

Surrogate Motherhood and American Kinship

Helena Ragoné

At the bright center is the individual. And radiating out from him or her is the family, the essential unit of closeness and of love. For it's the family that communicates to our children, to the twenty-first century, our culture, our religious faith, our traditions and history. — George Bush, Republican presidential nomination acceptance speech, 1989

Beginning with the earliest theorists such as Lewis Henry Morgan, Emile Durkheim, and Alfred Radcliffe-Brown and continuing with the work of contemporary theorists such as David Schneider, Marilyn Strathern, Jane Collier, Rayna Rapp, and Sylvia Yanagisako, kinship theory has been considered one of the principal areas of study in anthropology. Nevertheless, precise definitions as to what constitutes kinship have been hotly contested throughout the history of the discipline. In view of surrogate motherhood and other medical advances in the area of assisted reproduction, changes in kinship ideology were declared by some to be inevitable,¹ yet in spite of these advances, the central symbols of American kinship ideology have remained unchanged. Assisted reproduction and surrogate motherhood, in particular, introduce numerous questions and issues about the meaning of kinship for participants. As we have seen, programs, surrogates, and couples highlight those aspects of surrogacy that are most consistent with American kinship ideology, deemphasizing those aspects that are not congruent with this ideology. Thus, although the means of achieving relatedness may have changed, the rigorous emphasis on the family and on the biogenetic

basis of American kinship remains essentially unchanged.

It can be said, then, that surrogate motherhood is consistent with American kinship ideology in the sense that biogenetic relatedness is achieved (for the father) and that the birth of the child transforms the couple into a family. But although biogenetic relatedness is one of the most important aspects of the surrogate arrangement and is its goal, biogenetic relatedness must be deemphasized during the insemination process and throughout the pregnancy in order to highlight, or place in the foreground, those elements of the relationship that are held to be consonant with American kinship ideology and with "traditional" reproduction. In the interest of achieving these goals, motherhood is reconceptualized as being composed of two separable components: social motherhood and biological motherhood. Social motherhood is, in this configuration, defined as comprising intentionality, choice, and nurturance² and is regarded as more important than biological motherhood. This view serves two important functions. First, it deemphasizes the blood tie between the surrogate and the child; and second, it deemphasizes the surrogate's tie to the father vis-à-vis the child. Thus the trad-

itional symbol of unity between the surrogate and the father, created by the child, is circumvented, along with any lingering (if unfounded) connotations of adultery. As we will see, once the child is born and the relationship between the couple and surrogate is effectively terminated, certain elements of the kinship system are permitted to reassert themselves. This can happen only after those kinship elements (e.g., the primacy of the father/child blood tie and the symbolic unity of the couple as it is expressed through or represented by the child) no longer pose a threat to the relationship between the couple and surrogate. As the following analysis will reveal, surrogate motherhood, in spite of its potentially disruptive elements, is being accommodated by the participants under the rubric of preexisting kinship structures and ideology.

Historically there have been three profound shifts in the Western conceptualization of the categories of conception, reproduction, and parenthood. The first shift occurred in response to the separation of intercourse from reproduction through birth control (Snowden, Mitchell, and Snowden 1983); Andrews suggested that this change might have paved the way for surrogacy in the 1980s (1984:xiii). The second shift occurred in response to the fragmentation of the unity of reproduction wherein it has become possible for pregnancy to occur without necessarily having been "preceded by sexual intercourse" (Snowden, Mitchell, and Snowden 1983:5). The third shift occurred in response to further advances in reproductive medicine wherein the "organic unity of fetus and mother can no longer be assumed" (Martin 1987:20). Not until the emergence of reproductive medicine did the fragmentation of motherhood become a possibility; and now, what was once the "single figure of the mother is dispersed among several potential figures, as the functions of maternal procreation - aspects of her physical parenthood - become dispersed" (Strathern 1991:32).

With the advent of gestational surrogacy, surrogate motherhood, however, not only separates reproduction from sexual intercourse, but it also separates motherhood from pregnancy, creating three discernible categories of motherhood where there was previously only one. These three categories created by surro-

gacy are (1) the biological mother, the woman who contributes the ovum (the woman whom we have traditionally assumed to be the "real mother"); (2) the gestational mother, the woman who gestates the embryo but bears no genetic relationship to the child; and (3) the social mother, the woman who nurtures the child.

Two of these categories can be readily accounted for in American kinship ideology: The biological mother occupies a position similar to that of a woman who places her child up for adoption, although the intentionality is clearly different in each case. A surrogate intentionally conceives a child for the purpose of surrendering that child to its biological father and his wife; she thus creates a "wanted child," who is, however, wanted by someone other than herself. The social mother is similar to an adoptive mother in that her relationship to the child exists not in nature, but in law alone (Schneider 1968). However, the intentionality of the participants makes social motherhood, in the case of surrogacy, different from adoption in that the child is fathered by the adoptive mother's husband during their current relationship, not in a prior relationship, as in the case of a stepchild.

The gestational mother's position is less clear, for her relationship to the child does not occur strictly either in nature or in law, that is, it is neither "code for conduct" nor "substance" (Schneider 1968), at least as that relationship has tended to be defined. How then is the gestational mother to be accounted for? Should a gestational surrogate's maternal rights be "modeled on the law of paternity, where proof of genetic parentage establishes... parentage, or... on the nine month experience of pregnancy as establishing the preponderant interest of... parentage" (Hull 1990:152)?

Some theorists have advanced the argument that the definition of biological motherhood might well be expanded to include the entire process of pregnancy because, they argue, the fetus would not be able to develop or survive without the womb provided by the gestational mother. The authors of both the Glover and the Warnock reports are of the opinion that the gestational mother has a "biological link" to the child (Glover 1990; Warnock 1984). It should be noted, however, that the decision to

place gestational surrogacy within the realm of "nature," as both the Glover and the Warnock reports do, runs counter to the logic of the motivations expressed by women who choose gestational surrogacy over traditional surrogacy – to carry a child that is "not related" to her – as well as the intentionality of the commissioning couples. It should be added that to call a gestational surrogate, a woman who bears no genetic relationship to the child, the "mother" contradicts the importance of the blood tie as articulated in Euro-American kinship ideology. Gestation, once a biological given, has, in view of the changes wrought by reproductive technologies, become "culturally ambiguous" (Strathern 1992:27), but whether Euro-American cultural definitions of biogenetic relatedness will be modified by the phenomenon of gestational surrogacy remains unclear. Will those definitions, in the British case, come to emphasize biological relatedness rather than biogenetic relatedness so as to account for the fact that the gestational surrogate provides the physiological/biological environment for the embryo/fetus/child, as the Warnock report has attempted to do? Will the issue be circumvented in the United States through an emphasis on the genetic component of parenthood, characterizing the gestational surrogate as the vessel through which another couple's child is born, as is currently the case among gestational surrogates and commissioning couples?³

Both Britain's Warnock Report and the Australian Waller Committee concluded that "when a child is born to a woman following donation of another's egg the woman giving birth should, for all purposes, be regarded in law as the mother of that child" (Shalev 1989:117). For some theorists, the question posed by this decision is why the law should be differentially applied to a gestational surrogate when a sperm donor, for example, bears neither legal rights nor legal duties toward the child and is not regarded as the father of that child (Shalev 1989:117).⁴

The New Jersey Supreme Court's (NJSC) decision concerning the Baby M case illustrates some of the problems inherent not only with surrogate motherhood but with the surrogate contract as well. For example, although the court awarded custody to the father (William

Stern), it also awarded the surrogate, the biological mother (Mary Beth Whitehead), visitation rights. That decision relied upon the basic tenets of American kinship, namely, the enduring solidarity created by the blood tie, rather than upon the original intentionality of the parties or on the terms of their contractual agreement.⁵ Legal decisions surrounding surrogate motherhood have as a general rule tended to mirror kinship ideology, as the Baby M case demonstrates. The contract was, however, declared "unenforceable" since the court reasoned that a woman could not make a binding pre-birth contract because she would not know how she felt until after the birth. Some legal experts concluded that the decision was a biologically deterministic one, that the "refusal to acknowledge the legal validity of surrogacy agreements implies that women are not competent, by virtue of their biological sex, to act as rational moral agents regarding their reproductive actions" (Shalev 1989:11).

