

Art of A.R.T.¹

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Abstract:

I have sought ways since to write and create dialogues and debates, images and performance poetics that reflect the interior landscape of the involuntarily childless. Such a voice as mine, that of a sub-fertile woman's perspective, tends to appear last, if it appears at all, in media reportage of any hotly topical IVF related case. These are too often sensationalised so as to feed into the popular notion of fertility experts 'playing God' whilst the sub-fertile are portrayed as selfish heathens or pathetic victims.[...] Aptly, I think, the acronym for Assisted Reproduction Tech-nologies is A.R.T.[...]. My play *Yerma's Eggs*, though not a didactic work, aimed to bring the audience close-up to the infertile experience and bio-ethics in an immediate, emotional and interactive way as only live theatre can do. I wanted to explore how to get under the skin of the infertile subject, represent different cultural and sexual-choice perspectives and bring the bio-ethical debate on A.R.T. into a theatrical space, emotionally and deliberately in-conclusively.

1 I make theatre. I have a child. She is 8 years old. She was made, like some many thousands of children in the world today from In Vitro Fertilisation (IVF).² I was 42 when she was born. My prognosis for success was 3%. She was, in short, a miracle of modern science.

2 In her ground breaking book *Of Woman Born*, the poet Adrienne Rich declared in 1977 that feminism offered women the possibility, for the first time in history perhaps, the opportunity to convert our embodied experience into both "knowledge and power." In short, our bodies were no longer object but subject. We had to wrest the gaze off us and begin to make sense of the world by thinking from our bodies in all their meanings. My own work has often reflected this perspective, most acutely my recent and current project on women and (non)reproduction. My experience of infertility - or to put it more accurately, sub-fertility (total infertility in both women and men is actually extremely rare; we have impairments, blockages, low gamete production for the most part, which reduces rather than eliminates fertility) - was devastating at the time. Nothing could have prepared me for the shock on discovery that I couldn't conceive without this highly invasive treatment. A working professional life was turned upside down by a roller coaster of drugs and surgery, my eyes pinned open to this new world in which women submit their bodies for a breathtaking, sometimes heartbreaking, and frequently spectacular process of pro-creation. My own process was intensified by my agreeing to participate in a major six part TV documentary series *Making Babies* (BBC 1996), which was being made in the Hammersmith Hospital where I was a patient of the now media-famous Lord Robert Winston.

¹ A.R.T. is the acronym for Assisted Reproduction Technologies.

² I.V.F. is the acronym for In Vitro Fertilisation.

3 The documentary that was eventually broadcast betrayed the reason I had wished to collaborate with the serious and committed producer. The project turned our lives in soaps and edited out anything I had spoken about in interview with regard to the economics or sexual politics of the infertile experience. The viewing ratings were, due to the series' popular appeal, very high and I was for a time recognised in the street as I carried my new baby around London. Strangers would come up to me and ask after my daughter by name. The whole experience left me feeling powerless, exposed and more than a little foolish to have believed that such a TV project would be devoid of sentimentality and constitute in many respects a manipulation of the truth. I had also encountered surprising reactions in my professional life to my IVF treatment and pregnancy, which were to change my career. The whole period was traumatic; from the moment I had realised that I was not able to conceive "naturally" (we sub-fertiles prefer the word "spontaneously") I had stepped out of a social norm and into a high-tech male dominated medical environment and, along with it, a totally new relationship with my body. My body became a project. I worked on this project, challenged it, willed it, filled it with chemicals and refused to accept its refusal to cooperate with what had become such a burning drive. I became a pro-active patient. I couldn't bear the unbearable silences in the waiting rooms, the agonised muteness of my fellow sufferers, the shame, the fear, the way in which the toughest independent women, high achievers, alphas, could be reduced to gibbering wrecks by a consultant's manner, or by plain bad news. I researched my project furiously. Alongside the reading I took my project into alternatives - Chinese herbs, meditation, even shamanism (which to this day I believe triggered my body to wake up to the task and, later, to not miscarry a second time in early pregnancy). I developed my own voodoo, daily rituals and idiosyncratic ideas with regard to certain features of a treatment. I was assertive with the doctors. I told them when I didn't like the way they related to my body and when and why I wanted to undergo treatment cycles against their better judgements because I had tuned into my project so intensely that I could feel my own hormone levels shift, my ovaries' activity, my womb's condition. I was determined to remain in control of my project and all its science (knowledge) and technology (art) to which I was so determinedly, obsessively, submitting myself.

4 I have sought ways since to write and create dialogues and debates, images and performance poetics that reflect the interior landscape of the involuntarily childless. Such a voice as mine, that of a sub-fertile woman's perspective, tends to appear last, if it appears at all, in media reportage of any hotly topical IVF related case. These are too often sensationalised so as to feed into the popular notion of fertility experts "playing God" whilst

the sub-fertile are portrayed as selfish heathens or pathetic victims. The normal frame for reading such stories is that reproductive technology is *de facto* sinister: that the technology is already fulfilling Aldous Huxley's prophecy in the 1930s of programmed human selection in his novel *Brave New World*, that legislation is there to curb a perversion of Nature, in short, that IVF is but an obvious short step to human cloning.

