
Lisa Campo-Engelstein
Northwestern University.

First published on: 19 November 2010


To link to this Article DOI: 10.1080/15285161.2010.520592
URL: [http://dx.doi.org/10.1080/15285161.2010.520592](http://dx.doi.org/10.1080/15285161.2010.520592)
classmate attempts to rape her. One fringe group decides that her continuous contentment and euphoria are unnatu-
ral and even sinister. They suggest she be eliminated. The happy-go-lucky Thassa finds herself in big trouble. She de-
cides it is necessary to leave the United States and turns to Russell Stone for help.

The premise of this novel is not far-fetched. There is little doubt that genetics greatly influences mood and be-
havior. Genes may account for as much as 50% of the traits that contribute to personality, including the capacity to
be happy. Researchers have already identified one such “frame-of-mind gene.” The 5-HTTLPR gene codes for the
transport of serotonin, an important neurochemical. In-
dividuals who have one variant of the gene—two short
alleles—tend to be pessimistic. People who possess another
variant—two long alleles—are apt to have a positive out-
look.

Generosity triggers some provocative questions. Let’s
start with the big one. Is happiness a natural state for human
beings? According to the Bible, Adam and Eve had it all in
the Garden of Eden, but it was not enough. The first couple
forfeited Paradise for a bite of an apple. Bliss is rare. In fact,
the term is typically associated with sainthood. Greed and
violence are much more commonplace. Natural selection
favors competitiveness and perhaps aggression. The psy-
chologist in the novel, Candace Weld, surmises, “So Nature
selects for pessimists.”

No less important is the issue of genetic enhance-
ment. If happiness can be genetically engineered, should
it be? How would a lifetime of rapture be provided—only
by request or as a routine upgrade? Who pays for such
an enhancement—wealthy individuals, health insurance
plans, or the government? Even in the best scenario,
enhanced happiness might come with some strings at-
tached. People want to be happy, yet some feel guilty
about attaining happiness. Euphoria and exuberance can
affect judgment. Again, Candace Weld has a relevant opin-

ion on the matter: “We’re incapable of predicting what
will make us happy.” Before proceeding with any genetic
enhancement of happiness, there must be agreement on a
definition of this emotional state. What things make people
truly happy—love, freedom, accomplishment, good health,
chocolate?

Surprisingly, there may be a few downsides to a life
of extended ecstasy. Does contentment cause people to be
less productive? Does the quest for happiness make some
people miserable? Is too much possibility problematic? Is
the process of acquiring happiness more valuable than be-
ing genetically programmed for it? Does the persistence
of mood disorders in the general population—anxiety and
depression, for example—suggest that they serve some evo-

lutionary purpose?

Richard Powers, the author of Generosity, frequently ex-
plores the possibilities and limits of science in his works
of fiction. Some of his previous novels—The Gold Bug
Variations (1991), Operation Wandering Soul (1993), and The
Echo Maker (2006)—spotlight genetics, molecular biology,
medicine, and neuroscience. Generosity acknowledges that
the world is chaotic and individual human lives are often
in disarray. At the same time, the novel recognizes that sci-
ence has the power to lighten suffering and perhaps tame
the entropy.

Genetic engineering may be a panacea. Genetic engi-
neering may be a Pandora’s Box. Enhancing happiness
sounds wonderful. Enhancing happiness doesn’t seem quite
right. The title of this novel offers one possible clue to the
debate over engineering happiness: the beginning of Gen-
erosity is “gene.”

Review of Karey Harwood, The
Infertility Treadmill: Feminist Ethics,
Personal Choice, and the Use of
Reproductive Technologies

Reviewed by Lisa Campo-Engelstein, Northwestern University

In The Infertility Treadmill: Feminist Ethics, Personal Choice, and
the Use of Reproductive Technologies, Karey Harwood looks
beyond the rhetoric of individual choice to examine the
two decades of infertility and the ethical issues that
assisted reproductive technologies (ART) raise. Although
many scholars writing on infertility were motivated, at least
to some degree, to take on this topic because of their per-
sonal experience with infertility, this is not the case for

Address correspondence to Lisa Campo-Engelstein, Senior Research Fellow, Medical Humanities Oncofertility Consortium and Center for
Bioethics, Science & Society, Northwestern University Feinberg School of Medicine, 303 E. Superior, Lurie 10-231, Chicago, IL 60611-5532,
USA. E-mail: itce@northwestern.edu

32 ajob November, Volume 10, Number 11, 2010
Downloaded By: [Northwestern University] At: 16:42 29 December 2010
Harwood, who has three biological sons. She had her chil-
dren while in graduate school and struggled to juggle par-
enthood and academic work. Her struggles led her to ques-
tion whether ART was enabling women to “have it all”: estab-
lish their careers and then have children using this tech-
nology if necessary. In particular, a news story about the
preliminary research on a “career” birth control pill—a
contraceptive that would stop egg production, thereby pre-
serving high-quality eggs for women if/when they decide
to reproduce in their thirties or older—piqued her interest
and served as the impetus for this project.