The decision of the NJSC to give the surrogate visitation rights is understood by some to be a reiteration of essentialist ideas about gender: "The biological argument, thus perverted, has been so compelling, so strong, and so oppressive to women for so long, that feminists should invoke it (if at all) only with supreme caution, and with total consciousness of its cultural history, and therefore, of its potential consequences. Otherwise, the danger that the argument may be turned against them is obvious and grave" (Dolgin 1990:103).

Furthermore, it can be reasoned that the law contradicts itself when it states that a sperm donor can legally decide to disavow any moral, legal, or social rights to a fetus before its birth but a surrogate cannot do the same (Shalev 1989). It is important to bear in mind that one of the principal reasons the surrogate solution is chosen by the commissioning couples is precisely that it provides a partial biogenetic remedy (in the case of traditional surrogacy) or a complete biogenetic remedy to childlessness (in the case of gestational surrogacy).

In June 1993, the California Supreme Court upheld the decisions of both the lower court and the court of appeals with respect to the surrogate contract. In *Anna Johnson v. Mark and Crispina Calvert*, Case #SO 23721, the

supreme court ruled that gestational surrogacy contracts are enforceable and not at odds with prevailing public policy. Specifically, Justice Edward Penelli wrote: "It is not the role of the judiciary to inhibit the use of reproductive technology when the Legislature has not seen fit to do so. Any such effort would raise serious questions in light of the fundamental nature of the rights of procreation and privacy."

This dispersing, or fragmentation, of motherhood as a by-product of reproductive technologies has resulted in the "claims of one kind of biological mother against other kinds of biological and nonbiological mothers" (Strathern 1991:32). In the California case cited, the gestational surrogate and the commissioning couple both filed custody suits. Under California law, both of the women could, however, claim maternal rights: Johnson, by virtue of being the woman who gave birth to the child; and Calvert, who donated the ovum, because she is the child's genetic mother. In rendering their decision, however, the court in a sense circumvented this issue of relatedness and focused instead upon the intent of the parties as the ultimate and decisive factor in determining parenthood. In addition the court concluded that compensation to the surrogate is understood not as the NJSC ruled – as baby selling or selling the rights to her child – but rather as payment for her services, for gestation and labor, not for relinquishing her parental rights. As we will see, the issue of intent, specifically, the intentionality of the participants, is of fundamental significance to them. There is little doubt that the California Supreme Court's decision will have far-reaching implications for commercial surrogate motherhood in the United States.⁶

The fact that the surrogate allows herself to be intentionally inseminated for the purpose of conceiving, bearing, and parting with a child calls for a reevaluation of biologically deterministic models, which have tended to inform cultural definitions and expectations about the perceived bond between mother and fetus and mother and child. Surrogate motherhood thus calls for a reconsideration of the inviolability of the chain of events between marriage, procreation, and motherhood.⁷

What follows is an analysis of the strategies utilized by both couples and surrogates to em-

phasize those aspects of surrogate motherhood that are most consistent with American kinship ideology, notably, the importance of family, biogenetic relatedness, and nurturance. I will also analyze the ways that the couples and surrogates skirt those aspects that depart from the basic tenets, in particular, how participants in the surrogate mother process have attempted to modify definitions of family, kinship, and relatedness in order to resolve the numerous tensions and ambiguities created by surrogacy within the context of the American kinship system. Included for the purposes of comparison is a longitudinal British study, covering the years from 1940 to 1980, of couples choosing donor insemination, or DI (where the semen of a man other than the husband is used for insemination), a process that poses many of the same dilemmas experienced by participants in the surrogacy arrangement. DI places the husband, who is not the child's biological father, in the same structural position as surrogacy places the wife and is thus the closest available parallel to surrogacy.⁸

Surrogate Motherhood and Donor Insemination

Surrogacy and DI pose several dilemmas for the participants in that both require that a married couple who would under "traditional" circumstances procreate on their own behalf (within their relationship) go outside of their marriage and enlist the services of a third party in order to conceive a child. Both methods are invoked because of the infertility of one partner. In surrogacy arrangements the couple employs the services of a woman to whom they usually bear no relationship in order to conceive a child who will be biologically related to the husband. Couples who choose surrogacy and couples who choose DI offer the same explanation for their choice: to have a child who is genetically related to at least one member of the couple (their other choices being to remain childless or to adopt a child who bears no genetic relationship to either of them). This motivation mirrors the emphasis on the primacy and importance of the blood tie in Euro-American kinship. However, third-party reproduction and the genetic inequity of the arrangement (the fact that only one of them

will be genetically linked to the child) require that various strategies be devised to correct for the perceived imbalance in the relationship.

Initially, as we have seen, many husbands view surrogacy as undesirable and express instead a preference for continuing to pursue infertility treatments or adopting a child. They feel that adoption (in which the child is not genetically related to either wife or husband) will allow them to "start out equally." DI wives are similarly aware that their husbands "might have reason to feel excluded and jealous" (Snowden, Mitchell, and Snowden 1983:85). Husbands involved in surrogate arrangements and wives involved in DI are thus cognizant of the inequity of a relationship in which one partner will be considered the "real," that is, the biological, parent whereas the other partner will be considered a parent in law only, not in both nature and law.

DI couples and surrogate couples employ various strategies to remedy these problems. If one considers the widely held belief that a married couple without children "does not quite make a family" (Schneider 1968:33) and the belief that having children is a "natural and normal thing to do" (Snowden, Mitchell, and Snowden 1983:126), it is not, in the final analysis, difficult to understand what motivates infertile couples to stretch the limits of Euro-American kinship in order to have a child. What unites these couples and solidifies their marriage is their quest for a child.⁹

Some researchers have concluded that "couples without children. ...are likely to have unsatisfied needs for giving and receiving affection and for making enduring relationships" (Tizard 1977:2). Thus, even though surrogacy and donor insemination may be regarded as being at symbolic and structural odds with traditional reproduction, the very fact of their childlessness has already made these couples feel "inadequate and stigmatized" (Snowden, Mitchell, and Snowden 1983:125; Miall 1985; Lasker and Borg 1987; Sandelowski and Jones 1986); therefore they are ready to employ nontraditional methods to attain traditional ends. The importance of being able to have children in the lives of these couples is illustrated by the degree of adversity they undergo, first in response to their infertility and childlessness, and later

because of their willingness to partake of and grapple with the stigma associated with assisted reproduction.