5 The public is confused.



Figure 1.: *Yerma's Eggs*

6 A month after my baby was born I wrote and published a book *Your Essential Infertility Companion* aimed to be a holistic self-help manual for anyone who is failing to reproduce when they want to. I subsequently wrote and directed a play for 4 - 7 year olds, *The Peach Child* which was commissioned by *The Little Angel Theatre* in London.³ This was based in an ancient Japanese folk tale about a childless elderly couple to whom a miracle

³ *The Little Angel Theatre* is a puppet theatre specialising in children's theatre. This production used film, live performance and puppetry.

child is provided, born from a peach. The story is extremely well known and loved in Japan. I was introduced to it in an anthology given to me when I was ten years old and for some reason had never forgotten it. It was when writing my book that I realised the significance of having loved this tale in particular out of many. A Nigerian born performer in the making of *Yerma's Eggs* echoed this kind of coincidence of memory/premonition later in rehearsals. It is as if we somehow always knew, even back in childhood, that we wouldn't parent easily.

7 "Dark is dangerous. You can't see anything in the dark, you're afraid. Don't move, you might fall. Most of all, don't go into the forest. And so we have internalized our fear of the dark" Helene Cixous reminds us (336). In the early 1970's Germaine Greer (in *The Female Eunuch*) urged women to taste our menstrual blood, take possession of our pleasure, and buck the system that was oppressing us. Our bodies, as the American self-help book claimed were *Our Selves*⁴ and we needed, urgently, to get in to them. We squatted on mirrors, we taught each other to use the speculum as a tool for empowering self-knowledge. To look at our genitalia, this taboo-ridden mysterious unknown part of our anatomy constituted an act of discovery, of revelation and reclamation. It was also, and importantly a flagrant protest against the way in which society and the medical establishment had alienated us from ourselves, made us hate ourselves.

8 Today's medical technology has taken us beyond the vestibule (*sic*) and deep inside our insides. Cordless ultrasound equipment (designed inevitably, and for anatomical convenience, on a phallic principle) can be inserted into the vagina for the highest quality imaging, better than the normal scanner passed over the surface of the body part being surveyed (the womb). In the UK this remains a privilege for the fertility patient in a clinic which can afford it. The simple procedure is generally performed by fertility experts and in certain cases with the woman not lying down but half sitting and in my case with several men (it is a teaching hospital) in suits without the neutralising, professionalising reassurance of white coats. This indignity aside, the sight of your own ovaries, follicles or fetus represented by the fragile, ghostly black and white imagery of ultrasound before you on a screen can be pretty awesome. It is one of the bonuses of IVF to have frequent scans, beginning with the image of your embryos to late in pregnancy. Inevitably women develop a relationship with pre-embryos because of their visual presence. In a very recent case in the UK the two women failed to overturn the ruling by the Human Fertilisation and Embryology Authority (HFEA) that their frozen embryos could not be used without their ex-partners and husbands consent. The men did not wish the embryos carrying their genes to be born after the divorce/separation

⁴ See *Our Bodies Ourselves* - Boston Women's Health Collective, London Allen Lane 1978.

and refused permission for the women, one of whom had Polycystic Ovaries Syndrome and the other of whom had had ovarian cancer and had had her ovaries removed. Thus using their frozen embryos represents their only chance to have a baby of their own. One of the women told *The Sunday Times* that when she and her then husband had succeeded in producing embryos they had even named one of them "Cain" (cf. Hadley). The woman was naturally hurt that when her ex-husband left her for another woman with whom he had a child, they called this child by this name. Such fervent attachment to the embryo is common in IVF, even in the atheist. It is a paradox that even among those who subscribe to the woman's right to choose when it comes to abortion, we find this deeply emotional relationship to the embryo. British law itself enshrines this contradiction, as I will explain below. Perhaps we can understand the feelings aroused by embryos better if instead of looking at the question logically and ethically we look at it in terms of the embryo's signification for the parent: The embryo is your first success in IVF, your first achievement, and signifies a very real possibility of pregnancy and birth. Furthermore, whereas in ordinary reproductive lives the embryo is unseen, in IVF it becomes a spectacle. The artist Helen Chadwick, before her untimely death in 1996, became fascinated with the human embryo seen as it is, microscopically. Her last project before she died was a photographic one in which she arranged embryos like jewels, and then presented these choreographed images blown up very large. It was as if she was commenting on the absolute beauty of such early forms of human life, as well as how, through human manipulation in the laboratory, they become viable, and, finally, how this is made a visual experience for the beholder.

