did not succeed and she is feigning the pregnancy, hoping to ultimately run off with her payment. That is a risk which comes with surrogacy. Eventually she starts to regret lying about not being pregnant, but she continually puts off confessing. When she gets an ultrasound, she discovers she is pregnant for real. Realizing the baby is her own—with her common-law husband Carl, from whom she is separated—Angie is forced to confess at Kate's baby shower, which shatters her. When Kate explains to Angie that the pregnancy test was supposed to be taken two weeks after the procedure, and that the baby could still belong to her ,a wedge is driven between the two women.

A court hearing determines that the baby is Angie's, and Angie makes an impassioned apology to Kate. As the women meet face-to-face after the proceedings, Angie's water breaks and Kate rushes her to the hospital, then passes out during the birth. As she wakes up, the doctor supervising Angie's pregnancy tells Kate that she's two months pregnant (the result of her relationship with her new boyfriend). After receiving the news, she visits Angie, who is holding her new baby daughter Stef, named for Gwen Stefani. Kate forgives Angie and the two become best friends, ultimately changing each other for the better.

Angie and Kate raise their children and are in a sister-like relationship one year later at Stef's first-birthday party. It is revealed that Kate and Rob are parents of a baby daughter and are engaged. Although he does not reunite with Angie, Carl stays close to his daughter and takes parenting classes. The final scene shows Angie and Kate sitting in front of a television set with their

children, watching Tom and Jerry cartoons.

The overall tone of *Baby Mama* communicates that children are a blessing to their parents. The film acknowledges the innate desire of many women to bear children and presents it as a good and natural thing. It even goes so far as to imply that pursuing a career to the exclusion of family works against women in the end. In addition, a single dad remembers his shock at finding out that he was an expectant father, then expresses how important his daughter is to him. Kate's sister, Caroline, expresses the sentiment that, though her life with children is not clean, quiet and organized, it is satisfying. After they've (loudly) aired their disagreements, Kate and Angie build a friendship in which each cares for and wants the best for the other. Angie becomes sensitive to Kate's feelings about her infertility. In return, Kate attempts to guide Angie toward education and fulfilling her dreams. The scene where the doctor points out the baby's heartbeat during an onscreen ultrasound, serves to humanize the child. It goes on to depict characters who hurt each other by lying eventually apologizing and reconciling.

The 2007 Jason Reitman film *Juno* (2007) is about a sixteen-year-old Minnesota high-schooler Juno MacGuff who discovers she is pregnant by her friend and longtime admirer, Paulie Bleeker. She initially considers an abortion. Going to a local clinic run by a women's group, she encounters a schoolmate outside who is holding a one-person pro-life vigil. Once inside, however, a variety of factors lead Juno to leave. She decides to give the baby up for adoption instead. With the help of her friend Leah, Juno searches the ads in the *Pennysaver* and finds a couple she feels will provide a suitable home. She then tells her father, Mac, and stepmother, Bren, who offer their

support. With Mac, Juno meets the couple, Mark and Vanessa Loring, in their expensive home and agrees to a closed adoption. Juno visits Mark a few times, with whom she shares taste in punk rock and horror films. Mark, who has set aside his rock band youth, works at home composing commercial jingles. Juno and Leah happen to see Vanessa in a shopping mall being completely at ease with a child, and Juno encourages Vanessa to talk to her baby in the womb, where it kicks for her.

As the pregnancy progresses Juno struggles with the emotions she feels for the baby's father, Paulie, who is clearly in love with her. Juno maintains an outwardly indifferent attitude toward him, but when she learns he has asked another girl to the upcoming prom, she confronts him in a jealous rage. Paulie reminds Juno that it is at her request they remain distant and tells her she broke his heart. Not long before her baby is due, Juno is again visiting Mark when their interaction becomes emotional. Mark then tells her he will be leaving Vanessa to figure his life out. Juno is horrified by this revelation, with Mark asking Juno "How do you think of me?" revealing he is starting to develop feelings for her. Vanessa arrives home, and Mark tells her he does not feel ready to be a father and there are still things he wants to do first. Juno watches the Loring marriage fall apart, then drives away and breaks down in tears by the side of the road.