The definition of a family as two adults with a child or children remains a "powerful normative influence, despite the increasing prevalence of alternative life choices" (Kuchner and Porcino 1988:262). With DI, the stigma is specifically associated with the need to employ an extramarital solution in order to acquire donor semen, which casts doubt upon the husband's "manhood" (Snowden, Mitchell, and Snowden 1983:128). There has long been an association between male infertility and impotence, though the two are not necessarily linked (Humphrey and Humphrey 1988). Sex-role stereotyping, which assigns to males the role of "initiators," thus defining infertile men as "powerless" or passive, and as unable to undertake successfully that which is considered "appropriate masculine behavior" (Snowden, Mitchell, and Snowden 1983:132), exacerbates the situation. The lack of medical knowledge and effective treatment programs (Snowden, Mitchell, and Snowden 1983:121) further contributes to the stigma attaching to male infertility. Although sex-role stereotyping may heighten the stigma associated with male infertility, it may also lessen the stigma associated with female infertility in that the characteristics associated with infertility, such as powerlessness, are more readily considered part of the spectrum of "appropriate feminine behavior" (Snowden, Mitchell, and Snowden 1983:142). This theory is supported in part by the fact that many women with infertile husbands who participate in DI allow others to believe that it is they rather than their husbands who are infertile (Snowden, Mitchell, and Snowden 1983:132). This is a protective strategy to shield men from potential embarrassment or ridicule. Perhaps even more important, it is also a means by which the wife compensates for the fact that the resultant child will be biologically related to her and not to her husband. In addition, when a DI wife feigns infertility, she is aware that any stigma associated with her infertility will be removed once she becomes pregnant, that her infertility can thus be understood as a transient form of infertility, whereas his would not be so understood.

The medical profession as well often routinely shifts the onus of infertility onto the wife, as revealed in an American Medical Association (AMA) statement to the 1979 Ethics Advisory Board to the Department of Health, Education, and Welfare: DI was described as a procedure that "enabled women to bear children and overcome natural impediments to conception and frustration of a basic biological drive" (as quoted in Shalev 1989:107). That statement quite clearly resorts to biologically deterministic and gender-specific ideas, as no mention is made of the fact that DI also allows an infertile man to become a father, albeit a social one. Throughout the history of donor insemination, physicians have paid particular attention to the "psychology of the childless woman," reasoning that a woman's "full psychic role hinged on motherhood, whereas a man's reproductive propensity was secondary to other spheres of social activity" (Shalev 1989:66-67).

For couples who participate in the surrogacy process, the husband's "manhood" is not in question since he is not infertile; it is the wife who bears the brunt of the infertility stigma. It appears that the pain these women experience is related to feelings of inadequacy, loss, and guilt - of not being able to, as several women expressed it, "give my husband a child," which again is understood to result from the cultural significance of children in the Euro-American definition of family. Interestingly enough, the feelings expressed by English men who have been diagnosed as infertile are not dissimilar to the feelings expressed by American women who have been diagnosed as infertile; for example, one infertile man stated that he felt "incomplete" (Snowden, Mitchell, and Snowden 1983:135).

But there is another dimension of infertility that affects women and men differentially not only on a personal level but also on a social and economic one. The director of the Allen program, a psychologist with a practice primarily composed of infertile couples, reported that infertility and the prospect of childlessness affected men and women differentially, with women experiencing a greater degree of psychological difficulty. In one study of couples experiencing infertility, 50 percent of the women and 15 percent of the men viewed

their infertility as the most stressful of life experiences (Freeman et al. 1985). The Allen director attributed this difference to the widely held belief that a man's self-image is more closely related to his career, and also that he derives more satisfaction from his career than does a woman. The Allen director viewed this as resulting from biological differences between women and men, namely, the importance of pregnancy and birth in a woman's life cycle. Her theory, like many of the theories that assess the differential impact of infertility on women and men, resorts to biologically deterministic models and tends to give short shrift to the social, cultural, and economic factors that affect the ways in which women and men come to define themselves.

Although there are in fact real differences in the effect that infertility produces on women and men (the subject is beyond the scope of this study), there is no doubt that the importance of children for both DI couples and couples choosing surrogacy can be understood to unite them in a profound way (although the wife's pain is often emphasized, quite likely because it is considered more culturally appropriate to the female role). The following quotations have been excerpted from letters written by couples choosing surrogacy to their state legislature in response to a then-pending bill to criminalize commercial surrogacy:

Dear Legislature:

As the male half of an infertile couple, I can testify to the misery and anguish that not being able to bear a child in the conventional way brings.

In a short letter such as this, it's not possible to demonstrate the pain and suffering that infertility causes. Words can't describe the feelings you have when you see the most important person in your life, your wife, break down and cry at the sight of a pregnant woman. Worse yet, to be awakened from a deep sleep by the crying of your spouse, because she feels that she has failed you by not providing the most essential and basic of human needs - a child. (Husband with an infertile wife, 1989)

Dear Legislature:

As an infertile woman the pain, suffering, and anguish I have suffered over the years has been

almost unbearable. Everyone around me has babies, all my friends, all my relatives and I can't have one. Every aspect of life resolves around babies, whether I am watching TV, reading magazines, books, walking down the street; everything and everywhere I am reminded that I cannot do the most natural thing, bear a child. The cruelty of the situation has at times almost destroyed me.

Last year for the very first time I found hope. With an IVF surrogate I could have a biological child of my own. The joy this has brought me is indescribable. With the help of a surrogate I could at last give my husband what he rightfully deserves, a biological baby of our own. (Infertile woman, 1989)

Dear Legislature:

Take a moment and think of the things you value most. For most of us our family comes close to the top of this list. Infertile couples know the emptiness and pain of a life without a family of their own. (Infertile couple, 1989)

Dear Legislature:

Please don't deny us our biological lineage. Surrogate parenting is our only hope to preserve it. We are law-abiding citizens and all we want is the opportunity to have a baby. If we are unable to conceive a biological child, thousands of years of family evolution and lineage will end. It's not fair to deny us this most fundamental and essential need.

Also please don't deny surrogate mothers the opportunity to give the ultimate gift. Life.

Yes, the alternative is adoption. And yes, we will take advantage of this wonderful possibility. It's just that the very core of our existence is tied up in having a biological child. Please don't deny us this chance. (Infertile couple, 1989)

Children, of course, also represent different things to different individuals; they may be viewed as a "public proclamation of sexual maturity," "family continuity," a way to resolve "issues of one's identity in relationship to parents," a way to have "someone to love who will love in return," as providing a "purpose for work and life," or as someone who will care for you later in life (Kuchner and Porcino 1988:262-263). For some couples the

need to bear a biological child is related to the desire to perpetuate their "biological lineage"; as we saw, one of these couples stated that without surrogacy "thousands of years of family evolution and lineage will end." The belief that the couple without children does not properly constitute a family is underscored by the statement that "infertile couples know the emptiness and pain of a life without a family of their own." Children are thus symbolically representative of the love and unity of a couple (Schneider 1968), and the quest to have children can be understood as these couples' effort to provide their marriage with the one crucial element that is perceived to be missing.

With DI, the social contradiction stems from the fact that the child has two fathers, and with surrogacy, the child has two mothers. DI fathers resolve this dilemma by "rationally concluding that the role of genitor is unimportant compared with that of the nurturing father" (Snowden, Mitchell, and Snowden 1983:141). These men thus stress the "social reality. ... and minimize the genetic reality" (Snowden, Mitchell, and Snowden 1983:141) and in this way emphasize the importance of nurture over nature. They also receive reinforcement for this position once the child begins (as it undoubtedly will) to exhibit certain mannerisms and characteristics identical with or similar to their own. This phenomenon prompted one – not unrepresentative – father to speculate that perhaps the child was after all his own biological child. As he expressed it, "I keep thinking perhaps he is mine" (Snowden, Mitchell, and Snowden 1983:141). It may in fact be less problematic for DI fathers to conclude that nurture is more important than biology since "whether men like to admit it or not," there "has always been. ... a certain degree of paternal uncertainty" (Caplan 1990:100).