9 Imaging technology feeds the imagination, makes what would be invisible to the naked eye have form and shape. It connects us to parts of ourselves at a cellular level, vividly and beguilingly. For these "embryos" are actually only a bundle of cells, perhaps eight on average, encoded with genes. In medical parlance "pre-embryos" for they haven't reached the stage, fourteen days after fertilisation, known as "primitive streak" when the first signs of the nervous system start to appear, at which point by law in the UK they have become embryos and cannot be used for research. The status of the embryo, the question of whether it is a person or a thing and at what point it achieves personhood remains the pivotal question in all bio-ethical considerations, whilst the welfare of the child, in British law remains the principle of law.

10 We sub-fertiles see inside ourselves. We see infinitesimally small fragments of our genetic material begin to grow. We are hooked into our relationship with this process and its manifestations via available technologies. Becoming an IVF user is a journey into a

collaborative relationship with science and technology. Willy nilly, as Donna Haraway asserts, we become a cyborg, our chances of reproducing totally locked in to the application of technologies via which we see ourselves with fresh eyes, hope with fresh heart, submit our bodies to explicit interventions. Our reproductive strategies marry the organic with the inorganic, the programmed with the spontaneous, the predictable with the unpredictable. "Cyborg replication is uncoupled from organic reproduction," Haraway proposes, "By the late twentieth century, our time, a mythic time, we are all chimeras, theorized and fabricated hybrids of machine and organism: in short we are cyborgs" (150).



Fig. 2.: From Courbet's *The Origin of the World*



Fig.3.: From *Yerma's Eggs*

11 It is important to distinguish between science and technology. Their conflation leads to problems in how we might wish for example to regulate the application of certain reproductive technologies in specific cases. The word "science" means "knowledge" and "technology" (from the Greek *techne*) means "art" in the sense of skill, craft and how-to. In Heidegger's terms technology is a "bringing forth" that which is latent (cf. Heidegger). Aptly, I think, the acronym for Assisted Reproduction Technologies is A.R.T. Arguably, then, A.R.T. merely bring forth the material possibility of babies from latent, organic materials (male and female gametes) which possess only potential and only in combination with each other. A.R.T. then consists simply of procuring latent cells by intervening in a natural process (egg and sperm collection) only to return the results of this (embryos) to their natural environment (the womb). Attachment, that is the burrowing into the womb lining of such embryos so that they can be fed by it is never guaranteed. Indeed, problems of attachment which so commonly lead to spontaneous or later miscarriage remains one of the last mysteries for infertility specialists to overcome. Babies born from A.R.T. are manoeuvres, in the very sense of the word: works of Man. Nature, even now, with all that is known, still has the last word.

12 Society, egged on by the tabloid media, keeps asking: is A.R.T. hubris? Mind-boggling ethical issues certainly cluster around the topic, proliferating, it would seem, as individual cases smash against the legal system. The plot is thickening. For some the field is inevitably value-rich, for others it is value-free. Professor Lewis Wolpert, an embryologist and vigorous defender of the principle of our right to use A.R.T. in any of their variations (therapeutic cloning being one of them) asserts that our obsessive attention on the status of the embryo detracts from our responsibility towards children who are born in this world by whatever means: "The ills in our society have nothing to do with assisting or preventing reproduction but are profoundly affected by how children are treated" (*The Sunday Independent*).

13 IVF blends the most simple and the most complex ideas we could possibly have about the (reproductive) body. On the one hand, the process of extracting eggs from a woman and sperm from a man, introducing them to each other in laboratory conditions and putting the fertilised embryo(s) back in the woman's womb is as vividly simplistic as a child's drawing. As one of the pioneers of the birth control pill, the chemist Carl Djarassi, famously said, the Pill represented sex without reproduction, a revolutionary liberating tool for women worldwide. And now, A.R.T. offers reproduction without sex. After all, how are babies made? Gametes have to meet, that's all. On the other hand, there is this technology involved which is

"high," involving microelectronics incorporated (*sic*) into the process, leading to extraordinary imagery and insight into the body. This is not only complex in its own terms, but leads us to a whole new and complex relationship with our selves, our sense of personhood, our ideas about Life and its origins. Imaging tools today offer us the spectacle not of a generalised, still picture of our inner workings as in past technologies such as X-Ray, but portraits of our body as individual, evolving, mobile (see Comar 89). With IVF you journey consciously and imaginatively with the creation of your child (if you are fortunate that the process comes to that happy result). The romance, pleasure, or accident of a spontaneous conception "made in bed" is rendered irrelevant. It is replaced by a highly programmed, meticulously scheduled procedure in which an hour can make all the difference. For example, the key moment "midnight injection" that triggers the release of eggs for egg collection has to be performed approximately 36 hours before this surgical procedure. Similarly, embryo transfer is performed at a specific time in cell division. There is no possibility of forgetting a dose, a jab or an appointment. This is wide-awake conception. You think reproduction at its lowest common denominator, with worked out strategies for obtaining single cells - eggs and sperm. You are provided with images of the former, and, depending on your clinic and condition, the latter. The possibility of separating these cells from source (the human body) can also lead to their commodification. Emily Martin describes the process in terms of the breaking down of biological unities: "Human eggs, sperm and embryos can now be moved from body to body or out of and back into the same female body. The organic unity of fetus and mother can no longer be assumed, and all these newly fragmented parts can now be subjected to market forces, ordered, produced, bought and sold" (20). In the UK, the HFEA forbids a trading in sperm, eggs and embryos. Nonetheless the language surrounding the movement of our reproductive material is bluntly materialistic. In the quest of producing what clinics here call "take-home babies," we can produce "spares," we can "freeze," we can "host," we can "donate." Our reproductive bits have a potential all of their own, even with-out us. Our private parts become moveable parts. We paradoxically dis-integrate our organic selves, even if temporarily, in our quest to experience integrity, the fulfilment our reproductive desires.