Returning to the Lorings' home, she leaves a note and disappears as they answer the door. After a heartfelt discussion with her father, Juno accepts that she loves Paulie. Juno then tells Paulie she loves him, and Paulie's actions make it clear her feelings are very much reciprocated. Not long after, Juno goes into labor and is rushed to the hospital, where she gives birth to a baby

boy. She had deliberately not told Paulie because of his track meet. Seeing her missing from the stands, Paulie rushes to the hospital, finds Juno has given birth to their son, and comforts Juno as she cries. Vanessa comes to the hospital, where she joyfully claims the newborn boy as a single adoptive mother. On the wall in the baby's new nursery, Vanessa has framed Juno's note, which reads: "Vanessa: If you're still in, I'm still in. —Juno." The film ends in the summertime with Juno and Paulie playing guitar and singing together, in a happy relationship.

Juno is a beautiful and insightful movie .It is a good pick for adoptive parents who want to understand the perspectives and experiences of others who have been touched by adoption. It introduces so many real-life crises, and does so in a way that is both optimistic and realistic. Juno has to decide whether to carry her pregnancy to term, then she has to decide when and how to tell people, she tells her parents and receives a mixed but supportive reaction from them. She has mixed and inconsistent feelings towards the adoptive parents that she chooses and eventually learns that they have great challenges in their lives. The adoptive mother is portrayed as anxious but hopeful, and yet, everyone works together. When Juno does give birth, her mother is with her and assures her, "Someday you'll be back here on your terms."There is beauty in how well this film captures the thoughts and emotions of so many people touched by this one adoption. Even though Juno has decided to have a closed adoption, the adoptive mother keeps a memento of Juno on display in the baby's room.

Tom Webb's documentary *The Easy Bit* (2019) is about men's experiences of fertility treatment. It is a well-intentioned film on a valid

subject. Webb speaks to six men whose partners are undergoing in vitro fertilization (IVF), a notoriously painful, upsetting, intimately invasive procedure. Men often do not know how to express their feelings, and even unsure if they are allowed to have feelings. They do what appears to be “the easy bit” in fertility treatment – supplying the sperm and then waiting while the woman goes through the incomparably more challenging business of IVF and then (they hope) pregnancy and childbirth.

Men often do not want to talk about their own frustration and sorrow at the many setbacks. The reason need not be that they are emotionally illiterate but they want to be quietly supportive for their partners. Webb’s film is simply dominated by these talking heads, interspersed with educational-video-style talks about what happens. This approach was unvarying and emotionally hectoring, especially when Webb switches to the men talking in voiceover while showing these faces in close up doing a slow blink and then a mute soulful/sad face. However, there is humor, especially when one man remembers realizing that the room in which he was expected to produce the sample was the same one in which he had the initial consultation. But these uninterrupted testimonies are overextended.

The documentary tackles the gendered assumptions surrounding men and fertility. One of the men described his male-factor infertility as 'emasculating', while another compared not being able to have a baby 'naturally' to not being a man. The film challenges these knee-jerk reactions by documenting the interviewees' own acceptance of their new reality, highlighting their own personal growth along the way. How we deal with the male partner is as important as how we deal with the female. This is a

documentary with a very well-defined and noble goal, namely, to lift the veil off how men feel about infertility. A small flaw of this film is its lack of diversity in the cases portrayed. While one of the men talked about his use of donor sperm, men undergoing surgical sperm retrieval, surrogacy or an egg donation cycle would have provided very interesting and worthy perspectives. The documentary is a must watch for couples going through something similar as it encourages partners to speak openly to each other about how they are feeling. It should also serve as a call to clinical staff, counselors and others involved with patient treatments to involve men in the treatment process, to fully appreciate the role the man plays in this journey – after all, half the embryo's DNA comes from the sperm.

The 2018 film *One More Shot* goes beyond the science and shed light on how fertility treatments affect people going through that process. It mostly follows a couple, Noah and Maya's, on their journey to parenthood using infertility treatments. They also interview other couples and a single woman that experienced infertility. This documentary also talks about 'embryo adoption'. The movie covers IVF using one's own eggs, donor eggs, embryo donation, traditional adoption, and using a gestational surrogate.

Noah and Maya had met in college and fallen in love. They are presented as an adventurous couple who seemed to have it all, except having a really hard time getting pregnant. Maya learns that she has Diminished Ovarian Reserve, which greatly reduces her chances of having a child. Noah gets tested as well and learns that his sperm quality is good. But after trying for two years to get pregnant they decide to go for IVF. They have their friend Gabe help film their journey with infertility treatments. Financial concerns are

one of the biggest obstacles couples will face when seeking out infertility treatment. Noah and Maya feel very defeated after their first round of IVF failed, using Maya's own eggs. But Noah losing his job, makes the next round of IVF nearly impossible. At the same time their doctor was advising them to consider other options, such as egg donation.