Prior to the emergence of reproductive technologies, the "figure of the mother provided a natural model for the social construction of the 'natural' facts" (Strathern 1991:5). In the past, motherhood was always understood as a unified experience, combining social and biological aspects into one, unlike fatherhood, in which the father acquired a "double identity"; but with the separation of the social and biological elements, motherhood has, in the context of

surrogacy, also taken on this double identity (Strathern 1991:4-5). Surrogate motherhood thus produces the "maternal counterpart to the double identity of the father, certain in one mode and uncertain in another" (Strathern 1991:4).

Fathers, Surrogates, and Adoptive Mothers

Other parallels between surrogacy and DI, aside from the fact that both seek to remedy childlessness, include the fact that both arrangements transgress the "sexual norms of... society" in that a "child is being conceived outside the marriage bond and this carries with it connotations of adultery and illegitimacy" (Snowden, Mitchell, and Snowden 1983:127). IVF candidates often view surrogacy and donor insemination as problematic and undesirable because both methods introduce a third party, a "blood tie to a third person and, by implication, extra-marital sex," whereas IVF does not symbolically "separate having children from sex" (Modell 1989:134). Thus IVF couples are more likely to attempt adoption than to enlist the services of a surrogate or a sperm donor (Modell 1989:134). IVF leaves intact the "conventional experiences of pregnancy, birth and parenthood" (Modell 1989:134), and participants view IVF as "natural" in that the "pregnancy and birth [are] themselves natural processes... comparable to traditional reproduction" (Sandelowski 1991:38). IVF is understood by the participants as a reproductive technology that falls safely "within the boundaries of natural conception" (Sandelowski 1991:39). The association of surrogate motherhood with adultery is illustrated by one Brookside program surrogate's comment: "The general public think I went to bed with the father; people consider this adultery because of lack of knowledge. The public needs to be educated" (*San Diego Tribune*, 1986).

[S]tudies on surrogate motherhood have for the most part tended to characterize the couples' motivations as fairly straightforward: to have a child that is biologically related to at least one member of the couple (Glover 1990). Although genetic relatedness is clearly one of the primary motivations for couples choosing surrogate motherhood, it is a simplification to assert this without also acknowledging the

extent to which surrogacy contradicts a number of cultural norms and taking note of the ensuing difficulties encountered by couples, not the least of which is that it involves procreation outside of marriage. Despite the simplicity of the initial motivation of the couple, the fact that this can only be achieved by employing the services of a woman other than the husband's wife raises a host of dilemmas. Fathers and adoptive mothers each develop different strategies to resolve the problems posed by surrogate motherhood. Their disparate concerns stem not only from the biogenetic relationship the father bears to the child and the adoptive mother's lack of such a relationship but also from the differential pressure of having to negotiate the landscape of this novel terrain. Wives and husbands who pursue a surrogate remedy to their childlessness must therefore resolve certain of the inherent tensions that the surrogate arrangement creates; and although they are each faced with different issues, the strategies of both are designed to deemphasize those aspects of the surrogate relationship that are at odds with the basic tenets of American kinship ideology.

For the father, the principal dilemma posed by surrogate motherhood is that a woman other than his wife will be the "mother" of his child. The following quotes by fathers illustrate the not inconsiderable amount of ambiguity created by surrogate motherhood. They also reveal the degree to which the programs' attempts sometimes fall short of their desired goals and objectives, if only temporarily, when those objectives collide with some of the central features of American kinship ideology. For example, Tom, who shared seventeen years of infertility with his wife and who was initially opposed to surrogacy, said:

Yes, the whole thing was at first rather strange. I thought to myself, here she [surrogate] is carrying my baby. Isn't she supposed to be my wife?

Ed, a forty-five-year-old professor who was initially concerned about the exploitation of surrogates by programs and couples, explained:

I felt weird about another woman carrying my child, but as we all got to know one another, it didn't seem weird; it seemed strangely comfortable after a while.

Richard, the software engineer who had wanted to find a surrogate that he and his wife would like as friends, said:

Seeing Jane [the surrogate] in him [his son], it's literally a part of herself she gave, that's fairly profound. I developed an appreciation of the magnitude of what she did and the inappropriateness of approaching this as a business relationship. It didn't seem like such a big thing initially for another woman to carry my baby, a little awkward in not knowing how to relate to her and not wanting to interfere with her relationship with her husband. But after Tommy was born I can see Jane in his appearance and I had a feeling it was a strange thing we did not to have a relationship with Jane. But it's wearing off and I'm not struck so much with [the idea that] I've got a piece of Jane here.

The concern and confusion of husbands are reflected in questions such as Tom's, "Isn't she supposed to be my wife?" Their ambivalence underscores the continued symbolic centrality of sexual intercourse and procreation in American kinship, both of which continue to symbolize unity and love (Schneider 1968). The father's relationship to the surrogate, although it is strictly noncoital, is altered by the fact that it produces what was always the product of a sexual union until the recent past, namely, a child. Feelings of "awkwardness" and very practical concerns over how to relate to both the surrogate and the surrogate's husband stem from the fact that the father/surrogate relationship may be considered a form of adultery by others. In one case, a father, James, when speaking about the surrogate's husband, expressed his confusion in the following manner:

I really empathize with Mark [the surrogate's husband]. I really don't understand how he could let his wife have another man's child. I know I couldn't. It's not just her [surrogate] you are affecting.

Richard expressed a similar feeling:

I felt...a little awkward in not...wanting to interfere with her relationship with her husband.

For some, the surrogate mother is understood less as a "substitute mother" than as a

"substitute spouse, who carries a child for a man whose wife is infertile" (Robertson 1990:157), and for others the surrogate serves the husband as a "symbolic sexual replacement" (Glover 1990:67). As we have seen, even though the connection between sexual intercourse and reproduction has been severed by technology, the two remain linked.

Although the relationship between the husband and the surrogate is devoid of romantic love and sexual intercourse, it nevertheless produces a child, and therefore that relationship collects those symbolic associations. As one father, Richard, when reflecting upon the surrogate's role, said:

I realize now that what Jane gave was a part of herself, that's fairly profound.

Thus the child serves as a point of connection between the surrogate and the husband in the same way it would normally provide a bridge between the wife and husband. Richard's statement reflects the enduring quality of the blood tie, a relationship that can never be severed in American kinship ideology because blood is "culturally defined as being an objective fact of nature" (Schneider 1968:24). It is therefore impossible for a person to have an ex-blood relative, an ex-mother, ex-father, or ex-sibling (Schneider 1968:24). Besides, of course, the fact that blood is understood as "a shared bodily substance," there is also the "connection between ideas of blood...and ideas of genes" (Strathern and Franklin 1993:20). Fathers cannot help but acknowledge this connection and comment upon it, and neither can surrogates and adoptive mothers (as we will see).

In addition to concerns about their relationship to the surrogate vis-à-vis the child, fathers are aware that the child produced from their surrogate union is biologically theirs and that their wives bear no such tie. The husband gains his inclusivity in the surrogate arrangement through his biological contribution: He is the genitor and the pater, but it is the surrogate, not his wife, who is the genetrix. As previously discussed, it is not uncommon for husbands to express concern over the possibility that their wives may feel "excluded" from this relationship. Thus surrogacy blurs, obscures, and in some sense redefines normative ideas about spousal relationships and their corresponding

boundaries because couples have chosen to seek an extra-conjugal solution to facilitate the conception of their child. On the one hand, the father must grapple with confusion about his relationship to their surrogate, and on the other, the adoptive mother must resolve her feelings of inadequacy connected with being infertile. She must also come to terms with the fact that unlike her husband and her surrogate, she shares no biological relationship to the child.