14 Some radical feminists have seen the revolutionary implication of this technology in terms of sexual politics. They foresee a society in which sex with men is no longer necessary for any woman, lesbian or not, for the purpose of reproduction. The turkey baster solution of Donor Insemination (DI) remains a useful DIY procedure for fertile lesbians, but now there is a very real chance that in the future reproduction can be controlled via technology so that no

matter your sexuality, life style or fertility prognosis you will be able to parent a child of your own if you so wish.

15 To return to basics, what is IVF exactly, medically speaking, and what does a woman go through here? The *sine qua non* of IVF as I have discussed is that it constitutes fertilising eggs outside of the body. Meaning, "fertilisation in glass" the IVF process actually takes place not in the ghoulish test tubes of popular imagination but in a petrie dish. A great deal of detail goes into the preparation for this occurrence, with regular monitoring throughout. The procedure for the woman involves first a dose of hormones to shut down the menstrual cycle - in effect a chemically designed menopause, followed by intense doses of hormones taken subcutaneously to stimulate hyper ovulation. This causes the ovaries to swell (usually quite painfully). During this super ovulation phase you are ultrasound scanned, to check follicle and egg production. This is followed by egg-collection: surgery either via laparoscopy (keyhole surgery via an incision in the navel) or via the vaginal wall. Viable eggs can range from zero to the high twenties. Even more sometimes. If your eggs do fertilise, (and as I have said above this isn't always the case) A.R.T. then offers you a miraculous spectacle: you encounter your potential progeny on a monitor screen when they are barely 48 hours old. They are little 8 cell structures, glowing, heavenly blue blooms of hope. With the embryologist you even get to choose which of the several to insert there and then, painlessly, back into the womb.



Fig. 4.: From *Yerma's Eggs*

16 Our human eye is offered by A.R.T. the chance to see what can actually barely fill a pin head; what's more they are *ours*, a part of us which has temporarily been removed from our body to evolve into the pre-conditions of Life: pre-embryos at what would be the equivalent of two days after sexual intercourse, not a time that most women would be able to imagine, let alone feel the experience of a pregnancy. Now, with the latest advances in 4D ultrasound pioneered in the UK by Professor Keith Campbell we are entering a stage when we can spectate our fetus at six months or more, behaving in our wombs, sucking its thumb, smiling, winking. The flesh, as the poet Paul Valery once said, is no longer "the deepest thing." We can see through it. We now can view our bodies as interior spectacles *in vivo* where previously such visual opportunities, if they were to be offered the layperson at all, would be via paintings, sculptures, wax works. Today, anatomy meets art. The magnificently curated Spectacular Bodies exhibition at London's Hayward Gallery in 2000, the hugely popular plastinated corpses of Professor Gunther von Hagen's Bodyworlds seen in London in 2003 are evidence that we will never cease to be fascinated by the explicit body, the sight of our bodies within, preserved, bottled, flayed or simply magnified. What we might speculate is exactly how such ever increasingly accurate imagery will function on our sense of identity, on our self-imaging, on the idea of the sacred privacy of our parts. With new reproductive technologies, not only do we see beyond the flesh and the mysterious dark interior of women's genitalia, for example, but also women become the gazer *and* the gazed. The possibility of self-seeing has become (normally) painless and vivid. There are surely ever increasing possibilities for empowerment in this, preceded as it has been by our earlier fumbings with the cold clamp of the speculum. Feminists have for some many years been toiling to work out and through the problem of what has entered our critical vocabulary as the male gaze. The fetishisation of women's bodies traditionally fixates on the extruded reproductive sign of breast and the intruded dark secret of the vagina. Fecundity doesn't feature in table dancing. Pornography hardly conjures ovaries, cervix, fallopian tube and womb as stimuli to male excitement. Haraway again asks us to consider that:

The speculum served as an icon of women claiming their bodies in the 1970's; that handcrafted tool is inadequate to express our needed body politics in the negotiation of reality in the practices of cyborg reproduction. Self-help is not enough. The technologies of visualization recall the important cultural practice of hunting with the camera and the deeply predatory nature of a photographic consciousness. Sex, sexuality, and reproduction are central actors in the high-tech myth systems structuring our imaginations of personal and social possibility (169).

