New languages, new technologies
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Medical Technology and the sexual non-relation

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MAP, IVF, ICSI, homologous insemination, heterologous insemination, egg freezing, cryopreservation, azoospermia, sperm capacitation, egg donors, rent-a-womb, "mother for rent", carrier mother, biological mother, surrogate mother… the list goes on.
Such terms have now entered common usage, forming their own short vocabulary, a new linguistic sphere: an injection of neologisms into everyday language.
These new words, whether translated from/into other languages or abbreviated by acronyms, make it clear that there's no going back now since the birth of the first test tube baby, Louise Brown, in 1978.
It marked a watershed moment in the history of humanity: the split between sexuality and procreation. This split would now appear to be an established fact, given that in the space of a few decades conception outside of sex has become one of the methods of procreating.
Today, not all children are conceived in the bedroom: a relatively modest percentage for now (5%) is conceived in a hospital or clinic.
The separation of procreation/sexuality has now become legitimated, both in practice and in legislation.
Within the parameters set by each country's lawmakers, MAP can be accessed in the same way in which we request and are granted surgery to treat illness.
When new words enter the language it means that a change has occurred and been registered, culturally integrated, albeit at the cost of a repression; I shall discuss the nature of that repression presently. In this case, the words bear witness to a full-blown "mutation", to use the definition that Jean-Pierre Lebrun borrowed from Renè Thomand in his theory of catastrophes: an event that the world has long been preparing for, that had been "building up", at some point explodes and produces something that is greater than and different to a change.
The same goes for MAP, which technically could have been possible more than a century ago: indeed, it was widely used on animals starting in the early twentieth century, but back then using it on humans would have been unthinkable.
That taboo was broken around forty years ago with the birth of the first "test tube babies". For several years experimentation literally went crazy, especially in Italy, where there was no legislation on the subject.
Later, however, it did become regulated with rather strict laws (in comparison to other countries), yet plenty of ways to get around them.
As for the rest of the world, the tendency is to outlaw experimentation for which there is no demand: the creation of an artificial uterus to replace the maternal uterus (the aim of gynaecologist Carlo Flamigni's experiments) or human cloning (a nightmarish future that was stunningly portrayed by Stephen Spielberg in his film *A.I.*).
We cannot yet measure the size and extent of the effects of this monumental change, which concerns the very roots of how we are born, as we lack a sufficient time-span.
We can, however, offer some comment because as analysts we have witnessed its direct or indirect impact on our own patients.

It is generally taken for granted that matters of science have become the dominant discourse, and that we are all mesmerised by its promise of *jouissanc*e. We are immersed in this discourse that essentially promises to abolish all limits. In the case of reproduction, it promises to abolish the limits of age and sex; namely, two fundamental dimensions of the *Real*.

My thoughts on this concern women because, with the exception of homosexual couples, medical technology for reproductive purposes addresses a prevalently female "target audience". In general, it is women who want a child and want one "at all costs". They are the ones to whom the MAP service is directed.
In general, we psychoanalysts hear from women when medical-technology procedures have been abandoned, because it has failed and, as a result, as so often happens, the couple has fallen apart. We meet them when their men have already discarded idea of a child and, often, discarded their partner as well.
So, it is women who talk to us about their relationship with the sphere of medical technology.

Alongside those women who face tough times and (it has been defined as a "fighter's path") in an attempt to bear a child, there are now others who reject the experience of motherhood, and who do not seek it. A growing number of women, despite being in stable relationships, feel no desire for a baby. Their phallic search (the need for motherhood is guided by a phallic search) is no longer moving in that direction.
In this case, the supply (of medical technology) does not create demand (according to the classic laws of marketing); instead, the demand is falling.
Michela Andreozzi is an actor and the author of a recently published book, *Non me lo chiedete più* ("Stop asking me"). In a recent interview she stated that she prefers to be defined as *childfree* and not *childless*, which implies some sort of lack. The author defends her choice to not have children, her annoyance with children, and her non-existent maternal instinct. She herself sees this as a "coming out", and considers herself the new spokesperson for women who reject motherhood.
This phenomenon, of wanting to be childfree, is growing, and is happening just at a time when, thanks to medical technology, having a baby has become more accessible.
Sociologists refer to this phenomenon as a *declining birth rate*; in Italy, especially northern Italy, very few children are being born. An ageing population that is not renewing itself weakens the societal bond, a bond in which the first cell consists of the relationship between two dissymmetrical subjects, man and woman; the specific feature of that relationship is the sexual bond.
Today, a portion of women does not champion this form of relationship, detests the idea of family, of legacy, and has shaken off something that was once considered a duty: to continue the species.
Others, meanwhile, place childbearing at the centre of their life plan, and cultivate their relationship with the opposite sex.
Psychoanalysis also supports this bond, but at the same time it theorises the *sexual non-relation*, meaning the real and impossible dimension in the relationship between the sexes.