One of the most difficult decisions someone has to make is when to stop trying fertility treatments using their own eggs or sperm. Noah seems interested in this option and during a discussion with Maya he says to the camera, "But if she can't have hers I don't feel that necessarily negates me having mine." He is talking about using his sperm with donated eggs, so the child would still be genetically his, although it would not be hers. One of the biggest decisions they had to make next was who was going to be their egg donor. They considered an anonymous donor at first but then asked Maya's sister Hana. Maya was somewhat concerned about people's perceptions of the situation and said at one point, and joked about how some might consider it a "freak show" with her future child's aunt also being her genetic mother. They figured that the child would be genetically Noah's and still be able to continue Maya's family genetics, even though it would not be genetically Maya's.

Maya was also concerned about her sister's well-being through the egg retrieval process. All three of them had open and candid conversations throughout the process. Maya's parents were also involved in helping the couple save up for another round of IVF. They too had hopes and dreams of someday being grandparents. The documentary shows her parents walking around the house trying to find valuables they could sell so they could help out their daughter. Maya's sister too decided to step up and help Maya and Noah

by doing an egg retrieval and donating her eggs to them. They were able to retrieve 16 eggs and 10 fertilized. Sadly half of those fertilized eggs allowed two sperms to enter the egg. They decide to implant three of the embryos but none of them implanted and therefore the second round of IVF too fails.

This documentary is definitely a no-holds-barred raw and emotional perspective on what it is like to do IVF with one's own eggs, with donor eggs, and donor embryos. It is an incredibly personal and intimate look on what it takes to get through infertility treatments, which is one of the hardest things a couple can do in their relationship.

Chapter - Four

Conclusion

One of the most widely quoted of Kant's categorical imperative states, "Treat others and oneself never merely as a means, but always at the same time as an end in himself"(7). In ARTs some human beings are clearly being used as a mere means to the survival of others; indeed they are not cared for and respected for their own intrinsic value. The recognition that the human being is not a thing and that he or she should be treated with respect which is appropriate to his or her being is often relegated to the sidelines. These situations can be seen in all of these movies, when the couple or a person is trying to have a baby though IVF, only the quality embryos are taken, the others are discarded.

Respect is a fundamental requirement of justice in virtue of which no human being is to be used or exploited for any purpose whatsoever. It is this recognition that every innocent human being has at least the right not to be killed. Thus neither throwing away human embryos nor using them as a means is justified. There are no grounds for dividing the members of the human family into persons and non-persons. As the power that the embryo manifests is that of becoming an adult person, it must be said that the embryo possess this personal power, that it is constituted by this power and hence the embryo must be recognized as a personal subject, that is an entity endowed with a personal nature.

Personhood is distinct from our lives as embodied, rooted, connected and aspiring beings, the dignity of rational choice pays no respect at all to the dignity one gets through our loves and longings, which are central aspects of human life

understood as a grown togetherness of body and soul . . . It is not first physical organic body with personhood added to it by self-consciousness, making it a human being and a person. (Iglesias 12)

During the process of organism development, the individual remains all the time the same individual. The human embryo is a human person in embryonic form. The norm in nature is that each human being has a unique genetic constitution, that is, that each person has genes which are person specific. Also each person is an individual organism, remaining the same from the time of his early zygotic form until the present stage of adulthood and eventually until death. The fact that it still has not been discovered how a zygote or an embryo can be a person, does not entitle human beings to claim that they are not. The human embryo is indeed a member of the species, a human being. The respect owed to the embryonic selves, to the earliest stages of one's lives, should not differ in kind from the respect owed to any member of the human family, for all humans share the same human condition.

In the same way in ARTs woman also is considered as an instrument. "Women are regarded as the laboratory in which the experiments are conducted." (Kass, 57) In the movie *Baby Mama*, Angie would have been just considered the surrogate mother until she didn't move in with Katie. In the movie *The Switch*, the situation is different because, Kassie actually tries to involve the biological father Roland in her child's life.