17 So what about our imaginations in this rapidly shifting reproductive landscape? Erotic fantasy deals with the implicit rather than the explicit, the tease of clothing part-removed, of

genitalia part-displayed, the art of suggestion and what might lie ahead. Our erotic imaginations are capable of such affecting associations and respond to such a complex array of signifiers that Victorian middle classes covered the legs of furniture lest they remind people of the human leg, which of course is connected to the sexual organs. Pornography (from the Greek meaning the graphic depiction of whores) on the other hand depends on the graphic display of coitus and other sexual contact. If as Haraway asserts, photographic consciousness is deeply predatory, how will such lively, graphic depiction of our internal anatomies begin to shift the alluring promise that a woman's external genitalia have hitherto offered the (male) gazer for penetration? And how, conversely, will women's sense of our own sexual signifiers shift in time as these visualisation technologies on journey us ever inwards to the phenomenal spectacle of our all interior complexity? Faced with our organic interiors we cannot any longer be a Dark Continent, neither to others nor to our selves. Our mystery is revealed. This explicitness, this overt and detailed imagery offered us via medical protocol is surely going to affect our self-image, our sexual imaginations? Chronologically speaking, visual technology today can take us back even further than the pre-embryos introduced to the IVF user. Colour treated images of sperm breaking into the zona pellucida of the egg are widely accessible. Many 5th formers in a UK school science class will have been introduced to a video of a single sperm being fished and then injected into the cytoplasm of the egg in a relatively new IVF technique called ICSI - Intracytoplasmic Sperm Injection - used where there is non motility of sperm in cases of male infertility. It isn't only the images themselves but their magnification that is wondrous to behold.

Video clips (require Quicktime Player):

[4D Ultrasound](#) (large version: 24,360 kb)

[ICSI](#) (27,135 kb)

[4D Ultrasound](#) (small version: 804 kb)

[ICSI](#) (413 kb)

courtesy of Prof. Stuart Campbell www.createhealth.org

18 So much for the inside. What of the outside? Alongside such privileges as are offered the sub-fertile woman in the way of a visualised internal feedback system on a large and brightly coloured scale goes the dreadful language of failure and incompetence that is invariably used to describe aspects of reproductive impairment. We are *childless*. We *lose*. Our eggs are too *old*. We are in a *decline*. We *fail* to conceive. We fail. Emily Martin writes saliently about the way in which the language of medical textbooks has reflected patriarchal notions of women's bodies: "it used to be taught that menstruation is the uterus crying for the

lack of a baby" (45) because all the language of menstruation is about loss, shedding, haemorrhaging and failure:

[...] Menstruation not only carries with it the connotation of a productive system that has failed to produce, it also carries the idea of production gone awry, making products of no use, not to specification, unsaleable, wasted, scrap (46).... Perhaps one reason the negative image of failed production is attached to menstruation is precisely that women are in some sinister sense out of control when they menstruate. They are not reproducing, not continuing the species, not preparing to stay at home with the baby, not providing a safe, warm, womb to nurture a man's sperm. (47)

19 The involuntarily childless woman is dealing with a profound sense of powerlessness and failure. As Pamela Armstrong wrote of her own experience of late motherhood and her struggle before conceiving we "measure time in menstrual cycles." Each and every menstrual cycle we have had in our lives is rendered futile by sub-fertility. The idea of waste as stressed by Martin becomes acutely internalised. What might have been "sinister" and out of control in our menstruation is now carried over paradoxically into our inability to conceive. We join the female archetypes of the other, non-mother woman: witches, hags, hysterics, whores, old maids and even evil step-mothers. We are dry, withered, bitter crones. We are not feminine. It is an enduring confusion of women's sexual signification that we must embody contradictions: we must be both alluring and maternal, flat-stomached and fecund, independent and reproductive. Not becoming a mother is "not normal," "not natural." We are a waste of eggs, of breast, of womb. Our barren bodies are inscribed with meanings.

20 Barren women recur as deviants throughout cultural history. The Bible is full of such women, the Virgin-Whore paradigm as embodied in Mary the mother of God (divine donor insemination?) on the one hand and the childless prostitute and probably sexual partner of Jesus, Mary Magdalene on the other (see Elaine Pagels: *The Gnostic Gospels*). Judeo-Christianity has offered us this legacy, this peculiar yardstick by which to measure ourselves morally and maternally. Cultures worldwide have produced fertility legends, figurative art, songs, stories, totems and cults in response to deep anxiety at the non-continuation of the tribe or race. Arguably this anxiety is the root of homophobia, the spectre of genetic death. Is the particular threat of the barren, non-reproductive woman an enduring phobia because, as Martin indicates above, she has stepped out of the frame, she is free, she is mobile, she is dangerous, she has the opportunity to experience her sexuality as distinct from reproduction, she is, in short, *manly*?

