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## A Tale of Two Pregnancies

ENTERING MY twenty-fourth week. Heartburn woke me up this morning, and I turned to my favorite of the three pregnancy guidebooks I keep near my bed—the one organized around anxieties. In the section titled “Heartburn and Indigestion,” sandwiched between “Losing Your Figure” and “Food Aversions and Cravings,” I read: “It’s nearly impossible to have an indigestion-free nine months; it’s just one of the less pleasant facts of pregnancy.”

I closed my eyes. This was, I thought, what my friend Kareema must have felt.<sup>1</sup> She was the mother of eleven whom I’d seen through two pregnancies in the 1980s. Like all but one of her others, her last pregnancy, at an age closer to my current age than I liked to imagine, had proceeded without the benefit of medical care. She had suffered terrible indigestion, and I remembered those many evenings when, by the light of a kerosene lantern, I had prepared her the fizzy orange drink she swore relieved the pain: effervescent tablets of vitamin C purchased at the local pharmacy, dissolved in a glass of water.

In those days I understood little about what Kareema and the other Awlad ‘Ali Bedouin women I lived with in Egypt were experiencing. Caught up in my own world and my research, first in my mid-twenties and later in my thirties, I claimed to be, and was, very interested in women’s experiences. But I barely noticed anything about



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their pregnancies except protruding bellies artfully hidden by large red belts. The women worked hard, lifting heavy cooking pots, carrying their other children on their backs, washing clothes, and walking long distances to visit friends and relatives. Pregnancy hardly seemed to interfere. At the end, with the help of a local midwife, their mothers, or their mothers-in-law, these women suddenly produced infants who, by the time I would see them, were lovingly swaddled and lying close to them. Or so it seemed. Except that every older woman who told me her life story mentioned a miscarriage or a stillbirth.

My pregnancy, in contrast, was the ultimate late-capitalist U.S. achievement: assisted by the most recent advances in reproductive technology, monitored from egg production to fetal heartbeats with the help of ultrasound and hormonal analysis, and expensive. I was one of the fortunate women in her late thirties for whom in vitro fertilization had succeeded on the first try. I began the pregnancy with a mix of scientific knowledge, common sense, and holistic medical advice: warned by my books about pre-eclampsia, prevented from carrying heavy objects by my husband, pampering myself by lying down to allow blood to flow to my placenta, counting my calcium milligrams, balancing my green and yellow vegetables, and studying with some despair the undecipherable diagrams that promise to guide pregnant women through proper exercise regimens.

If I had not known Kareema and the other women in Egypt who had shared their lives with me, I would not have been able to shake my head and laugh at myself for the fuss I was making. I also might not have felt so lucky. My personal experience of the pregnancy was shaped by the double (or hybrid, in Kirin Narayan's view) life I lived as an anthropologist.<sup>1</sup> I moved between the world of "home" in the United States, with my network of friends and family and the resources of feminist scholarship on reproduction to help me think about the facts of life, and "the field" in Egypt, where I was surrounded by women who became pregnant, gave birth, lived with children, and talked to me and to each other about why things sometimes went wrong. I looked to both places for help in understanding what was happening to me, just as I had sought this pregnancy in both places.

### Searching for Children

Living in what is known as the Western Desert of Egypt, with only a substandard clinic not close enough for easy access, the Bedouin women I knew could not take advantage of the superb doctors and excellent hospital facilities available in Egypt's major cities, Cairo and Alexandria. They gave each other advice, told stories about their pregnancies and those of others, and complained—of headaches, fevers, aches, swelling. That did not stop them from feeling sorry for me, their anthropologist friend, still childless long after their own daughters, who had kept me company on the long winter evenings of my first stay in the late 1970s, had married and given birth to one, two, sometimes three children.

