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and Artificial Body***

Debora Viviani

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1. Author information

Debora Viviani

Department of Human Sciences, University of Verona, Italy

2. Contact authors'

E-mail: debora.viviani@univr.it

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It is not mine. Surrogacy between Natural Body and Artificial Body

Debora Viviani*

Corresponding author:
Debora Viviani
E-mail: debora.viviani@univr.it

Abstract

Drawing on Jean Baudrillard's approach and his process of simulation, which is a useful key for interpreting and analysing the natural body-artificial body dichotomy, this article aims to raise questions about the repercussions that the new culture of the body and the practices associated with the medicalization of maternity have on the construction of personal and social identity. The debate encompasses issues in the realm of bioethics, the presence or absence of human rights, contractual exchange, the processes of commodification of the body, women and pregnancy, and processes that manipulate human life.

The scope of the observations thus extends to subjects such as bioethics, body ownership and the manipulation of life, to the point of questioning the construction of gender identity and even the very concept of mother.

The objective of this study is to render the complexity of the issue of surrogacy and highlight the resulting theoretical challenges faced by the social sciences. It is still essentially exploratory in nature and is intended as a starting point for the development of this research topic, raising certain questions in an attempt to provide the sociological debate with new theoretical and empirical challenges.

Keywords: surrogacy, simulacrum, artificial body, surrogate mother.

1. Introduction

Individuals have become overloaded with responsibilities towards themselves as a result of social instability caused by rapid change and the destruction of fixed points of reference in their lives, with a subsequent loss of

* Department of Human Sciences, University of Verona, Italy.

the traditional historical continuity (Beck, 2000) and the disappearance of symbolic and normative references (Crespi, 2004; Pulcini, 2001). This has transformed the construction of the self into a rootless process that develops in unstable random steps. As Bauman states (1998), the points of reference in our world are attached to wheels in motion, as identity is no longer a pre-established permanent condition. Instead, it has become the result of an increasingly individualized task (Crespi, 2004); work on the self is now seen as a personal project.

The privatization of everyday battles has made individuals more and more responsible for their choices (Bauman, 2002) in a process that encourages self-care and attention focused on personal lifestyle behaviour, thereby creating an implosion mechanism between the world of health and the consumer world. The imperfection of a body, which actually defines its unique nature, has to be obliterated in the quest for a body without limits or flaws. As individuals refuse to live with their bodily weaknesses (MacIntyre, 2001), bodies are increasingly subject to modification. Just as diseases are contained or eradicated, so must shortness, ugliness and obesity – to name but a few phenomena – be expunged as bona fide disabilities (Sandel, 2007). Relentlessness towards the body by purging it of imperfections is an individual's attempt at self-improvement.

This forms the backdrop for surrogacy, which is an example of an instrument aimed at overcoming bodily limits, in this case in terms of the inability to conceive children.

In this respect, surrogacy has altered the concept of the (biological) human body in its anatomical conformation with certain implications in the field of culture. In particular, the practice has changed the concept of the body by revealing the natural body-artificial body dichotomy. The former is defined as a body that is naturally able or unable to become pregnant, while the latter is the surrogate mother's body that experiences the pregnancy.

If we assume that all forms of assisted procreation are an attempt to defeat infertility and overcome the limit of being unable to conceive a child naturally, do these techniques help to create an artificial body?

The result of this process is a 'new' body. On one hand, there is one's own body, whose flaws the individual strives to remove (using assisted procreation techniques), while on the other hand there is someone else's body (in cases of surrogacy). In this way, as in virtual reality, where the dominant reality crumbles and is revived under the effect of simulation, the body is transformed into a new artificially produced body. How much distance is there between the body that conceives and the natural body?

In keeping with the thinking of Baudrillard, one of the leading sociologists in the analysis of the virtual world and the process of simulation,

to what extent does the body that ‘we create ourselves’ remain the ‘original body’ and to what extent does it eliminate the original form?

2. The simulacrum as a performing form and the artificial body. The theoretical point of view

Guided by the concept of the simulacrum, Jean Baudrillard provided an interpretation of postmodern manifestations of the dominance of the virtual and the artificial.