21 I will not dwell on this theme for it merits more consideration than I have space for here. Suffice to say that the involuntary childless woman has not only her own feelings to cope with but also the attitude of her community. And these feelings and attitudes are

conditioned by ideas deeply rooted in the culture. Quite simply, it is hard to accept our bodies not making babies when everyone around us is. The biological clock ticks cruelly in our ears. We feel utterly helpless, directionless, suicidal even. We are prone to obsession. As the Spanish writer Federico Garcia Lorca wrote in 1934, projecting himself into the psyche of a childless young woman:

YERMA: I'm sick and weary. Weary of being a woman not put to proper use. I'm hurt, hurt and humbled beyond endurance watching the crops springing up, the fountains flowing, the ewes bearing lambs and bitches their litter of pups, until it seems the whole countryside is teeming with mothers nursing their sleeping young. And here I am with two hammers beating at my breasts where my baby's mouth should be... [...] you mothers have no idea what it is like for us, any more than a swimmer in a mountain stream ever thinks what it is like to be dying of thirst" (186)

22 The word "*yerma*" means barren in Spanish. Yerma is the eponymous heroine of Lorca's poetic tragedy about an infertile peasant girl in rural Spain. This play was the inspiration to my own devised multi-media performance project *Yerma's Eggs* which premiered in April 2003 at London's *Riverside Studios*, funded by an *Impact Award* from *The Wellcome Trust*, which funds in particular projects which bring art and science together for the purpose of enhancing public understanding of science. The public understanding of the science of A.R.T. is distinctly lacking apparently. In the process of researching material for the piece and in workshops in schools and colleges since, I have become increasingly alarmed by the active level of heated response people give to many A.R.T. issues coupled with the scant actual comprehension they have of some of the most basic scientific principles in IVF. Our own research involved *vox pop* filming the public on the street, asking them a series of questions beginning with "how many eggs is a woman born with?" to "What do you understand of cloning?" There was generally ignorance, confusion and phobia by way of response. The many people we interviewed, of all ages, class and ethnicity were edited into a ten minute film projected huge on the wall of the theatre as the audience entered as a contemporary, social, ordinary frame for the expressionistic and deliberately timeless material in the performance that followed.

23 *Yerma's Eggs*, though not a didactic work, aimed to bring the audience close-up to the infertile experience and bio-ethics in an immediate, emotional and interactive way as only live theatre can do. Lorca wanted theatre to be a passionate arena, a tribunal for its audience, a chance to question mores. I wanted to explore how to get under the skin of the infertile subject, represent different cultural and sexual-choice perspectives and bring the bio-ethical debate on A.R.T. into a theatrical space, emotionally and deliberately inconclusively. In my project there is no tragic ending, only miserable feelings wrestling with all the imperatives of

medical intervention.

24 In *Yerma's Eggs* the original play remains a poetic framework, the plot filleted out so as to retain just the emotional flesh of barren grief. Yerma becomes every-infertile-woman (and man), all the actors playing this character at different points, each exploring a position of infertility, desire and rejection by partner or community. The older woman, for example, is isolated, excluded from and derided by the group (based on the gossiping village women in the original play). They jeer at her as mad and unbalanced, her defiant rage in response evoking the hags and witches (childless women) of storybooks and fairy tales, women who are dangerous and threatening precisely because they are not conforming to the destiny and ideal of motherhood. In another scene a gay male couple discuss their ambivalent feelings towards parenting, one of them clearly wishing for the child he feels he can't have in a scene I wrote myself. In a scene, which is verbatim from Lorca, a couple fights in front of a massive projection of a 5-week-old fetus, glowing like a crescent moon. She is obsessed with her need to parent whilst her husband implores her to give up, telling her he doesn't really want a child, driving her to distraction. In the original play this scene is pivotal and leads Yerma to strangle her husband Juan.

25 Speech-driven scenes are only one ingredient. I chose a multi-media approach and a multi-track narrative instead of a single-issue drama so as to maximise layers of possible meaning and association and to stretch the issues in historical time and geographical place. Video material projection - *vox pop*, medical and thematic - enters the action, becoming a protagonist in itself. In the development of the production we worked to find a synergy between the technology and the action so that the projected material was never illustrative or didactic but a meaningful layer in a multi layered text. The technology involved in projecting images into the theatrical space became a metaphor of medical visualising technology. We used small digital projectors, which the performers would nurse, move and embrace. We projected onto the walls of the theatre, the floor, actor's bodies, fabrics, water and pouring sand. Images included 4D ultrasound of the baby *in utero* as aforementioned, which had never been seen in public. A recent UK newspaper article published them. We also projected images of sperm entering egg, of single egg cells, ICSI, especially filmed sequences of children playing, spring flowers. Our finale included images of an empty swing going back and forth and the mournful sound of the creaking of its dry unoiled joints, a mechanism "not put to proper use," as Lorca's Yerma would say, and in need of attention. As the piece concluded, the footage gradually drained away to black and white, the only remaining colour on stage

coming from a small laptop: a film of a bright yellow daffodil blowing gently in the spring wind in the same playground which we had already seen projected onto sand.