Consequentialism is of course, one of the underlying logics of the slavery ethic. There is no doubt that embryonic human beings or unborn children, can be thought of as modern day slaves as they may be used or

disposed of at will and it is permitted by law. Our civilization has legally adopted embryocide and feticide, while infanticide not being yet legal is openly advocated. As Pope Francis says, "Today everything comes under the laws of competition and the survival of the fittest, where the powerful feed upon the powerless".(21)

The basic rationale for the very existence of civil authority is to protect those who otherwise would be subject to unjust attack. If civil authorities do not adhere or enforce their laws to prevent the innocent among us who are at risk from danger or harm, the reason for their existence is meaningless. This is deliberate injustice. The zygote and early embryonic stages are clearly alive. They metabolize, respire and respond to changes in the environment; they grow and divide. After fertilization is complete there exists a new individual, with its unique genetic identity, fully potent for the self-initiated development into a mature human being, if circumstances are cooperative. Thus human embryo is not mere meat; it is not just stuff; it is not a thing. Because of its origin and because of its capacity, it commands a higher respect.

If we think about the religious aspects, in the doctrinal teachings of the 'Magisterium', many elements are addressed that may shed light on the problems of artificial reproduction.

From the moment of conception, the life of every human being is to be respected in an absolute way because man is the only creature on earth that God has "wished for himself" and the spiritual soul of each man is "immediately created" by God; his whole being bears the image of the Creator. Human life is sacred because from its beginning it involves "the creative

action of God" and it remains forever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can, in any circumstance, claim for himself the right to destroy directly an innocent human being. (CONGREGATION FOR THE DOCTRINE OF FAITH 23)

This question of continuity leads us to the principle of potentiality. The bodily person we are now certainly began as a tiny organism of one cell, a human zygote. Whatever powers we have now have developed from the ones we had at the beginning. Our present abilities are explicable only if the immanent power for those abilities was always present in the human organism right from the beginning. We must reckon then that such a power is in actually present source of potentialities which in the normal course of development will come to be more or less fully manifested in the personal life of an adult. It must be noted that living entities are not machines built up out of blocks. The development of a living entity, it is becoming what it is capable of being, is indeed a process, but the entity itself and its coming to be are not.

The integrity of the family is threatened by the separation of genetic, gestational and rearing parenthood which undermines the traditional notion of parenthood. It profoundly affects the relationships between parents and children and across generations. Traditionally, falling in love, getting married and having a baby constitutes the basis of a family. Terms like mother and father requires no explanation, fertilization requires no assistance and gestation requires no elaboration. But the widespread availability of new ARTs and their adjuncts turned everything upside down. In ARTs child is

manufactured by a third party or parties, by the physician and biological technicians. It is the physician who is manufacturing the child, and this intrusion deprives procreation of its dignity which it has only when it is conjugal, that is realized physically between husband and wife in a life-long, exclusive relationship. Rather than arising out of the exclusive, sexual expressions of love of his parents, the child is manufactured through a joint venture agreement entered into by his parents and a third party. That is why, in *Private Life* and *One More Shot*, the parents use all their energy and money resources to try conceiving in their natural way and only when they are left with no choices they ask for help from a third party. In *Private Life*, when they are certain that Rachel's eggs are no longer working, they try their maximum to look for eggs in a woman they are close to and also has some of their family traits. In *One More Shot*, when the couple comes to know that Maya's eggs are not fertilizing, they ask her sister Hana in the thought of keeping Maya's family traits.

The growing numbers of fertility specialists and clinics gives the false impression that technology, not sex, provides the best chance of producing children. There is also the temptation for parents and technicians to choose the child's personal characteristics in order to have the perfect child according to the taste of the parents. The adverse effect of ART on society depends more on the amount of damage done at the family level because society depends on the family for its well-being, its natural stability and harmony. No one can think that the weakening of the family as that natural society founded on marriage will prove beneficial to society as a whole. The contrary is true: it poses a threat to the mature growth of individuals, the cultivation of

community values and the moral progress of cities and countries.

The experience of fruitlessness and IVF treatment is an individual and private one. It is mind boggling and frequently not easily comprehended by others, in any event, when they have the best intentions to be supportive. For these reasons it can squeeze associations with loved ones, make give rise to misunderstandings, and cause isolation. Having children is considered a measure of success, a rite of passage, an expectation. Pressure on women – both explicit and implicit – to have children is particularly articulated. The result of all these assumptions and expectations is that women and men struggling with infertility frequently feel inadequate, compounding their already fragile identity and sense of failure. Many people fear their friends will get tired of their continued struggles or that they will become a burden. Isolation might happen gradually as friends have babies and conversation and activities become dominated by children. Others may withdraw because of hurtful things that are said to them. Isolation may also occur because friends withdraw due to their own discomfort.