Even though I did not yet want children, they sympathetically told me stories

about women who were “searching for children” too. They explained the theory of “blocking”—how conception could be blocked by a sudden fright, by being confronted with someone who has come back from a funeral, or by a donkey who has just given birth. They scared me by offering to take me to healers to have a string sewn through my back or an amulet made. They told me how a second fright could undo a blockage, or how bathing on successive Fridays with water in which a gold necklace had been soaked might counteract a different kind of blockage.

I eagerly scribbled all this in my notebooks; mostly it was material for my book on Bedouin women’s stories. I wondered, occasionally, how these notions about flows and blockages fit with our medical narratives about hormones, eggs, sperm, and fallopian tubes. I had long been skeptical of images of how our bodies worked that relied on biological entities whose existence I had to take on faith. Emily Martin’s analysis of the mechanical metaphors and bizarre implications of these scientific stories about women’s bodies had confirmed my own ambivalence.<sup>3</sup>

Later, when I was back in Egypt in 1990 with my husband, I felt it was time to get pregnant. I did not yet know there was a serious problem, but other friends were generous with remedies for infertility. After appointments with the quiet and serious doctor at the Cairo Motherhood Center—where the equipment was sterilized, the sheets clean and white, the ultrasound machine shiny, and the receipts computer-generated—I would fly south to the palm-draped village in Upper Egypt where my husband and I were then doing research. My new friend Zaynab, mother of five children conceived on annual visits of her migrant husband, took time from her busy schedule of working her small fields, collecting fodder for her animals, and pressing land claims against her paternal relatives to try to help me.

Zaynab knew of three treatments. First she took me to the ruins of the Pharaonic temple that dominated the small hamlet in which her mud-brick house stood. Calling out to the local guard that we were just going to the well, she saw to it that he waved us on, ignoring the fact that we had no entrance tickets. She took me around the temple and then down some steep steps to a pool of stagnant water. “It is good to bathe with this water,” she said. Anticipating my modesty, she had brought with her an empty tin container. “You can do it back at the hotel,” she explained as she filled the can with the water.

When we came out of the cool, dark shaft she steered me away from the entrance to the temple. “You have to leave by a different path from the one you used to enter,” she said. Later, another old village woman told my husband that Zaynab should have had another woman there, hiding above the shaft, to drop a stone into the water just when I was looking in. This would have frightened me. Although they lived hundreds of miles from the Bedouin and shared little of their way of life, these village women seemed to be working with the same theory of blocking: a second fright undoes the effect of a first, and leaving by a different route literally opens up, or unblocks, a path to conception and birth.<sup>4</sup>

The next time I came to the village, still not pregnant, Zaynab decided to take me to the Coptic monastery nearby. “It’s good,” this Muslim woman explained, “to

look at those Christian priests with their beards." When we had been admitted by gentle nun, Zaynab whispered in the hush of the monastery, "Just look at the beautiful things, the velvet curtains, the pictures. The older things are, the better."

Next we went to the monastery's cemetery. Zaynab kept calling out for son one. She seemed agitated and finally hailed a young boy who was riding by on a donkey. "Where is your father?" she asked. "Go get him. Tell them there's a woman here who wants him." Eventually a burly man with a huge grey mustache appeared. He was the undertaker. He led me around the cemetery, explaining so much that I couldn't tell if this was a guided tour meant for a tourist or something special to induce pregnancy.

I realized that he knew why I was there when he took me to a cloth-draped coffin with its cover half on, empty inside. He instructed me to take off my shoes and step back and forth over the casket seven times, using my right foot first each time. Later he took me down to some dusty vaults. Reaching inside, he tore a strip of green cloth off the top of another unused coffin. Zaynab had gone off. "Wrap it under your breasts and bathe three times with it," he said conspiratorially. "But don't tell the woman you're with about this."

Then he told me to climb into the vault. I started in but jumped back in fear as a lizard darted out. Scolding me for being afraid when he was there, he then instructed me to tear another strip of cloth from the cover of the empty coffin in the far corner. He wadded this up and told me to stuff it inside me when I had sex with my husband.