One of the primary strategies employed by couples and surrogates to address these concerns is to deemphasize the husband's relationship to the surrogate. That is because it is the surrogate/father relationship that raises the specter of adultery, or more accurately of temporary polyandry and temporary polygyny. Couples also downplay the significance of the father's biological link to the child. They focus instead upon the relationship or bond that develops between the adoptive mother and the surrogate mother, and this emphasis is facilitated in several ways. Surrogate and adoptive mother view each other's participation in the process and the ensuing bond that develops between them as central to the process.

As noted earlier, one of the most frequently stated motivations offered by women who are considering becoming surrogates is a desire to help an infertile woman have a child, and the relationship that develops between the surrogate and the adoptive mother in open programs is often very close. Surrogates commonly express what can be described as a woman-focused view, a view that they often elaborate upon in their descriptions of their relationship to the adoptive mothers. For example, one surrogate, Mary, whose adoptive mother gave her a heart-shaped necklace to commemorate the birth of the child, said:

I feel a sisterhood to all women of the world. I am doing this for her, looking to see her holding the baby.

Celeste, who compared herself and other surrogates to "people who want to climb Mt. Everest," said:

The whole miracle of birth would be lost if she [the adoptive mother] wasn't there. If women don't experience birth or their children being born, they would be alienated and would be breeders.

These quotes reveal a strong belief on the part of surrogates that their primary and very crucial task is to provide an infertile woman with a child. The adoptive mother and father of the child attempt to resolve the inherent tensions created by surrogacy, in particular, the extent to which it rearranges boundaries, sometimes blurring boundaries between pregnancy and motherhood, genetic relatedness and affectional bonds. Meanwhile, the surrogate's role in achieving these goals is, as we have seen, essential.

From the perspective of both the surrogate and the adoptive mother, it is the surrogate's procreative role and the relationship that develops between surrogate and adoptive mother that make the surrogacy arrangement "special." Women, surrogates reason, would be "alienated" if their role in reproduction and the surrogacy process were viewed as secondary to the procreative role of the father; in such a situation, women would be reduced to "breeders" and motherhood rendered profane. This position mirrors and provides a response to anti-surrogacy theories, which tend to view surrogate motherhood and the other forms of commodification of life as creating a class of breeders. By focusing upon her relationship to the adoptive mother, in particular, to the idea that she is giving the adoptive mother a child, the surrogate shifts the emphasis away from her relationship to the father vis-à-vis the child and from the perception that she will be "giving the baby away." Her relationship with the adoptive mother places the surrogate's actions in a more socially acceptable light. It is interesting to note that this bond reestablishes the unity of the experience of birth by joining or uniting the two women in their efforts and purpose.

Reproduction is characterized by both surrogates and adoptive mothers as "women's business." An additional reason that both the surrogate and the adoptive mother focus on reproduction as the domain of women is that their relationship serves to deemphasize the technological or impersonal elements of surrogacy while highlighting the human element; it also provides a counterpoint to the belief that surrogate motherhood creates in surrogates a sense of alienation from their own bodies, their own pregnancies, and the children they

produce. The symbiotic terms used by both surrogates and adoptive mothers to refer to their relationship are of particular interest. Here again, just as motherhood is described by surrogates and adoptive mothers as being composed of two roles or parts, social and biological, a sense of self or identity is here represented as also able to be shared. As one adoptive mother, Lucy, a nurse, expressed the relationship:

She [the surrogate] represented that part of me that couldn't have a child.

Celeste, a surrogate, summed up the feeling shared by many surrogates when she stated:

She [the adoptive mother] was emotionally pregnant and *I was just physically pregnant.* [Emphasis mine]

One surrogate described her adoptive mother as being "every bit as pregnant as I was," conveying the sense of shared pregnancy or pregnancy by proxy. Thus pregnancy, like motherhood, is redefined as composed of parts or elements that can be separated and shared by women. When pregnancy and birth are defined as women's business, the father's role is intentionally demoted to a secondary position in the relational triangle. In the interest of assisting this process, the surrogate consistently devalues her own biological contribution and link to the child. In this way, participants focus upon the folk theory of reproduction, which is made possible by the fact that even though in the realm of scientific knowledge, women are acknowledged to be co-creators, "in Europe and America, the knowledge that women are...co-creators... has not been encompassed symbolically. Symbols change slowly and the two levels of discourse are hardly ever brought into conjunction" (Delaney 1986:509). In the "dominant folk theory of procreation in the West," paternity in particular has been defined as the "power to create and engender life" (Delaney 1986:510), whereas maternity has come to mean "giving nurturance and giving birth" (Delaney 1986:495). Surrogates therefore emphasize the importance of nurturance and consistently define that aspect of motherhood as a choice that one can either elect to make or elect not to make. The emphasis on nurturance is readily embraced by the surrogate and adoptive

mother since "one of the central notions in the modern American construct of the family is that of nurturance" (Collier, Rosaldo, and Yanagisako 1982:34).

One of the most pronounced differences between DI and surrogacy is that DI allows the wife to experience pregnancy while also allowing her husband to be involved in the process from the moment of conception, whereas with surrogacy it is the surrogate who experiences the pregnancy firsthand in that she is "genetically, physically, psychologically and socially involved in the creation and development of the growing child in a way that no male semen donor ever is" (Snowden, Mitchell, and Snowden 1983:17). [S]urrogates dismiss or devalue their own biological contribution in order to emphasize the importance of the social, or the nurturant, role played by the adoptive mother. The desire and ability of surrogates and adoptive mother to separate social motherhood from biological motherhood is understood to be a reworking of the nature/culture dichotomy.

One of the primary strategies employed by the adoptive mother in order to resolve her lack of genetic relatedness to the child is her use of the idea of intentionality. One adoptive mother (Cybil, who is quoted below) described it as conception in the heart, that is, the belief that in the final analysis it was her desire to have a child that brought the surrogate arrangement into being and therefore produced a child. Since the adoptive mother is incapable of giving biological birth, both the adoptive mother and the surrogate focus not on biological relatedness, not on biological birth, and not on the scientific model of women as co-creators, but rather on the idea of intentionality. This position is reinforced by adoptive mothers, as the following quote from Cybil, a full-time mother, reveals:

Ann is my baby, she was conceived in my heart before she was conceived in Lisa's body.

By saying that the child was "conceived in my heart," the adoptive mother was focusing upon her own mythical conception of the child rather than the genetrix role played by the surrogate, reasoning that her role took precedence over the surrogate's genetrix role since it was her desire for a child that facilitated

the surrogate's pregnancy. Motherhood is thus redefined as an important social role in order to avoid the problematic aspect of the surrogate's biogenetic relationship to the child and the adoptive mother's lack of such a link.

The adoptive mother's position is strengthened by the surrogate who dissociates herself from her pregnancy and from the child by echoing her sentiments, for example, "If it wasn't for this couple, I wouldn't be pregnant," or "It's their baby," or "She was every bit as pregnant as I was." By focusing on the mythical conception or on the amount of love they are able to bestow upon the child, adoptive mothers are able to view their participation in the process as essential. The words of an adoptive mother, Susan, illustrate this belief that the child was created by love:

Someday my unborn child will know that he or she was created from the very special love of three people.