In Baudrillard’s perspective, the fundamental dichotomy that made it possible to assess the authenticity of every relationship is no longer valid. This lack of a connection between true and false is the key for interpreting and explaining the social changes underway, the result of the development of the world of communication and technology (Baudrillard, 1996, 2007; Kellner, 2007, Bellasi, 1977).

The cornerstone of the process of simulation – the elimination of the original that gives rise to the simulacrum – causes the implosion of the false copy, the reproduced copy, and its original referent, thereby leading to the collapse of the boundaries separating the true (the real) from the false (its copy) (Baudrillard, 1974, 1977, 2007; Klossowsky, 1981).

According to Baudrillard, the process of simulation is a special mechanism of reproduction in which the reproduced copy is created as soon as the original takes shape, the starting point of the whole reproduction process. This aesthetic equivalence and temporal simultaneity between the original and the copy result in the absorption and assimilation of the original.

The implosion between original elements and artificial elements – or real and virtual elements – leads to the birth of a new world in which it is no longer possible to distinguish between what is true and what is false. Individuals find themselves immersed in ambiguous situations where the traditional paradigms of knowledge, identity and relationship need to be redefined. The evanescent nature of the concept of the simulacrum makes it turn inwards, becoming an interpretive matrix for understanding the irreality and indeterminacy of postmodern phenomena.

The perspective propounded over the years and the result of personal research reflections (Secondulfo, 2007; Viviani, 2008; 2014; Secondulfo, Viviani, 2017) is that simulacra are the product of a social process of reality construction operating through special organizational forms – mainly in terms of culture and the social construction of reality – that shape and mould elements of the socially constructed and shared reality. These are symbolic generative structures, consolidated models, which stamp reality with the

characteristic features of their image, thereby producing structural homologies, formal analogies, of content and meaning in all objects produced through their filter in this process.

In this context, Baudrillard's legacy is important to us because when the simulacrum is seen as a process, it acts as a bridge or filter in the connection between the manifestation of different spheres of social action and the structural homology that forms and interconnects them.

The body and the current incessant work on the body complies with the logic of the simulacrum expounded by Baudrillard. In the same way that simulation is a process that strives to control impulsional chaos by eliminating limits and flaws, work on the body now aims to expunge diseases, disabilities and imperfections in order to enhance its performance.

While the concept of the simulacrum implies the construction of an artificial hyperreal reality, which is even more real than the real as it is purged of flaws, work on the body invokes the creation of an artificial body aiming for perfection.

This is an attempt to restore a self-image akin to a perfect body. This perfection changes from one performance to another, the promise of perfection revealed by science, but at the same time quashes our uniqueness, which is also a product of our limits (Sandel, 2007).

3. Natural body and artificial body. The case of surrogacy: aspects for investigation

The original aim of exerting control over the body in this way is to strengthen it, to the point of removing all physical and/or emotional limits. This new personal work on the body is used for communication of the self. An individual's corporeality reveals their lifestyle, personality, desires and values; it is the vehicle used to express *intentionality* in the world and towards the world (Turner, 2002; Galimberti, 2006). This encourages individuals to turn inwards and focus on themselves as single irrefutable points of reference, with a subsequent process of individualization in accordance with the new law of *I am I* (Beck, 2000). In this way, there is fresh emphasis on the person as a place of refuge from social uncertainty and a place of personal freedom.

The value of the process is absolutized as it is the expression of self-referential subjectivity (Le Breton, 2004, 2007). By emphasizing corporeality, the radicalization of the principle of autonomy leads to a redress over the body, whereby the individual has the absolute right of ownership and is now free to act *on* it and *with* it as is seen fit.

It is an attempt to create a personal self and find self-assurance in other bodies with the aim of building our own physicality, a personal external representation that covers over limits and defects. It is an attempt to improve our ego to the detriment of our identity and true face in the search for what we would like to be. Is it necessary to race from one performance to another behind an identity without its *own* face in order to rediscover one's own being? (Baudrillard, 2007).

The current goal is a lifestyle in which the body has to be immune to disease in order to aim for success. The individual's objective and task is therefore to adapt their body to the social expectations and social ideals put forward by the consumer world. All this forces the individual to ask continual corrective questions on the basis of a concept of active corporeality.

This mechanism forms the context for the current process of the medicalization of society (Conrad, 2007), which consists of:

1. a different vision of daily life, which is now an object of treatment;
2. a continuous drive for wellbeing with the development of a genuine performance culture, with a view to additive wellbeing.

