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**SOCIAL AND CULTURAL ANTHROPOLOGY  
HIGHER LEVEL  
PAPER 1**

Thursday 17 November 2011 (afternoon)

1 hour

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**INSTRUCTIONS TO CANDIDATES**

- Do not open this examination paper until instructed to do so.
- Read the passage carefully and then answer all the questions.

*Texts in this examination paper have been edited: word additions or explanations are shown in square brackets [ ]; substantive deletions of text are indicated by ellipses in square brackets [...]; minor changes are not indicated.*

*Extract adapted from Thompson, C. 2001. “Strategic Naturalizing: Kinship in an Infertility Clinic” in S. Franklin and S. McKinnon, **Relative Values: Reconfiguring Kinship Studies**, Durham NC; Duke University Press, pages 175–202.*

What do Californian infertility clinics reveal about contemporary kinship? The examples below show that the clinic is a setting for the re-evaluation of kin differentiation. Some ideas of kinship are prioritized and others minimized to enable couples who seek infertility treatment – the intended parents – to come out as the real parents through legitimate chains of descent. [...]

5 The desire for procreation and biological kinship, come together over time, through surprisingly everyday strategies that transform particular substances and behaviours into natural and social facts. This work is thus about “doing” kinship, as opposed to simply “being” a particular and fixed kind of kin. [...]

10 Infertility clinics enable both more explicit biological definitions of relatedness, on the one hand, and more precise social definitions of parenthood, on the other, but these are not always complementary. In particular, they allow for selective and strategic understandings of the connections between the biological facts taken to be relevant to kinship and socially meaningful kinship categories.

15 Giovanna, an Italian American trying to get pregnant, used eggs donated by a friend rather than an anonymous donor. Choosing a friend for a donor was an important part of reconfiguring the experience of pregnancy: if conception was not to occur with her own eggs, then it was preferable that she had emotional attachments of friendship to the donor. Giovanna described her friend as also Italian American, and depicted the shared ethnic classification as “enough genetic similarity”. Further, Giovanna accorded her own role a rich biological significance: she said that the baby  
20 would grow inside her, nourished by her blood and made out of the very stuff of her body all the way from an embryo to baby. [...]

Giovanna separated the natural, biological basis for specifying mother/child relations into distinct components. In addition, she complicated the natural status of the genetic component that would be derived from her friend by “socializing” genetics. She said that because her  
25 friend was also Italian American, they both came from the same kind of home, and as both had Italian mothers, they had grown up with the same cultural influences. For her, as in contemporary bio-medicine, genes have social categories built into them, without which they would not make sense or be relevant. [...]

30 Flora was a fifty-one-year-old Mexican with five grown-up children from a previous marriage. She had recently remarried a much younger man who had not yet had children. Because of her age, if Flora wanted to increase her chances of becoming pregnant, she needed an egg donor. The eggs would be fertilized by Flora’s husband’s sperm. Flora picked her own egg donor: one of her daughters.

35 Flora was not worried by the intergenerational confusion of a mother giving birth to her own “grandchildren” and to her daughter’s “daughter/sister”. Nor did she ever mention that the resulting child would be genetically related to her ex-husband as well as to her current one. Instead, she discussed her daughter’s genetic similarity to her. Flora equated her case to the common social practice, in the communities with which she was familiar, of a grandparent acting as a child’s parent, socially and legally.

40 Flora did not view her daughter as the origin of the genetic material. She considered the eggs not as her daughter's, instead she retraced them to herself by "rewinding" genealogical time, emphasizing the genetic material that came from her. The daughter's egg contribution was expressed as a detour to her mother's genetic material.

45 The clinic is a significant site of negotiation of kinship, in relation to motherhood in particular. The procedures in the clinic raise a challenge to biological essentialism by making possible the separation of egg, gestation and biological mother. They also challenge biologically essentialist understandings of daughter, husband, father, grandmother and child.

50 In focusing on the dynamics of naturalization in the clinics, some aspects of the process of cultural change in the midst of technological innovation become evident. In this clinical setting, technologically assisted conception was a means through which racial, ethnic, familial, and individual desires and biologies are reshaped. In the kinship innovations described here, the various naturalization strategies draw on deeply rooted and familiar ways of forming and claiming kin.

1. Describe the decisions that women make when choosing an egg donor. *[6 marks]*
  
2. Incorporating theoretical perspectives in your answer, explain how the women's decisions make kinship "natural" and biology "social". *[6 marks]*
  
3. Compare and contrast the social and cultural changes discussed in the text with social and cultural changes in **one** society you have studied in detail. *[8 marks]*

Charis Thomsson, "Strategic Naturalizing: Kinship in an Infertility Clinic," in *Relative Values*, Sarah Franklin, Susan McKinnon, Eds., pp. 175-202. Copyright, 2001, Duke University Press. All rights reserved. Reprinted by permission of the publisher. [www.dukepress.edu](http://www.dukepress.edu)