Just then Zaynab returned and reminded him that it was important for me to see the well. So we all walked on. With a key he opened a small structure housing a very old brick well. He told me to look down until I could see my own eye. It was a long way down and there was very little water at the bottom. He explained that the monastery had an electric pump for irrigation and that tanks of water were brought in from the pipeline for drinking. Zaynab and I finally left, she apologetically giving him a small sum (all I had brought with me), he saying he hoped God would grant me what I wanted.

A few weeks later Zaynab decided, with some encouragement from me, that she should take me to visit the local Muslim woman curer. This was an old woman who had married and had five children, spent years in Cairo, and returned to her father's village when her husband died. Her father, himself a religious figure with powers of healing, had appointed her his successor, and she was now famous throughout the area. It was rumored that people came from as far away as Kuwait to seek her help. I had heard about her and was curious.

We waited until the heat of the day had passed and then set off to her hamlet. In her courtyard we saw other women leaving. The healer herself sat in a dark room. A small and wrinkled blind woman with her knees drawn up and her feet tucked neatly under her black dress. Women with children in their laps sat waiting their turn to speak to her. After listening to them, she would talk quickly in a kind of rattle while deftly winding green thread into small objects they were to take with them. When our turn came, Zaynab first discussed her land dispute. Then she explained

my problem and answered questions for me. The old curer prescribed a concoction that my husband was to drink. Zaynab and I pressed some money into her hand and then walked home.

In the end the recipe was too complicated. I didn't know where to get many of the ingredients. I didn't even know what these spices and powders were. Their Arabic names meant nothing to me. And though surely I could have arranged to put the bowl of liquid out on the balcony to catch the starlight, as instructed, where would we get the glowing rod to douse in it, in our Cairo apartment?

The problem, of course, was that my husband and I didn't believe it would work. I had half-heartedly bathed with the water from the Pharaonic temple, wary enough of the dead insects floating in it not to splash sensitive parts of my body—the very parts that were supposed to receive this healing treatment. I had also dutifully stepped over the coffins in the Christian cemetery, feeling silly and hypocritical, but I never wrapped the cloth strips around my chest or stuffed them inside me. Oddly, though, I still have the strips of cloth in my dresser drawer, somehow unable to bring myself to simply throw them away. I also don't quite know what to do with an old amulet I acquired from my Bedouin friends. I had wanted to see what was inside and had even photographed the contents. But then I could not help being awed by people's insistence that amulets were powerful and should never touch the ground or be thrown away. In matters mysterious, like religion and reproduction, one finds oneself uncertain enough about the truth to be half willing to “go native.”

### Inside and Outside the Body

When I returned home after a year in Egypt, I entered that new world that has become familiar to so many women of my generation and class in the U.S.—the world of laparoscopies, tubal adhesions, endometriosis, amniocentesis, and other such unpronounceables; the world of busy doctors in white coats who inspect and prod and shine lights at parts of you that you cannot see; the world of procedures that, they inform you absentmindedly, might cause slight cramping. I finally was allowed to graduate into the world of IVF, as in vitro fertilization is known. I joined well-dressed women with bags under their eyes who spent the early morning hours waiting their turn to have blood drawn from bruised veins and to lie back in darkened rooms with their legs in stirrups so their ovaries could be scanned on grainy black-and-white screens.

It was a world of sitting by the phone, waiting for your daily instructions. Of injections that quickly cured you of any squeamishness about large hypodermic needles. Sometimes, as you expertly drew from the small vials the correct dosages of Pergonal or Metrodin, or later, progesterone in a viscous base of sesame oil, you wondered if someone watching outside the apartment window might take you for a drug addict. This was, after all, New York.

“Our goal is to make you pregnant,” the doctor had explained in our first visit. “Our success rates are the highest in the city. We average about thirty-three percent

per three month cycle." This kind of talk leads to a world of uneasy complicity. You look around the waiting room and wonder who will make the statistic. The woman next to you tells you she has fifteen eggs; yesterday you'd been told she had five but that one was bigger than the others. "What does that mean?" you ask the busy doctor. "We'll see how they come along. If the others don't catch up we have to cancel the cycle." You beg those little ones to grow.

