

of the Ba‘thist regime out of fear that the opposition was dominated by an adamantly orthodox Islamist movement, whose cadres would exterminate Syria’s heterodox minorities if it emerged victorious.

*Cycle of Fear* deliberately conflates the two lines of argument, and asserts that the latter effectively plugs a hole in the former (pp. 5, 158). Yet these alternative theories seem more contradictory than compatible with one another. Ibn Khaldun implies that communities exhibit the highest level of solidarity early on, and experience a steady decline in unity that accompanies, and perhaps encourages, the rise of rival communities; proponents of the security dilemma assert that communities start out loosely mobilized and grow increasingly solidified in the face of threats from outside. Demonstrating in an explicit and sustained fashion just how these divergent stories might be reconciled would constitute a signal contribution to both research programs.

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## UNITED ARAB EMIRATES

**Cosmopolitan Conceptions: IVF Sojourns in Global Dubai**, by Marcia C. Inhorn. Durham, NC: Duke University Press, 2015. 379 pages. \$27.95.

*Reviewed by Cortney Hughes Rinker*

Marcia Inhorn presents a rich and compelling account of infertile couples’ quests to conceive a child in her ethnography, *Cosmopolitan Conceptions: IVF Sojourns in Global Dubai*. Inhorn details the experiences of couples who have traveled to Dubai for in vitro fertilization (IVF), the process that “essentially bypasses the fallopian tubes by hormonally stimulating the ovaries to produce excess eggs, removing those eggs directly from the ovaries, mixing them with spermatozoa in a petri dish, and then transferring the fertilized embryos into a woman’s uterus” (p. 4).

This book is based on meticulous ethnographic research in a clinic called Conceive, which is the largest private IVF clinic in the United Arab Emirates. Inhorn conducted in-depth interviews with 219 men and women from 50 countries over a six-month period in 2007, with follow-up trips to the clinic over the next few years and interviews with clinic staff in 2012 and 2013. The “reprotravelers” (p. 19) hailed from “an equal number of Middle Eastern (fifteen) and European nations (fifteen), followed by an equal number of Asian (nine) and African (eight) countries” (p. 55). Infertile couples from South Asia were the main patient population at Conceive and were also the largest group included in the study. Many of those she interviewed were living in the UAE, but originally from other countries, or they traveled to Dubai to seek IVF at Conceive, while others were from the UAE but had traveled across borders for privacy reasons.

Inhorn’s decision to locate this study in Dubai was inspired by her previous work on infertility and reproductive technologies in countries like Egypt and Lebanon. She recalls, “Dubai, in particular, was evoked by Lebanese men as a kind of dream space” (p. 18-19). She was captured by these types of descriptions and with some encouragement from an IVF colleague in Lebanon who was in the process of opening clinics in Abu Dhabi and Dubai, Inhorn designed a study that focused on the “intersection of reproductive travel and the process of globalization” (p. 19). The pace of economic growth and development in Dubai is nearly unrivaled with rapid expansion occurring across many different domains, such as banking, technology, real estate, and tourism. A well-known scholar of infertility in the Middle East, Inhorn discusses how this study is set apart from her previous research given its location in such a global and cosmopolitan place. She writes, “Having worked exclusively in Arab-serving clinics in Arab countries, I had never before grasped the meaning of ‘infertility around the globe’ ... At Conceive I truly witnessed the global scope of infertility as a reproductive health problems” (p. 55). Even the clinic’s founding physician hailed from India originally.

Through a presentation of what she terms “reprotravel stories” (p. 28), Inhorn levels a theoretical critique at “reproductive tourism,” a term coined in the early twenty-first century “to describe the movement of IVF-seeking couples across international borders” (p. 5) particularly due to countries’ laws and regulations that restrict the use of IVF. The word “tourist” is not the correct term to use in describing the majority of infertile couples included in her study because they did not want to travel outside of their home countries for IVF, but were forced to because safe, quality, and affordable services were not available. Many of the “reprotravelers” had also experienced difficult journeys across regional and international borders. Some of her interviewees suggested that tourism was an “insensitive term, making a mockery of infertile people’s heartbreak and suffering” (p. 7). Patients experienced financial hardships in seeking IVF at Conceive, as well as frustration and sadness when the procedure did not work. Bringing these stories to light makes it clear that traveling for IVF is not a leisurely tourist activity, but rather it is one that is wrought with legal complexities, personal anguish, along with moral and ethical questions.

One of the many strengths of the book is that Inhorn combines data collected through her interviews and observations with a history of IVF within the context of the Middle East and abroad. Not only is this helpful for readers who are unfamiliar with the procedure or history, but it also exposes the local and global political, economic, religious, and social forces that have ultimately shaped IVF in Dubai and patients’ decisions to travel. The opening chapter outlines Inhorn’s arguments and introduces the audience to a “reprolexicon,” some of which is “inspired by the work of important globalization theories in anthropology” while “other terms are original, designed to capture the dynamics, directionality, subjectivities, and affect associated with reprotravel” (p. 20). Chapter 1 analyzes the factors that have attracted patients to Dubai for IVF, which is often considered to be “medically cosmopolitan” in comparison to their home countries. Chapter 2 examines what is missing from patients’ home countries in terms

of IVF services and also highlights financial hardships that they must bear in order to afford this costly procedure in Dubai. Chapter 3 gives attention to legal and religious restrictions surrounding IVF and reproduction that have caused patients’ to seek IVF services at Conceive. Chapter 4 discusses the risks involved in having IVF done in poorly resourced facilities in patients’ home countries that may lack safety standards or providers with proper training, which may have prompted them to search for care abroad.

*Cosmopolitan Conceptions* offers a fresh and much needed perspective on global infertility. The firsthand accounts of infertile couples that Inhorn includes at length are gripping and bring humanity back to the center of this medical and social issue. These accounts underscore the need for broader discussions about global infertility among the medical and academic communities as well as governments and the public. This book is a crucial read for those interested in the politics of reproduction, parenthood, kinship, globalization, the use of technologies, modernization, and the Middle East. Inhorn gives careful attention to the complex relationships and networks between people, cultural forces, and institutions that informs patients’ decisions to travel to Dubai for IVF. Inhorn has created a provocative account of infertile couples’ quests for a child, which not only contributes to scholarly discussions, but also to public debates about infertility and treatment and the global movement of knowledge and technologies.

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