In *Private Life*, the couple is isolated and seen as fools for draining their savings for a child, which becomes evident when Richard asks for money from his brother Charlie and his second wife Cynthia explodes. Their near families are unaware of the emotional, mental and physical struggle this Richard-Rachel couple is going through. The movie also nails the strain this process can put on a couple. In one scene, Rachel and Richard get in a heated argument in the brief window they have to try to fertilize Rachel's eggs. Another highly relatable moment: after an injection, Rachel yelps, "None of the message boards said it was going to hurt like that!". Even, Richard's

masculinity is being temporarily ignored or discarded. He's both an at-home nurse and an emotional sponge for his wife, unable to do much more than offer words of support and shot after shot. Rachel, meanwhile, has to throw herself into everything just to have a chance of conceiving; her efforts give the impression of total commitment to a process she's never entirely comfortable with. Meanwhile, Cynthia criticizes the whole project as quixotic, suggesting it's a way for the couple to distract from other problems in their marriage.

On the contrary, in the movie *Juno*, when Juno finds herself pregnant at 16, she decides to carry the baby to term and give it to a nice couple. Through an ad, she finds Vanessa and Mark, who are overjoyed at the prospect of adopting Juno's baby, having found themselves unable to conceive and, like Richard and Rachel in *Private Life*, burned once by the adoption process. Juno barely struggles physically or emotionally during her pregnancy. While the pregnancy disrupts the family situation, Juno's father expresses a range of emotions from guilt to confusion then acceptance and support for his daughter; as a result the father-daughter relationship is reconstituted and seemingly strengthened.

In fact, Juno's father begins to make himself available for conversation and advice, and shows support for his daughter by going with her to meet the potential adoptive couple. Vanessa offers a poignant glimpse into the isolation that can accompany an infertility struggle. "My girlfriends tell me that the first couple of months are the hardest," Vanessa says to Juno, conveying in that one sentence the difficult truth that, when struggling with infertility, you're often surrounded by pregnant friends and family who share the experience with you. Similarly, when Juno offhandedly says, "You're lucky it's not you!" in

reference to some pregnancy gripe, the pain on Vanessa's face belies her polite reaction.

The impact of infertility on men's and women's sense of self and their experience of stigma are obviously different because femininity and masculinity are defined differently in various societies. However, in this full feature documentary by filmmaker Tom Webb who himself went through an 11-year fertility journey with his wife, six men openly share their perspective of their own fertility journeys with their wives. Males in infertile couples often feel overwhelmed by the intensity of their partner's emotions as well as an inability to acknowledge their own. They tend to focus their energy back into their work, a place where they feel they can have more success. Men are traditionally seen as the financial providers in the relationship and are responsible for protecting the family from real or imagined dangers. Men usually feel more threatened expressing themselves since they have often been conditioned to repress their emotions.

In addition, the cultural expectation is that it is manliness to be strong and emotionally detached than to show symptoms of sadness and desperateness. Men often don't know how to express their feelings, or indeed if they are allowed to have feelings. They do what appears to be "the easy bit" in fertility treatment – supplying the sperm and then waiting while the woman goes through the incomparably more challenging business of IVF and then (they hope) pregnancy and childbirth.

In *The Easy Bit*, the testimonies of men prove that men's initial reaction is one of shock when they find out they are infertile. Men undergo various battles when facing their own personal infertility. It is found that male

infertility is an assault on a man's sense of self and produces feelings of competition, castration and experiences of inadequacy which may develop into serious trauma. This is a documentary with a very well-defined and noble goal, namely, to lift the veil off how men feel about infertility. It should also serve as a call to clinical staff, counsellors and others involved with patient treatments to involve men in the treatment process, to fully appreciate the role the man plays in this journey – after all, half the embryo's DNA comes from the sperm.

Infertility is a useful trope in movies. It can create dramatic conflict for an otherwise happy couples and serve as shorthand for the infertile party's essential goodness or badness. In real life, of course, we're focused on navigating the tumultuous terrain of fertility treatment: the hours on the phone with insurance, the endless two-week-wait, the tweaking of meds to grow the right number of follicles. It's somewhat understandable that movie makers would stray from reality in order to make an infertility plotline more entertaining, but, the fact is, some movies do it much better than others.

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