This idea of intentionality or "choice" is of great importance to surrogates, whose use of the term suggests that they may have been influenced by feminist arguments that a woman has the right to choose what to do with her body, in particular, to make her own decisions with respect to sexual relations, birth control, or abortion. In any case, surrogates believe that motherhood is composed of two separable components: the biological process, conception, pregnancy, and delivery; and the social process, intentionality, love, and nurturance. They reason that a woman can choose to nurture, that is, to accept the role of social mother, or can reject that role. The surrogate's reasons for articulating this are twofold: This emphasis on social mothering helps the adoptive mother in that it allows her to fully experience her mythical conception and her pseudo-pregnancy; and it benefits the surrogate by eliminating any suggestion of illegitimacy and adultery and in this way normalizes the situation from her perspective as well. When we consider that the surrogate is conceiving a child for another couple, outside of her own marriage, we can see that a surrogate's efforts to deny that the child is hers cast her actions in a less stigmatizing light for herself, her husband, and her family. In addition, the surrogate is

being paid by the couple to forfeit the child; it would be at odds with the goal of making the experience a positive and fulfilling one for the couple if she were to call attention to her biological relationship to the child or to emphasize her bond with the father. The decision on the part of the surrogate to intentionally conceive a child that she will not mother is, in American culture, anathema to cultural definitions of motherhood. However, by focusing on nurturance as a choice, surrogates and adoptive mothers highlight one of the most acceptable and central cultural embodiments of motherhood and thus shift the focus away from the anomalous quality of the surrogate's actions, her decision to "give her baby away." Surrogates go to great lengths to define nurturance and to highlight its importance, as illustrated by their pronouncements about the specialness of the children they are creating.¹⁰

The bond that develops between the surrogate and the adoptive mother is necessary for two reasons: It merges the adoptive mother and surrogate into one in order to maintain the unity of experience (or erase boundaries), and it also establishes and maintains boundaries as needed between the surrogate and the father. The majority of surrogates are married (85 percent), as are the majority of couples who engage the services of a surrogate (98 percent). Thus, if the surrogate were to focus her affections and attention on the father rather than the wife, thereby forming a primary attachment and bond with him, she would threaten not only her own marriage but also the couple's marriage. The surrogate therefore focuses upon the adoptive mother and the adoptive mother focuses upon the surrogate in order to avert this potential problem by anticipating and circumventing it. What surrogates, couples, and programs attempt to create is a new sense of order and appropriate relations and boundaries by directing their attention to the sanctity of motherhood as illustrated by the surrogate and adoptive mother bond. Celeste, a surrogate, expressed this idea of shared motherhood and the special relational bond it creates:

Mother's Day is going to be special to both of us, we are kind of like sisters.

The way in which surrogates and adoptive mothers interact can also be seen as an extension

of women's roles as the sustainers of social connections, since traditionally "women... maintain the primary bonds with relatives" (Farber 1971:74; Di Leonardi 1987).

Once the adoptive mother and surrogate have bonded with each other, forming an emotional attachment, two things are accomplished. First, the focus of the relational triangle is shifted away from the surrogate and the father and onto the adoptive mother's new role as someone who is experiencing what I call a "pseudo-pregnancy." This pseudo-pregnancy also allows the adoptive mother to begin to bond with the child while it is in utero. The idea of a pseudo-pregnancy is reinforced by her attendance at doctor's appointments, obstetrical exams, checkups, birthing classes, and related appointments. (It should be noted that although the pseudo-pregnancy usually remains just that, a role-playing imaginary construct, it can lead to difficulties such as those described in the case of the adoptive mother who was simulating her own pregnancy, with plans to allow others to believe that the child was her own biological child.) The pseudo-pregnancy of the adoptive mother thus affords her access into the dyad between her husband and the surrogate not only by transforming the dyad into a triad but also by designating the adoptive mother as the central player.

Although the adoptive mother's pseudo-pregnancy and emotional conception of the child results in many personal rewards for her, it also serves to obscure any lingering connotations of adultery and illegitimacy. Besides fulfilling the adoptive mother's needs to feel included in the triad, the pseudo-pregnancy provides her husband an opportunity to return his focus to his wife's role (as wife and mother). This minimizes for him the confusion created by the fact that the surrogate is carrying his child and is literally "the mother of his child." The child, of course, remains a symbol of unity, a reminder of the husband's and surrogate's noncoital, yet reproductive, union.

The adoptive mother's entry into the dyad through emotionality and role-playing serves to normalize the relationship and to neutralize any remaining ambivalence created by the surrogacy arrangement. Her role thus mitigates the confusion or fear that her husband may be experiencing. It also serves to lessen the cen-

trality and importance of his biological contribution and his biological link to their surrogate vis-à-vis the child. When Cybil, an adoptive mother, said, for example, "Ann is my baby, she was conceived in my heart before she was conceived in Lisa's [the surrogate's] body," she was reiterating and emphasizing the importance of the child's emotional conception. Without that conception (or desire for a child), there would in fact be no child: thus the emphasis placed upon its being a "wanted child." In this sense, the husband's role is a biological/genetic one and the adoptive mother's role is an emotional one. Although I do not intend to suggest that there is no emotional attachment on the father's part, it should be noted that his emotionality originates in and is predicated upon his biological role and contribution. Just as the adoptive mother views the child as the product of her emotional conception, the surrogate focuses upon the adoptive mother's desire for the child so that although the adoptive mother's husband may have facilitated the creation of the child, his role is reduced to that of a secondary figure, a situation that is less threatening and more comfortable for all parties concerned.

All the participants in the surrogate motherhood arrangement deemphasize the importance of biological relatedness as it pertains to women and emphasize motherhood as nurturance so that the adoptive mother's inability to give birth, or her inability to become a genatrix, to become both wife and mother, is made to seem insignificant. The adoptive mother's situation is reformulated so that she is not only a wife in that she has a sexual relationship with her husband but she is also, through surrogacy, a mother because her desire for a child brought that child into existence and because she nurtures the child.

One case in which programs were unsuccessful in their attempts to restructure the bonds between participants offers an illustration of the sometimes tenuous nature of the surrogacy triad and the importance of maintaining the appropriate boundaries within it. One of the fathers interviewed said that he developed a closer relationship to their surrogate than did his wife.

In this case, the fact that the father believed he was closer than his wife to their surrogate

(though it should be noted his wife thought that she was closer to their surrogate) reveals what can occur when the adoptive mother is not firmly established as a central figure. During the course of the interview, Bruce, a thirty-eight-year-old real-estate broker, who considered surrogacy his "salvation," said:

I would be prepared to pay her [surrogate] another fee so that she would not have a child for someone else. It's something so special, to do it for one couple, and if she did it for another couple, she would be too much of a baby machine.

He then added:

You [interviewer] didn't ask me, but I wouldn't do it with another surrogate.

Bruce's description of his relationship to his surrogate could be characterized as spouselike in that he alluded to issues of fidelity and commitment. His willingness to pay his surrogate not to have a child for another infertile couple suggests that if she were to do so, he would consider her action a form of betrayal similar to adultery. The fact that Bruce would not wish to have a child with another surrogate implies a pledge of fidelity of the kind involved in a marriage vow, a pledge that he would like to take and have his surrogate take as well and for which he would be willing to remunerate her. He also appeared to suggest that his surrogate's reputation was somehow connected to his own when he said that if she were to have another child for a different couple, she would become "too much of a baby machine." Although surrogacy does in fact separate sexual intercourse from conception and pregnancy from motherhood, there remains, as Bruce's remarks suggest, the biological tie established between the father and the surrogate through the birth of the child.

For some adoptive mothers, however, the importance of the blood tie, with all of its attendant symbolic meanings, cannot be completely resolved through the mythic conception (pseudo-pregnancy) or through the reassuring knowledge that the child will know only the adoptive mother as its mother. One adoptive mother, Melissa, who was initially apprehensive, or "scared," about surrogacy and who had undergone four unsuccessful in vitro attempts, stated the problem in this way:

I think of him [child] as Joe's side of the family. I wish he had some traits of my family. I'll always feel that way.