Fig. 5.: From *Yerma's Eggs*

26 The six performers were each chosen because of a particular relationship with the subject matter. Two had worked on my Research and Development for the project eighteen months previously. They are variously single parents, childless, adopted, gay and undergoing treatment. They come from Italy, Columbia, Nigeria, India and the UK. Our common language was English on stage but they sometimes spoke or sang in their own language and throughout the project there was a conscious attempt on my part to bring their own backgrounds and histories into the picture. When I asked them in the first week to bring a song to rehearsal that their grandmother would have sung to their mother, one performer found that this song - which she had known and loved since her childhood in Africa - was in fact a searing folk tale about a desperate childless woman.

27 The making of *Yerma's Eggs* involved a training and improvisation process in which each performer created material - *etudes* based on themes and images I would give them. This was combined with images and ideas I had developed since Research and Development and spliced together with material from the Lorca original - deconstructed from its original plot structure - and my own writing. Certain words of Lorca's recurred, scenes played several

times in different combinations such as Yerma's sexually charged encounter with a man from her community, Victor, with whom she feels all the sexual energy that is clearly lacking in her marriage. Yet even in such a moment her obsession with having a baby triggers an aural hallucination. Lorca's stage directions at this point in the play indicate:

They stand motionless in silence. The tension between them is acute.

YERMA: Listen!

VICTOR: What?

YERMA: Can't you hear crying?

VICTOR: (listening) No.

YERMA: I thought I heard a child crying

VICTOR: What?

YERMA: Very close. As if it was drowning.

VICTOR: There's always a lot of kids round here, come to pinch the fruit.

YERMA: But it was a baby's voice.

VICTOR: I can't hear anything.

YERMA: I must have imagined it.

She gazes at him intently. He holds her gaze, then looks away as if afraid. (173)

Tension. Intensity. Fear. Feelings run high in this agenda. In our version this encounter was always a highly erotic embrace, an about-to-make-love moment, interrupted always by Yerma's inability to separate her desire from her desire for a child. Yerma is in the grip of her obsession. In the original she ends by killing her husband, yelling to the crowd that gathers round "yes I've killed him. I've killed my son" (206).

28 Juan-husband is also Juan-potential-father-of-a-son, and even a child substitute. It is typical of Lorca to conflate husband and child in ways which resonate poetically beyond a single, literal meaning. The play is saturated with poetic imagery: dry landscapes, thistles, heat, in contrast to orchards, water, fountains. Yerma identifies herself with her environment. She *is* the barren landscape in which she lives. She is a parched earth longing for saturation, likened to "a bunch of thistles." She is taunted by the fecundity of others, animal, human and vegetable. She cannot distinguish between herself and Nature on the one hand, yet she experiences herself as an aberration of Nature at its best on the other. So she is Nature at its worst, useless, impossible to cultivate, without purpose.

29 Ideas of Nature and what is natural are highly provocative in the field of medically assisted reproduction. The intervention of medical technology in "natural" conception is the *sine qua non* for the IVF user who is obliged to negotiate with the range of chemical and technological paraphernalia that can help in "making a baby." Whilst doctors probe a woman's body with ultrasound, speculum and camera, society - provoked by the media - probe the very ethical rights we may have to interfere in Nature, even when she is cruel. The public's disgust - and confused ignorance - regarding certain aspects and offshoots of IVF consistently returns

to the same question: is it *natural*? Legislation in the UK, upheld by the quango the Human Fertilisation and Embryology Authority (HFEA) has shifted this slippery notion of what is natural to focusing attention on two key issues: the status of the embryo and the welfare of the child. Both continue to vex us in certain instances. Our relationship with Nature on the one hand and Science and Technology on the other remain imbued with what can only be described as our profoundly emotional relationship with the idea of Creation itself and a suspicious and circumspect relationship with the man-made, that which is man-oeuvred. Discussions in the company regarding this debate about the role of Nature led me to write the following speech which an actor asked the audience to contemplate at the close of the show whilst enormous images of playgrounds were projected in triplicate on the performers' bodies and walls of the stage:

What is natural?

Spring water?

Cars?

Tinned food?

Marijuana?

Organ donation?

Plastic?

Carbon Monoxide?

Milk?

Bras?

Contraception?

Hair dye?

Paper?

Ecstasy?

Mice?

Electricity?

Concrete?

Bodybuilding?

Wood?

Macdonalds?

Computers?

Blood transfusion?

Soap?