The aesthetic image has a positive impact on the individual's psychological realm, increasing self-esteem by working on the emotional front that determines their current state of wellbeing (health). The idea of the body as a biological simulacrum, mentioned by Galimberti (2006), which is relevant to the anatomical structure of the biomedical perspective, is replaced by the body as an emotional simulacrum, a *perceptive simulacrum*. Individuals now define their state of health and/or illness by themselves through self-perception. As a receptor of sensations, an individual's level of wellbeing and health is established by the quality and degree of perception of the sensations they experience and perceive. Happiness becomes the equivalent of salvation and the myth of happiness now gathers and embodies the myth of equality in our society (Baudrillard, 1974).

Appearance thus becomes the individual's very identity (Le Breton, 2007), being transformed from facade and artificiality into self-manifestation.

Cosmetic surgery and diets are two examples of body modification dictated by the illusion of being able to assume control over it, which has been further strengthened by the development of biomedical technology. Having control over the experiences of birth and death, individuals believe that they can avoid situations that are not recognized 'as theirs', because they are circumstances that highlight their limits and transience such as death, illness, old age and infertility (Russo, 2008a; Teman, 2003).

Expecting the body to be something that can be acted on instrumentally and systematically means reducing it to an event that can change on a constant basis through transformations that would be different in terms of time,

method and appearance if they were left *to express themselves freely* in accordance with nature. These choices spell out the dream of self-determination to make one's own decisions and have full control over events with a level of impatience that leads to the rejection of such bodily limits, which reveal a personal deficit rather than a superficial bodily deficit (Russo, 2008a, 2008b).

By pondering these aspects and wondering to what extent mothers and others involved perceive a link or a detachment between the natural dimension and the virtual realm, the consideration can be broadened to include a variety of other elements. The new culture of the body aimed at overcoming its limits provides the context for medically-assisted fertilisation techniques and surrogate motherhood. The realm of body improvement serves as a backdrop to the thoughts of surrogacy presented below, as the technique features a body other than the original one – an artificial body – used to conceive a child.

Elly Teman's study (2003) highlights that even surrogate mothers themselves perceive their bodies as *simple* instruments, stating that they become artificial bodies during the pregnancy: 'It is not mine. It is all artificial.' (Teman, 2003).

Surrogacy and assisted procreation in general create a distinction between gestating mother, genetic mother and social mother that fundamentally undermines the very concept of mother (Ragoné, 1994; Boccia and Zuffa, 1998; Jadvá, Murray, Lycett, MacCallum, Golombok, 2003; Ragoné, 1994; Moneti Codignola, 2008).

In this respect, the distinction between natural body and artificial body widens the debate to include other related dichotomies.

1. Genetic maternity vs. gestational maternity;
2. Biological maternity vs. social maternity.

The current debate on surrogacy involves issues from areas such as bioethics, the presence or absence of human rights, contractual exchange, the processes of the commodification of the body, women and pregnancy, and processes of manipulating human life. As this subjectivity is not found in the individual owner of the body (Boccia, Zuffa, 1998), we need to ask to what extent these techniques create a body that is no longer natural, as it is different from the original starting point of the natural mother's body.

In the spectrum that includes therapeutic intervention on infertile mothers and surrogacy, the natural body – the mother's original body – is subjected to a process of transformation. This change features progressive distancing from the mother's natural body, reaching its culmination in the body of another woman, the surrogate mother.

The dichotomy between natural body and artificial body established by the process of the commodification and medicalization of the body highlights

the necessity for more profound reflection, as it raises other issues that need to be explored.

These considerations will be developed over the course of this study by posing various questions with different ethical and moral values that emerge from the complex debate on surrogacy (Charlesworth, 1996).

In particular, what repercussions do the new culture of the body and practices connected to the medicalization of maternity have on the personal and social construction of gender identities, the family and the very concept of mother? These questions arise from the theoretical perspective presented herein that analyses surrogacy through the natural body-artificial body dichotomy. As they are exploratory in nature and given the complexity of the matter, they make no claim to completeness.

3.1 Body ownership

Medically assisted fertilisation techniques and surrogacy presuppose the presence of a new body, whether it belongs to the surrogate mother or the biological mother, using special treatment in the latter case to overcome the inability of the body to conceive a child.