The fact that Melissa is not able to see herself in the child although she is able to identify her husband's and his family's genetic "traits" in the child intensifies her feeling of exclusion and reminds her that she does not have a biogenetic tie to the child, that her relationship exists solely in law and not in both nature and in law, as it does for her husband. Thus, in spite of the emphasis placed by programs, couples, and surrogates on nurturance, the primacy of the blood relationship in American culture and the idea that it creates a "state of almost mystical commonality and identity" (Schneider 1968:25) remains a forceful influence.

Another adoptive mother, Karen, the executive who went to the library to research surrogacy, expressed her feelings this way:

There are times when I see my husband with him and I'm a little sad because they are carbon copies and I know he can't see me in him.

Although the motivation to pursue a surrogate solution to childlessness is always determined to an extent by the desire to attain biogenetic relatedness, in the final analysis, the attainment of that biogenetic link "simultaneously promotes the severance of that link for other individuals" (Overall 1987:150), most notably for the adoptive mother (and, with DI, for the adoptive father). The lingering and resurgent importance of that biogenetic link once the child has been born is illustrated by the following quote by Susan, an adoptive mother:

There are times, many times, I think who is this child? I still have moments, I flash on Betty [the surrogate], she is a significant part of Chris's [the child's] life.

Such statements reflect the belief that it is impossible for a blood relative, in this case, the surrogate, to become an ex-mother, in spite of the efforts of the programs to facilitate the demise of that relationship, and to alter the couple's and surrogate's perceptions about what relatedness means.

The ideal of having a child who is biologically related to both the wife and the husband, which

can be fully realized with gestational surrogacy, cannot be achieved with traditional surrogacy. It is theorized that when continued advances in IVF technology are translated into higher success rates, more couples (if physiologically capable) will select gestational surrogacy for the simple reason that it most closely approximates traditional reproduction without introducing any of the potentially sensitive problems that traditional surrogacy raises. In gestational surrogacy most of the elements of American kinship remain intact: IVF transforms the wife into the genetrix and the husband into the genitor and provides a child who is biologically related to both wife and husband and is thus a symbol of the couple's love and marriage bond.¹¹ Gestational surrogacy is similar to Insemination by Husband (IH) in that it does not challenge the underlying tenets of the biogenetic basis of American kinship ideology. The tendency of couples pursuing IVF to "incorporate conceptive technology within the boundaries of natural conception" (Sandelowski 1991:39) is accomplished by focusing not upon fertilization (which occurs in a petri dish and represents a departure from traditional reproduction) but rather upon the genetic and gestational components of IVF (Sandelowski 1991:38), which are consistent with traditional reproduction. As might have been expected, couples choosing gestational surrogacy emphasize their roles as genetrix and genitor; when asked if they consider the child theirs, they emphatically respond, "She is ours!"

Thus far, egg banks have been used primarily by women whose infertility is related to their inability to produce a viable ovum but who are nonetheless able to sustain a pregnancy. In 1991, I theorized that with the proliferation of "egg banks," some couples after initially considering traditional surrogacy would prefer to select an anonymous egg donor, not in the interest of equalizing the relationship between the husband and wife per se, but rather because it weakens the surrogate's claim to the child (Ragoné 1991), and as of 1994, directors report that this is occurring.

Because of the emphasis these couples place on having a child who is biologically related to at least one of them, it was initially perplexing to learn that less than 2 percent of couples choose to have a paternity test performed on

the child once it has been born (an option offered to all couples). According to the contract, the couple is not required to accept the child until a paternity test is performed – if requested – to verify that the child is in fact the husband's child. This degree of confidence is surprising in view of the fact that some paternal doubt is always present. Insemination is most often conducted in a physician's office, but some programs permit home insemination, which makes the process more susceptible to error, at least from a symbolic point of view, in that the formal setting and structure provided by the presence of a physician is removed. Additionally, in more practical terms, both the use of frozen semen and the practice of shipping fresh semen when the surrogate and father are separated by geographical distance introduce the possibility of mix-ups. Another and perhaps more important factor that introduces doubt is the possibility that the surrogate did not abstain from intercourse with her husband, as agreed upon in the contract. In one case, a paternity test was performed when a disabled child was born to the surrogate and a dispute arose over the discontinuation of life-sustaining treatments. The surrogate's husband was determined to be the father of the child, a material breach of the contract. Although errors such as these are not unheard of in the surrogate industry, they do not for the most part appear to cause undue concern for the couples. When asked about paternity testing, wives frequently respond in this fashion, "We knew she was ours from the minute we saw her," or "We decided that it really didn't matter; he was ours no matter what."

These statements, even though they may initially appear to contradict the stated purpose of pursuing a partial biogenetic solution to childlessness, can upon further study be understood to fulfill two important functions. From the wife's perspective, an element of doubt as to the child's paternity introduces a variable that equalizes the issue of relatedness. The husband, as we have seen, is aware that he has a decisive advantage over his wife as evident in the frequently expressed initial preference for adoption or continued infertility treatments; thus a slight element of doubt about the child's paternity redresses the imbalance from his perspective as well. However, biogenetic relatedness

remains a preoccupation with most couples, as seen in instances where a couple desires to have a second surrogate child: The norm is to reengage the services of the original surrogate if she is willing. The primary reason offered for this preference is that the child will have a full sibling, rather than the half-sibling that would be produced if another surrogate were selected. Surrogates frequently discuss their hopes that their couple will decide to have a second child so that they can give the child "a brother or sister." The surrogate's rationale in these cases is the same as that of the couple, to provide the family with genetic continuity. It should be noted that there are many more surrogates willing to have a second child for their couple than there are couples interested in having a second child. Most couples cite either age or financial constraints as obstacles to having a second child.

Because surrogacy is a relatively new phenomenon and little studied, its effects on children and the family are not known. There are, however, more extensive data on donor insemination and its effects upon the children produced thereby. Because of the close parallels between DI and surrogacy, some of these data may shed light on the future of surrogate children and their parents with respect to their personal relationships. Since a great deal of secrecy continues to surround the issue of DI, it is not surprising that according to the studies done on this subject, the majority of DI participants have not told their children about their origins (Snowden, Mitchell, and Snowden 1983). But in cases in which they have been told, DI children appeared to be "enjoying life and happy to be alive," knowing that they "owed their existence to AID [artificial insemination by donor]. They were pleased to feel that their parents had wanted a child so badly and that they were that child which fulfilled their parents' wishes" (Snowden, Mitchell, and Snowden 1983:98).

Furthermore, it was found that when DI children were informed of the circumstances of their origins, that knowledge, rather than damaging their relationship to their parents, appeared to enhance it (Snowden, Mitchell, and Snowden 1983:123). Nor was the experience of being told of their origins found to be "particularly traumatic" (Snowden, Mitchell,

and Snowden 1983:123). The reasons for this appear to be that, unlike adopted children, who must come to terms with having been "abandoned by their natural mother...an AID child is above all else, a wanted child and has no experience of rejection" (Snowden, Mitchell, and Snowden 1983:123).

Whether the same experience will hold true for surrogate children is presently unknown, although surrogate children share the experience of being "wanted" children and may therefore share in the positive feelings of DI children. However, unlike the surrogate child, the DI child has a biological mother who is also its social mother; whereas the surrogate child might be perceived as having lost her/his biological mother.