The title of the book, The Infertility Treadmill, refers to the
fact that once people start infertility treatment, they are
likely to continue such treatment, even when the results are
unsuccessful. People continue on the infertility treadmill for
a variety of reasons, including feelings of hope, a sense of
empowerment, the belief in the power of modern medicine,
grieving for one’s infertility, not wanting regrets later in
life for not trying everything, and gaining comfort with
medical intervention as preparation for even more invasive
treatments (e.g., moving from intrauterine insemination to
in vitro fertilization [IVF]) (114–115). Repeatedly using ART,
regardless of one’s reason, gives the illusion of progress.
The treadmill metaphor, however, highlights that people
are often stationary; they are not moving closer to achieving
pregnancy and a live birth.

Harwood’s overarching goal in this book is to under-
stand why people, specifically women, stay on the infertility
treadmill. Many public and academic discussions focus not
on why people use ART but instead on whether people should
have the right to do so. These discussions of repro-
ductive liberties often get reduced to personal choice, with
the common argument that the decision to pursue ART is
(and should be) an autonomous and private one made by in-
dividuals based on their personal values. John Robertson’s
work on reproductive technologies, especially his book
Children of Choice: Freedom and the New Reproductive Tech-
nologies, exemplifies this line of thought. Harwood critiques
Robertson for treating autonomy as the primary ethical
value at play in the use of ART, thereby minimizing other
values like social justice and shared symbolic meanings
(27–29). Furthermore, Harwood points out a flaw not just
with Robertson’s work, but with that of other feminist and
religious ethicists (including Lisa Cahill and Oliver
O’Donovan, whose work she discusses in more detail):
“They address the use of ART only in the aggregate,
without verifying or testing assumptions against the
diversity of people’s experience with infertility” (37).
In other words, these authors do not ground their theories in
individual experience, in part because they tend to focus
on the general rather than the particular.

Harwood seeks to expand and enrich the discussion of
ART beyond a discussion of rights/access to ART by ex-
amining why women in particular continue seeking in-
fertility treatments. She does this by incorporating personal
narratives of women facing infertility and by analyzing the
broader ethical issues ART raises on the social level. Rather
than relying on existing empirical studies, Harwood per-
formed her own qualitative research by spending a year
attending group meetings of the Atlanta, Georgia, chapter
of RESOLVE, a national support group for people facing
infertility, and conducting in-depth interviews with some of
the RESOLVE members. Like so many other groups and
individuals in the United States, RESOLVE as an organiza-
tion, as well as its individual members, also employed the
rhetoric of personal choice, mainly as a way to remain neu-
tral and nonjudgmental of members’ infertility decisions
(e.g., stepping treatment, trying IVF, choosing to adopt,
etc.). One negative outcome of this approach was an overall
lack of critical reflection of the infertility industry and the
social factors, especially consumerism, motivating people
to turn to ART. Despite its silence on the more problematic
social aspects of ART, RESOLVE played an important role
in many people’s journeys to come to terms with their in-
fertility, regardless of whether they succeeded in having a
biological child.

The demographic characteristics of the members of the
Atlanta chapter of RESOLVE mirror the demographic char-
acteristics on the national level of those who are most likely
to use ART: white, well-educated, middle to upper class,
heterosexual married couples. On the national level, most
women using ART are in their thirties or forties. Given that
many women in the Atlanta chapter of RESOLVE have pro-
fessional degrees, it seems safe to assume that most of them
are in their thirties or older, or at the youngest, in their mid
to late twenties. It is somewhat surprising that Harwood
does not explicitly include the ages of RESOLVE members
or at least give a rough estimate; especially since she ac-
knowledges that age is a sensitive issue for many of the
women. She notices that age often played a role in women’s
feelings of responsibility for infertility and that “women
sometimes seemed defensive about the decision to delay
childbearing or marriage, as if they owed someone an ex-
planation for waiting” (74). To be charitable to Harwood,
perhaps this omission was due to either a lack of concrete
information about members’ ages (and her choice not to
guess their ages) or her assumption that it was obvious that
most women were over thirty, given her discussion of de-
layed childbearing throughout the book.