Another woman tells you that this is her third try; last time she had to be hospitalized for ovarian enlargement. The next day someone tells you about her friend who had so many eggs she froze some. She became pregnant and had twins but her husband was killed in a car accident. Now she wants to thaw her other eggs and have another child by him. A tough young woman in blue jeans cheerfully chats with the nurses as they take her blood. She's been coming for a year. You feel dismay as another recounts how she got pregnant after four tries and then had triplets. She and her husband couldn't stand the strain, so they took a break for a few years. You also look around at some of the women and think they're just too young.

All these women are surely bringing down the percentages. You think of some secret pleasure, that this means your own odds as a first-timer are that much better. You keep talking to your friend and colleague, the one who told you about this clinic and who became pregnant on the first try. She barely seems to remember the anger and frustration you feel, or the uncertainty. She encourages you and tells you what will happen next. You compare notes about the waiting-room experience and tell her what an interesting anthropological study it would make, if only you didn't feel so much hostility to the money-making production line the clinic represents. That all you want to do is escape---as soon as you no longer need their services---helplessly.

Retrieval is the clinical term for the procedure of removing your ripe egg from the ovary to be fertilized outside your body. You go to the hospital for this, perfectly healthy and afraid that when you wake up you won't be anymore. Being kept waiting, as usual, you are walked in your oversized nonskid slippers down the corridors, into elevators, and then into an operating room. The room looks familiar from the slide show the nurse gave a few weeks earlier, and you feel less resentment that two hours wasted in a session of elementary talk about IVE. (The session corrects the IVE program by covering in simple language the complex material contained in the pile of consent forms you must sign.) The lights in the room are bright. It's a little cold. An intravenous feeder is put in your wrist, and the nurses reassure you. You disappear. You wake up in the recovery room, people standing all around you, some quite frightening with tubes in their noses. You want to get away but are too groggy to move.

As we were leaving the hospital, my husband and I bumped into one of the doctors. She asked how it had gone. I said no one had told us. Surprised, she went to telephone the lab. She gave us the first good news: they had retrieved six eggs. She insisted that someone must have come to tell me in the recovery room but I'd forgotten. I didn't believe her.

Then we waited for the telephone call our typed instructions said would come as soon as they knew the results. Five eggs had fertilized. One more success. As Sarah Franklin, one of the few feminist anthropologists to study IVF, has noted, the cultural narrative of conception has been rewritten by the infertility specialists so that conception is no longer the natural result of intercourse but a scientific and technological achievement. The road to pregnancy is a complex obstacle course in which hurdles are overcome, one by one.<sup>5</sup>

The next step was what they call "the transfer"—from dish to womb. Back at the hospital, I sat on a simple wooden bench with the same women who had been in the surgical waiting room on the day of the retrieval. Everyone was a little nervous, but cheerful. This part wasn't supposed to hurt. To pass the time we chatted. One of the women asked if I remembered the blonde woman who had been there with us three days earlier. Yes. "Well," she whispered, "her husband was in there for an hour and a half and couldn't do it. So they had to rush me ahead of her in line for the retrieval." We giggled in a mixture of relief that our husbands had performed efficiently and embarrassment at the others' humiliation.

Finally, my turn. I entered the familiar operating room and climbed onto the table. The doctor was joking with the embryologist in the adjoining room. It had been a long day. Suddenly I saw something come into focus on the elevated television screen to my right. My name was typed on the screen, and there were my four fertilized eggs. The fifth, the doctor explained, had disintegrated. An assistant printed out the image on two polaroid snapshots, a general view and a close-up. I had imagined test-tube babies as little fetuses in jars, but these were just cells, clusters of overlapping circles sitting in a petri dish, like illustrations from a biology textbook.