Tomato Ketchup?

Sweat?

Earwax?

Vitamin pills?

Coffee?

Organ donation?

Alcohol?

Airtravel?

Fishfingers?

Ready to eat salad in a bag?

Sunscreen?

Coral?
Oxygen?
Mascara?
Condoms?
Aspirin?
Ice-cream?
Boats?
Oliveoil?
IVF?
Lemons in winter?
The news?
Polystyrene cups?
Pubic Hair?
Saffron?
Melodrama?
Families?
Talcum powder?
Sausages?
Sofas?
Nappies?
Sex?

30 The above is abridged. I have been using a version of this list in workshops in schools and colleges where multicultural classrooms include strong religious views from a range of cultures. The items provoke debates that mostly reveal how illogical and sentimental are our feelings about Nature and our place in it. I use this as a frame through which to explore bio-ethical issues in IVF. When people react with horror at the idea of medical meddling in what should be "natural" I ask whether they take medication for headaches. From there we can move into why our relationship to the embryo is so emotive, so deeply rooted in our religious or cultural conditioning. I deliberately leave questions open and refuse to resolve what cannot be resolved. Resolution is impossible anyway in a classroom in which, for example, Islam teaches some students to refute the science teacher's lessons in Big Bang theory. I have found that it helps that I tell them about my own experiences, that I have a child who cannot be unborn now, who is eight years old and who knows where she comes from and why. It tends to temper some of their more extreme reactions and make them stop and think. In my production it is my daughter who has the last word. An improvised moment between us at home one night during rehearsals produced a recording in which she quite unemotionally states her understanding of the IVF process that gave her life: "And then I was made." She concludes. Stage to black. House lights up on the audience.



Fig. 6.: From *Yerma's Eggs*

31 Making babies should be a private affair. With IVF it can't be. As a woman, a writer and theatre maker I have embraced this lack of privacy and tried to make it work for me, by taking possession of it, articulating it, refusing to be silenced by the pain and humiliation of it all. I have worked during and since my own medical experience to try and make sense of it, to try and counter the public's mixed up perceptions of the territory. A little knowledge is a dangerous thing. A little knowledge obtained mostly from the tabloid newspapers is hideously censorious. Trying to make theatre out of my particular journey couldn't possibly lead me to write a play with a dramatic through line focused on a single case history, for that would imply the need to be autobiographical, which my research here emphatically isn't, or certainly not exclusively and specifically. I am involved in the conversion of my physical experience (Rich). To me this has to become a language of images and material from the unconscious as well as the spectacular evidence provided by biomedical science. I have wanted to go beyond psychological realism and reach down to the darker and less choate material, both that of the suffering sub-fertile and that of the audience. I can only do this via the poetry theatre itself as a medium - images, actions, sound, smell, physicality, and a visceral encounter between audience and performer. *Yerma's Eggs* is inevitably a highly charged, personal work bearing the stamp of each of my collaborators but with the merest touch of autobiographical storytelling. The performer's body is central, clothed and naked, screaming and whispering. The piece begins with water and ends with the voice of a child. In between these is the

material of the performance that is, consciously, uncomfortable for an audience. The subject is rife with contradictions, particularly for women. And to try and combine such a contemporary, medical and technological process with the tenderness and elusiveness of visual and physical theatre is a contradiction. But medical reason on the one side and embodied emotion on the other are the dualities that the sub-fertile straddles, daily. We medicate and meditate. We inject and project. We imagine.

32 After one performance an Israeli psychoanalyst introduced himself, enthusiastic about the work. He later wrote me an email saying that he worked as a therapist with infertile people and had been extremely sceptical that I could create a piece of theatre out of such subject matter. "All this disappeared," he wrote, "as soon as I saw Ms Rogante's feet." Rogante had launched the show with a six minute long, extremely slow, enactment of the baby's journey from the womb to its first steps. Her feet emerged, toe by toe from underneath her flesh coloured silk dress. She was Yerma, imagining herself into baby:

O I say these are not the parts and poems
Of the body only, but of the soul,
O I say now these are the soul! (105)

Author's note:

This research remains a work in progress, and I am looking right now for ways to work with nurses about to work in IVF (for which they get no special training in patient perspectives) and where and how to pitch Dry Land - a multi-media interactive installation I wish to create on the subject. I have also embarked on researching for a practice-based doctorate entitled Barren Body in which I intend to develop some of the ideas in this article.

Further information about this project and Furse's work can be found on:
www.athletesoftheheart.org

Some key moments in 25 years of IVF:

1960's: Advances in ovulatory drugs/endocrinology of infertility Birth Control Pill 1978:
Birth of the first human after IVF (Louise Brown) in the UK

1980 First human birth after IVF using drugs for ovarian stimulation

1984 First birth after cryopreservation (embryo freezing) First birth using egg donation (from one woman to another)

1985 First pregnancy after removal of sperm from male reproductive tract

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