Lacan came up with the theory of the *sexual non-relation* to underline the divergence of male and female phantasms, their radical otherness, the impossibility of them fusing together. At the same time, he considered the *non-relation* as the very soul of the world, as life, the driving thrust, the place in which desire and *jouissance* an meet, therefore an essential, special place.
During one of his seminars in Milan, Jean Paul Hiltenbrand stated that today we are witnessing a repression of the *real* of the *non-relation* between man and woman, that this is a modern form of repression, even though social evolution rotates entirely around this *Real.*
Medical technology ignores this *Real*.
This socially-repressed *Real* returns, because repression is by nature always imperfect, unsound.
I would say that women – leaving aside the exceptions mentioned earlier – care about the bond, about creating it, and they tend to form bonds, thus going against the trend of social entropy.
In his essay *Guiding Remarks for a Congress on Feminine Sexuality*, Lacan discusses *"social incidences of female sexuality".* He shows that women's *forming of bonds* is a form of social incidence that also affects the *sexual non-relation*, softens the negation, the *non*, gets around the *impossible.*

One way of forming a bond is to embrace one's partner's phantasm, and the signifier of the desire contained within that phantasm.
This operation is possible because there is not one specifically female phantasm; women can change their object in the course of their lives, and can take on the male's object and phantasm.
Sharing a phantasm is one way of forming a bond, of combating social entropy, of containing the *non-relation* within an interwoven structure that makes it viable.

Our practice as analysts is also based upon supporting the *sexual non-relation*, despite its impossible nature.
A process of analysis teaches one to try and weave together this *non-relation,* to approach each other mutually as men and women until it is time, or seems to be time, to plan children, a legacy.
Procreation is one of the aspects and effects of the *sexual non-relation*. Jokes abound on the different ways in which men and women face the experience of expecting a baby. Shared legacy does not bring the sexes closer, but it does create a bond between them. There's a bond in that *non-relation* which is neither a filial bond, nor a maternal or a fraternal one. It is dissymmetrical, it does not make One, it does not fuse two people together. It is based upon the desire for otherness.

We analysts seek to provide relief for the social repression of the *sexual non-relation*. How so? In the case we are examining here, the use of medical technology for reproduction, we do this by transforming the *Real* of the test-tube experience into a discourse, in an attempt to humanise it.
To illustrate my theory, I shall refer to a novel that expresses very clearly what I mean by "humanising" the *Real*.
As always, literature walks the same path as clinical research, sometimes even anticipating it. The novel, published by Einaudi is called *Le Difettose* ("The Flawed"), and its author is Eleonora Mazzoni. Its chief merit for the purposes of today's topic is that it expresses the *Real* of an experience of IVF, by entrusting medical technology with the task of achieving… the desire of the Other. Indeed, it is the woman's partner who wants a baby; it had never occurred to her previously, far from it, and in fact she had been horrified by the idea that childbearing might resemble her mother's experience:

I didn't like the idea that another being would live inside me for nine months and that my body would be deformed by force: it seemed like an overly intimate act, making it rather distasteful… childbirth is a primitive act. Indecent.[1]

Therefore, it is by borrowing the Other's phantasm that she is able to want a baby, and put it in the place of her own object of desire.
Constructing her own phantasm based on that of the man she loves, using the Other's signifier of desire – in this case a baby – as the signifier of her own desire, can denote the way that a woman's phantasm is formed. The phantasm circumscribes the *Real* of the *sexual non-relation*, containing it and rendering it acceptable.
Assuming the Other's phantasm as one's own is a way of proceeding in the endless process of building a relationship with a man, even when facing the rocky path of medically-assisted procreation.
To do so, a woman does not necessarily have to embrace technical-scientific discourse, the aseptic workings of the hospital system, obsessively espousing the logic of medical tests and check-ups. The main character in the novel is in no way charmed by the mirages of technology. What she wants is to indulge the phantasm of the man she loves, in order to create, over and over again, her bond with him.

1 Eleonora Mazzoni *Le difettose* Einaudi, Torino, p.24