The transfer only took a minute, with some joking about not dropping the catheter as the embryologist rushed from the lab to the table. I was moved onto a trolley and wheeled out, like the women who went before me, clutching my polaroids.

Abandoned together in a small, otherwise empty ward, we made conversation. One woman's companion helped us exchange our "baby pictures," all we might get for the \$8,000 we had had to pay up front (I was counting the days until my insurance company would reimburse me; most of the women had no insurance coverage for IVF). The doctor had told us we could leave after fifteen minutes, but we all insisted on staying for forty-five—superstitious that if we stood up our precious embryos might slide out. One by one, we gingerly climbed out of bed and dressed. I took a taxi home, not wanting to risk the subway.

The month during which I underwent IVF was also the month in which the copyedited manuscript of my book on Bedouin women's stories arrived in the mail. I read over the chapter called "Reproduction," written before I'd entered that strange world of reproductive technology. I could have longed for the more natural character of these women's experiences of becoming pregnant and having babies. I could have viewed pregnancy as an alienation of my body by the medical establishment. But I thought of Donna Haraway, the feminist historian of science, who keeps insisting that it is dangerous for feminists, nostalgic for an organic wholeness, to con-

demn and reject science and technology. Such associations of the natural with the feminine have been essential to women's confinements to the body and the home, and such rejections of science leave it in the hands of others who may not have women's interests at heart." In the late twentieth century the boundaries between the inside and outside our bodies are more fluid. Are glasses to be rejected because they are not our natural eyes? So what if for two days a petri dish served as my fallow tubes?

Still, I refused to believe the nurse who telephoned twelve days later to say my blood test was positive. I thought the IVF staff would fudge the results so they could publish articles in the medical journals and claim to be the best clinic in the city. They'd accuse you, the incompetent female body, of having lost the baby. I didn't believe I was pregnant until two weeks later, when I saw, on that familiar black-and-white television screen, the image of those tiny sacs, each with a twinkling dot in it. Fetal heartbeats. Multiple gestation, as they call it in the business.

Kareema, on the other hand, knew the other signs of pregnancy. Her period stopped. She began to feel sick. She threw up. She felt fatigued. She couldn't breathe. Some women have cravings; others have aversions to certain foods. Bedouin women claim to have aversions to their husbands.

My menstrual cycle had been suppressed by drugs, and it was too early for the other signs. I was dependent on the ultrasound scanner for my knowledge of pregnancy. I recalled Rosalind Petchesky's classic work on fetal imaging and the politics of reproduction. Rather than condemning, along with other feminists, the paragon of the ultrasound technologies afford the male medical establishment or even the disembodiment of the fetus from the mother, demoted to a mere environment, she drew attention to the possibility that women could experience this technology positively. "How different women," she wrote, "see the images depends on the context of the looking and the relationship of the viewer to the image and what it signifies."<sup>8</sup> I couldn't help finding it reassuring to see on the screen to my right what was supposed to be inside me. I was so unsure of my babies that I was worried about their having disappeared if I didn't see them every two weeks.

### Communities of Women

Now, months later, when I have heartburn and the amazement of feeling my babies move in a part of me that had never even existed before, I feel closer to Kareema. The belly I rub with almond oil and look down at is here, not on the screen. It looks the way Kareema's did. My pregnancy book had told me I'd first feel my babies' movements as butterflies or fish swimming around, but the book was wrong. It was a definite thumping—like a heartbeat in the wrong place. I wondered if maybe the book might be wrong about that and instead tried to remember every detail of what the Bedouin women had said and done. How would I cope when the time came? I tried to remember how these women had managed. How had they been fed? It had all seemed so natural and easy. How had they coped at night? I

remember Kareema's babies crying. I realized I hadn't paid much attention to things that now mattered enormously to me. I also understood now that Kareema had probably been feeling that same thumping inside her as she kindly told me folktales to record for my book.