Some may claim it is problematic for Harwood to base her
theory on such a homogeneous group. While I generally
think it is important for research to include a diverse study
sample, I think this objection misses the point. Harwood is
interested in exploring why many women continue to use
ART even when they consistently fail. In order to under-
stand this phenomenon, Harwood has to turn to the pop-
ulation of women who are using ART and this population
generally consists of white, well-educated, middle to upper
class, heterosexual women in their thirties or older. Har-
wood is well aware that this population is not only homo-
genous but also very privileged, factors she incorporates
into her analysis. She describes most ART users as “high
achievers and resourceful individuals”—individuals who
are used to having their hard work met with success. They
therefore tend to find the loss of control associated with
infertility (e.g., thwarted future plans, “uncooperating”

November, Volume 10, Number 11, 2010

aqdb 33
treadmill in part because it obscures broader social and ethical problems, such as consumerism, family-“unfriendly” workplace norms, and narrow definitions of family, that lead people to turn to ART. She is especially concerned with consumerism and the coercive pressures of infertility treatments in a free market like the United States, claiming that “it is disingenuous to defer to individual patient ‘choice’ when so much money may be made on the backs (or wombs) of women who use ART” (159).

In sum, by looking beyond individual choice, Harwood is able to extend the discussion of infertility treatments to include social factors that encourage their use and the broader ethical problems they both belie and beget, while remaining grounded in women’s lived experiences. This well-written and accessible book is a valuable addition to the bioethics literature and will appeal to anyone interested in reproductive technologies, feminist theory, motherhood and family life, and autonomy in medical decision making.

**Review of Roberta M. Berry, *The Ethics of Genetic Engineering***

**Reviewed by Erica K. Rangel**, St. Louis University

Since Justice Oliver Wendell Holmes’s opinion in the 1927 U.S. Supreme Court case *Buck v. Bell* [274 U.S. 200 (1927)] authorized the involuntary sterilization of a young woman believed to be mentally disabled, the issue of eugenics has been present, at least peripherally, in the minds of researchers and ethicists. However, as progress in biotechnology is beginning to allow researchers more and more control over the direct manipulation of our genes, the ethical dimensions of human genetic engineering are receiving increased attention both in academia and in popular media, and the debates are becoming more contentious. Parents are already able to use in vitro fertilization to screen and select embryos based on the presence of certain genes known to influence disease manifestation. Researchers are also now creating “transgenic” nonhuman animals—animals genetically engineered for selected genetically influenced features—by incorporating genetic material into the developing embryos. These scientific advances suggest that one day soon it might be possible for parents to create transgenic children—the product not only of screening but of genetic engineering for selected genetically influenced features. Questions such as “When and what kind of genetic engineering is appropriate?,” “How ought parents to make decisions regarding the genetic make-up of their future children?,” and “How ought policymakers to reason about policies regarding human genetic engineering?” are no longer only inhabiting the world of science fiction, but are now being debated as very real questions about our very near future.

In her book *The Ethics of Genetic Engineering*, author Roberta M. Berry engages these questions on a deeply philosophical level, applying different ethical theories to the issues raised by the prospect of “designer babies.” A lawyer and philosopher by training, Berry skillfully negotiates complicated and theoretically dense issues by bringing complicated and theoretically dense issues by bringing the issues raised by the prospect of “designer babies.” A lawyer and philosopher by training, Berry skillfully negotiates complicated and theoretically dense issues by bringing a broad range of political philosophers and ethicists into meaningful dialogue.

Berry begins her text by identifying the problems posed by genetic engineering as “fractious problems” (1), a term she coins to describe those issues generated by scientific or technological advances that tap deep foundational beliefs and are inescapably divisive and of unavoidable public concern. It is from this delineation that Berry is able to clearly mark the central aims of her book: to locate the source of the deep divide between proponents and opponents of genetic engineering, articulate the assumptions buried deep within the arguments on each side, and establish a method for dealing with decisions made both within individual families and the public-policy arena. Ultimately she argues that a virtue ethics approach provides the best “epistemological grip” on the problems of human genetic engineering at the individual level, while her own