Underlying both cases is a woman's right to act on her body in complete freedom as she is its sole owner.

Should an infertile mother – an intended mother – be free to use any available means to transcend the limits that nature and/or God (from a more religious perspective) imposed on her? If the body is an individual's exclusive property, how much can they modify it? Are there any limits on the action that can be taken?

To this end, Sandel (2007) stresses that there may be an extremely thin dividing line between treatment and improvement. For example, there are no restrictions on intervention when the aim is to prevent the physical and genetic problems that can affect foetuses and newborn babies. If this is considered legitimate, how should we view intervention that focuses on manipulating character traits such as temperament, patience and so on? Is there any difference in value between technology used to cure and technology used to improve or perfect? Where is the boundary line beyond which we act above and beyond nature? And when can actions be defined as *against nature*?

In the case of a surrogate mother, where the body is perceived as a virtual body, an instrument whose aim is to realize another mother's desire, we need to consider how much freedom of action the surrogate mother has towards her body. The body becomes the individual's property, so she can freely decide to donate (or sell) to carry the pregnancy to term for others (Anleu,

1990, 1992). If this is the case, does the surrogate mother have total freedom of decision and action towards her body, or are there limits?

3.2 Health and/or beauty?

The demand for these forms of intervention is specialized, moving away from general medicine towards areas that involve economic exchange and typical consumer world strategies. In this context, the woman or couple is not given a gift, but above all an act of manipulation or instrumentalization of the body.

As mentioned above, these assisted procreation techniques are part of the process of medicalization that includes some operations of a more medical nature and others that are more cosmetic. If overcoming the limits of the body and its infertility allows individuals to feel better and achieve wellbeing, how far removed is this from techniques (such as cosmetic surgery) that enable improvements to our bodies and therefore to ourselves?

Considering assisted procreation as an 'artificial' intervention means changing the cultural, psychological, social and economic dimensions that are usually connected to natural pregnancy. From a sociological point of view, procreation is not only a biological fact, but a relationship that involves various social subjects: mother, father, family and child.

Like any form of intervention to improve the body, the technique per se does not raise any moral dilemmas. What foregrounds the ethical question is the fact that a baby and other social figures are involved in the project to overcome bodily limits and search for perfection (Di Nicola, 2017).

3.3 The concept of family

Medically assisted procreation oversteps the boundaries of traditional parenting, opening up the prospect of new forms of parenthood (Cassano, 2000; Di Nicola, 2017).

Surrogacy and medically assisted fertilisation techniques have triggered changes that have altered the very notion of parenting (Donati, 1999; Naldini, 2016). Thanks to the opportunities to intervene in matters of sterility and procreation, natural and biological limits can be overcome, with the consequent separation of sexuality and procreation. This distinction also creates a division in couple identity, defined as two people united by reciprocal feeling, by their identity as parents.

This natural/artificial polarisation modifies the distinction between procreation mediated or unmediated by the social functions of the family (Di Nicola, 2017). Above all in the case of surrogacy, conception and pregnancy become an action no longer tied to the family or mediated by it; they are no

longer a choice that only involves the couple (Donati, 1999). Indeed, in this case the intersubjectivity of the family unit – which traditionally consists of two people – calls for a third subject. The moment of procreation becomes the result of a situation of maximum control, when conception and pregnancy should actually be a moment of minimum control.

In this context, with the traditional image of parenting undermined, it is necessary to redefine the boundaries of the ‘new’ family created. For example, questions could be asked about the surrogate mother’s potential role within the ‘intended’ family unit. Can surrogacy be inserted into the family unit, and if so must it be included? If the surrogate mother’s involvement is accepted, the relationship inevitably no longer involves only two people and a new family reality is created. At the same time, if it is felt that the surrogate mother must be totally extraneous to the family dynamics, we might ask whether this is fair to the baby and the biological mother.

3.4 The concept of family

In the case of surrogacy, there is an unequal relationship starting from the primary relationship with the mother, which does not even seem to be clarified by the law (Boccia, Zuffa, 1998). Considered as distinct entities, the foetus and the woman are either seen as autonomous, *as if* they were separate, or the foetus is seen as the biological mother’s property as it is contained in her body. Both of these cases feature denial of the reality *sui generis* of the foetus and its intracorporeal relationship with its mother (Boccia, Zuffa, 1998; Jadva, Imrie, 2014).