When you are pregnant for the first time, you suddenly see other women you know in a different light. My mother began to tell stories about her pregnancies, and I loved seeing her soften as she reminisced about how exquisite it was to hold an infant. My mother-in-law seemed remarkable for having had seven children. I asked my sister about her experience of giving birth alone in India. She said she had never read a book on the subject and had no idea what was going on. My friends with children began to seem more important. I felt I was crossing a threshold I hadn't noticed before.

This experience of recognizing a commonality among women led me to think back to an article I had begun writing five years earlier about the possibilities for feminist ethnography.<sup>9</sup> I had argued that women ethnographers who studied women unsettled the central divide between Self and Other on which anthropology usually rested. This was not because of any essential, cross-cultural sameness of women but because feminist anthropologists had to recognize that womanhood was only a partial identity. In the abstract language of academic life I wrote, "By working with the assumption of difference in sameness, of a self that participates in multiple identifications, and an other that is also partially the self, we might be moving beyond the impasse of the fixed self/other or subject/object divide."<sup>10</sup> I also noted, however, that there was often a perceived kinship, albeit limited, between women anthropologists and their women subjects that made seeking knowledge of their situations more of a political project that had implications for "home." The kinship Zaynab and other women in Egypt felt for me was apparent in their sisterly concerns about my childless state and their efforts to help me. My feelings for them had led me both to friendships there and to explorations in my anthropological work back home about ways to represent them that might make the complexity of their lives and individual personalities—forms of complexity we recognize in the Self, not the Other—more apparent.

What I did not explore then was another process that could occur: that one's own constructions of personal experience would be shaped by knowledge of these women's lives and even by particular women one had come to know.<sup>11</sup> In being pregnant, I was finding that the cultural resources I had at my disposal to think about what I was experiencing and to fill in gaps in my knowledge of an uncertain terrain included both those from "home" and those from "the field," often juxtaposed. From "home" I had my own family background, the biomedical discourse with which so many white middle-class women feel comfortable, feminist critiques of this same discourse as well as of the popular cultural representations in media and books, and a patchy familiarity with women who had given birth.<sup>12</sup> From Kareema and the other women I knew in Egypt I had notebooks full of beliefs about reproduction, stories about reproduction, and, most important of all, years' worth of

vivid memories of an everyday world rich in pregnancies, births, and children. I thought and felt with all these resources.

As I begin to gain confidence that the pregnancy really will last, I have started to worry about the birth. I sometimes skip ahead to the later chapters of my pregnancy books and frighten myself with those glossy photographs that seem to have nothing to do with the reassuring text about positions, helpers, and water births. I look at my husband and wonder about my new dependency—will he mop my brow as the show husbands do in the photographs, will he comfort me, will he find the birth disgusting, will he help me? When I dare look beyond the birth, I am excited. My husband, always more optimistic than I am, reminds me that this is a new adventure for us. When he compliments me for being so brave I swell with pride.

Yet when I think ahead to the days and weeks just after the birth, I envy Kareema. Like most professional women I have good friends, but they don't live nearby. My family too is scattered. My sister, whom I saw every day for more than a month because she gave me my injections, won't be around. I look forward to the new intimacy with my husband, and I'm counting on him; but I've been warned about strains. As an academic I think of books as companions, but will they really give me the advice I need? So much is unknown: I don't know how long I'll be in the hospital; whether I'll have a caesarian section; who will deliver me; whether the baby will be in incubators.

When Kareema gave birth, as usual the women in her community dropped everything to come help. She had her baby in the room she likes best for this—a walled room away from the rest of the house. Her cousin and her best friend, women she has known nearly all her life, were there to hold her. Along with some other women and all her children, they stayed with her for a week, busily cooking, doing her laundry for her, and talking. They had all been through this experience. They knew they would be there when it was their turn. They joked and gossiped and told stories late into the night. They made her soothing teas. No men came near, and few demands were made on them. It was a sort of holiday. Kareema's only responsibility was to nurse and change her new infant, and to receive her women visitors, who came bringing chickens, eggs, bars of soap, and little handsewn dresses.