If there is an ownership issue regarding newborn babies, then their position within the family that has ‘sought’ them could also be questioned. Furthermore, what rights does the surrogate mother have with regard to the baby? If she does not have any, the resulting prospect is very similar to the market world, where the surrogate mother ‘sells’ the baby created and waives any rights to it. In keeping with a consumer logic that reduces everything to goods for satisfying the human search for wellbeing, happiness and self-fulfilment, even children could become an object of trade.

A baby has the right to a family identity and a human and social environment to identify with. However, in this case a biological/genetic identity different from the family identity also enters into the equation. Moreover, the opportunity that parents have to ‘commission’ their children ‘from others’ cancels out the natural character of conception and pregnancy and destroys the dividing line separating therapeutic mechanisms for investigating and preventing possible genetic diseases from mechanisms that make it possible to choose a child’s physical characteristics. This seems to

violate a child's right to autonomy, because they cannot be totally free if they are planned. Traditionally, we choose our friends, boyfriends, girlfriends, husbands and wives, but do not select our children, who have an unforeseeable set of characteristics and qualities.

This impetus to master and control the mystery of birth replicates typical market dynamics, underlining the process of the commodification of the body, pregnancy, birth and even the baby.

4. Conclusions

Surrogacy is an illegal practice in many countries, while it is only allowed for altruistic purposes and not in its commercial form in some states and practised legally in others. The debate on this technique and assisted procreation techniques in general, which have always been a subject of interest in the legal field, now plays a central role in sociological reflections. As this contribution has attempted to show, the issue is no longer purely rooted in the medical sphere and the social aspect is now included in the areas of analysis. The main aim of this article has been to demonstrate that these practices form part of the general and complex context of the medicalization and commodification of the body, at the same time highlighting certain ethical and moral implications that do not emerge from the other ways in which individuals practice body modification.

In the context of the view of the simulacrum as a performing form (Secondulfo, 2007; Viviani, 2008; Secondulfo and Viviani, 2017), techniques that attempt to overcome a woman's infertility evoke the concept of hyperreality, seen as the creation of a reality that eliminates the imperfections and flaws of the original reality. In this case, to be more precise, these practices can be interpreted using the simulacrum as an analysis filter, a search mechanism for the 'best possible body'.

In terms of performance culture, the woman (or couple) pursues the goal of overcoming natural limits through therapeutic intervention or surrogacy.

The polarity between the natural body and the virtual body questions traditional aspects that the human sciences have often addressed, including body ownership, the separation of medicine and cosmetics (if it still exists), the traditional concept of family and, with specific regard to surrogacy, the nature of the relationship between baby and biological mother¹ and/or genetic mother².

¹ The intended mother in cases of surrogacy.

² The surrogate mother.

The new role assumed by the body, with its commodification and new reflective power, has highlighted the ambiguity of the natural body-artificial body dichotomy. This relationship is reflected in the process of the medicalization of maternity, opening up the debate to include issues such as bioethics, contractual exchange, body ownership and the manipulation of life, to the point of questioning the construction of gender identity and even the very concept of mother.

Indeed, surrogacy features three different figures:

1. The genetic mother;
2. The biological mother;
3. The social mother.

How well defined are these figures and how different are they from each other?

If the term *mother*, in the sense of the ability to procreate, identifies the area of the female identity and condition that is clearly distinct from the male realm, can we still use it in the case of a biological (intended) mother? And if so in which terms?

Furthermore, if the word *mother* indicates a bond, not only in terms of blood ties but also intimacy with the child, to what extent is a purely genetic mother *really* a mother? Is it right to define her as a surrogate *mother*?

As outlined above, the aim of this study is to express the complexity of the issue of surrogacy and, in general, medically assisted fertilization and highlight the resulting theoretical challenges faced by the social sciences. These reflections derive from a perspective that focuses on the specific debate on the body paradox (natural-artificial). For this reason, the questions that have emerged are still essentially exploratory in nature and cannot hope to provide an exhaustive account considering the complexity of the subject. They attempt, however, to enhance the sociological debate with new theoretical and empirical challenges.

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