At my wedding four years ago, I missed my Bedouin friends. To bring them in I recited some songs they would have sung to celebrate my wedding had they been there. It will be harder to find a substitute for the busy companionship they provide to the mother of a newborn. They say a new mother should not be left alone except I will be, from time to time. They say she is vulnerable. We call it postpartum depression. Perhaps I'll wear my Bedouin silver bracelet. They say it is good for a new mother to wear silver; it protects her.

## Notes

I am grateful to the women like Kareema and Zaynab in Egypt who taught me about intimacy, among other things. A fellowship from the National Endowment for the Humanities through the American Research Center in Egypt enabled me to come to know Zaynab.

1990. Since 1978 I have had generous support for my research among the Awlad 'Ali Bedouin; my most recent extended stay with Kareema and her family was made possible by a Fulbright award. Ruth Behar's insightful suggestions made the essay richer.

1. All the names used in this essay are pseudonyms.
2. In a sensitive and sensible rethinking of the misnomer of "native" or "indigenous" anthropologist, Kirin Narayan has drawn attention to the complex and shifting identifications all anthropologists have and has proposed hybridity as a more appropriate characterization of anthropologists' identities. She has also suggested that their texts should embody the enactment of that hybridity. See Kirin Narayan, "How Native Is a 'Native' Anthropologist?" *American Anthropologist* 95 (1993): 671-86.
3. Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 1987).
4. For more on Awlad 'Ali theories of infertility, see Lila Abu-Lughod, *Writing Women's Worlds: Bedouin Stories* (Berkeley: University of California Press, 1993), chap. 3. See also Marcia Inhorn, *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions* (Philadelphia: University of Pennsylvania Press, 1994), especially its rich descriptions of Egyptian infertility treatments.
5. Sarah Franklin, "Making Sense of Missed Conceptions: Anthropological Perspectives on Unexplained Infertility," in *Changing Human Reproduction*, ed. Meg Stacey (London: Sage Publications, 1992), 75-91; and "Postmodern Procreation: A Cultural Account of Assisted Reproduction," in *Conceiving the New World Order: The Global Politics of Reproduction*, ed. Faye D. Ginsburg and Rayna Rapp (Berkeley: University of California Press, 1995), 323-45.
6. Abu-Lughod, *Writing Women's Worlds*.
7. Among the articles in which Donna Haraway makes this sort of argument, "A Cyborg Manifesto," in her *Simians, Cyborgs, and Women* (New York: Routledge, 1991), 149-81, is probably the most powerful.
8. Rosalind Pollack Petchesky, "Fetal Images: The Power of Visual Culture in the Politics of Reproduction," *Feminist Studies* 13, no. 2 (Summer 1987): 280.
9. Lila Abu-Lughod, "Can There Be a Feminist Ethnography?" *Women and Performance* 5, no. 1 (1990): 7-27.
10. *Ibid.*, 25.
11. It is difficult for anthropologists to reflect on the ways their sense of self or their experience of life events might have been shaped by the people and ideas encountered in the field. It can be done, however, as exemplified by Dorinne Kondo, "Dissolution and Reconstitution of Self: Implications for Anthropological Epistemology," *Cultural Anthropology* 1 (1986): 74-88; Renato Rosaldo, "Introduction: Grief and a Headhunter's Rage," in his *Culture and Truth* (Boston: Beacon Press, 1989), 1-21; and Paul Riesman, *Freedom in Fulani Life: An Introspective Ethnography* (Chicago: University of Chicago Press, 1977).
12. This greater acceptance by middle-class women of the biomedical discourse on reproduction is documented by Martin, *Woman in the Body*, and by Rayna Rapp, "Constructing Amniocentesis: Maternal and Medical Discourses," in *Uncertain Terms: Negotiating Gender in American Culture*, ed. Faye Ginsburg and Anna Lowenhaupt Tsing (Boston: Beacon Press, 1990), 28-42.