Although almost all of the couples who choose surrogacy and enroll in open programs anticipate informing their child of its origins, couples who select closed programs may not be so forthcoming. Studies on adopted children reveal that "adoptees have a healthy curiosity about their origins and a need for a full personal history in order to complete their sense of self" (Humphrey and Humphrey 1988:111). It has been shown that secrecy, in the case of DI, "whilst ostensibly being maintained for the sake of the child, is closely bound up with the concept of stigma" (Snowden, Mitchell, and Snowden 1983:121) and is "reminiscent of the practice followed by adoptive parents" (when parents do not tell a traditionally adopted child that he/she has been adopted) about which it has been concluded that "emotional energy spent on denial and concealment is better expended in facing and resolving the inherent problems" (Snowden, Mitchell, and Snowden 1983:147).

The authors of the DI study concluded that parents should be assisted with information about "how best to set about the practical task of telling their children in practical terms" (Snowden, Mitchell, and Snowden 1983:123) of their origins. In the open programs both couples and surrogates avail themselves of what is commonly referred to as the "broken tummy" theory to explain to their children their birth origins. Surrogates explain to their children that they are having a child for their couple because the adoptive mother's "tummy is broken" and that the baby belongs not to the

surrogate and her family but to the couple.¹² In turn, the couple is instructed to tell their child that its mother's tummy is broken and that that is why a surrogate had to give birth to him or her. Within the open surrogate programs, the broken tummy story has gained overwhelming acceptance by industry personnel, adoptive couples, and surrogates alike. Fifteen out of the seventeen individuals interviewed, or about 88 percent, planned to use (or did use) this explanation. Parents involved in the surrogacy process frequently express concern about the proper age at which to tell their children because although they have been advised by open programs to share this information, no specific guidelines accompany the suggestion.

When Tom, one of the fathers I interviewed, for example, told me that he thought it might be best to let his son believe that he had been adopted until he had reached adulthood, his wife, who had overheard that part of the conversation, promptly poked her head into the room to say: "Absolutely not. He will be told the truth from the beginning." Some couples are very forthcoming, telling all their friends and even acquaintances of their surrogacy plans, whereas others tell primarily family members, allowing neighbors and acquaintances to believe that the child is adopted. Almost 65 percent, or eleven, of the couples interviewed from the open programs intended to tell their child of its origins before she/he reached adulthood. For these couples, the point at issue is the appropriate time at which to tell the child. Many couples expressed the belief that the moment the child expresses curiosity about the subject is the proper time to introduce the subject.

Couples are in the position of having to invent, almost independently, their own methods of informing the child about her/his origins. The strategy of one adoptive mother, a member of the staff at the Brookside program, whose surrogate was her own biological sister, is a good example. In telling her child about her origins, she combined the words "mother" and "aunt" to create the term "mattie," the kinship term her daughter now uses for the woman who is both her biological mother and her aunt. In addition to creating origin stories and new kinship terms, couples often create symbolic rituals or invent new ways to honor their relationship to their surrogate, such as the pre-

viously mentioned joint celebration of Mother's Day. For example, when Betty, the surrogate whose own father offered to pay her not to become a surrogate, told her couple, Susan and Ken, about the ritual she "created" after her own son's birth, in which she buried the placenta in her yard and then planted a fruit tree on that site, they decided to reenact the ritual with "Chris's [surrogate child's] placenta," planting a second fruit tree in Betty's yard to commemorate the event. Another couple named their child after their surrogate, thereby incorporating her name into their family history. Another surrogate, Carolyn, who described surrogacy as the "ultimate way to give," was invited to participate as a birth coach for her adoptive mother, when the adoptive mother herself became pregnant (through the use of GIFT). As Carolyn explained the sense of equal exchange and shared experience:

I was her coach; I was there for the C-section and I took the movies this time!

In summary, assisted reproductive techniques such as surrogacy, which are designed to redress the problem of infertility and resulting childlessness, do introduce numerous structural and symbolic questions as well as more practical issues such as the proper time to inform a child of her or his origins. On the simplest level, surrogacy assists the infertile by helping them to overcome their childlessness; however, as we have seen, it also introduces potential problems, for example, by providing a biogenetic link for only one parent and excluding the other parent.

From the couple's perspective, surrogacy is conceptualized not as a radical departure from tradition but as an attempt to achieve a traditional and acceptable end: to have a child who is biologically related to at least one of them, in this case, the father. This idea is consistent with the emphasis on the primacy of the blood tie in American kinship ideology and the importance of family. Thus, although biogenetic relatedness is the initial motivation for, and the ultimate goal of, surrogacy and the facet of surrogacy that makes it consistent with the biogenetic basis of American kinship ideology, such relatedness must be deemphasized, even devalued, by all the participants in order to make surrogacy consistent with American cul-

tural values about appropriate relations between wives and husbands.

I have attempted to illustrate that surrogates' stated motivations for choosing surrogate motherhood represent but one aspect of a whole complex of motivations; thus although surrogates clearly do, as they say, enjoy being pregnant, take pleasure in being able to help an infertile couple start a family of their own, and value the remuneration they receive, there are other equally, if not more, compelling reasons motivating this unique group of women to become surrogate mothers. In addition to broadening the understanding of the motivations of the couples who choose to pursue a surrogate solution, I hope to have illuminated the complexity of their deliberative process and eventual accommodation of surrogacy as an aspect of their lives.

As we have seen, surrogates as a group tend to highlight only those aspects of surrogacy that are consistent with traditional reproduction. They emphasize, for example, the importance of family, motherhood, and nurturance. Like the couples, they deemphasize those aspects of the surrogate relationship that represent a departure from traditionally held beliefs surrounding motherhood, reproduction, and the family. Interspersed, however, with surrogates' assertions that surrogate motherhood is merely an extension of their conventional female roles as mothers are frequent interjections about the unique, exciting, and special nature of what they are doing.

It is not surprising, in view of their socialization, their life experiences, and their somewhat limited choices, that surrogates claim that it is their love of children, pregnancy, and family and a desire to help others that motivate them to become surrogates. To do otherwise would be to acknowledge that there may be inconsistencies within and areas of conflict between their traditional female roles as wives, mothers, and homemakers and their newfound public personae as surrogate mothers.

In conclusion, it can be said that all the participants involved in the surrogacy process wish to attain traditional ends and are therefore willing to set aside their reservations about the means by which parenthood is attained. Cloaking surrogacy in tradition, they attempt to circumvent some of the thornier issues raised

by the surrogacy process, and in this way, programs and participants pick and choose among American cultural values about family, parenthood, and reproduction, now choosing biological relatedness, now nurture, as it suits their needs.

NOTES

- 1 See, for example, Chris Shore's conclusion that "our most basic assumptions about parenthood, procreation, conception, and the family are about to undergo a radical transformation" (Shore 1992:301).
- 2 See, for example, the ways in which nurturance is understood to be on the one hand a "source of moral authority for female action" and on the other hand a way of confining women to the "unappreciated tasks of caring for dependent people" (Ginsburg 1987:627).
- 3 As part of this definitional matrix, it seems likely that a restriction or ban on commercial surrogacy will produce differences in definition.
- 4 In terms of the time and biological processes invested, sperm donation and pregnancy cannot be equated; however, the issue of an individual's right to decide how and in what way she or he chooses to use her or his reproductive resources is an area of commonality between the two.
- 5 The fact that Mary Beth Whitehead sought custody of the child may have been an indication that she had preexisting marital difficulties.
- 6 I want to expressly thank William Handel for sharing with me his interpretation of this recent decision and for keeping me apprised of this and other legal decisions.
- 7 The "dominant procreation story" in the United States is one in which "pregnancy necessarily results in childbirth and motherhood, preferably within marriage" (Ginsburg 1987:623).
- 8 Clearly there are differences between the United States and Britain that inform the responses to surrogate motherhood, illustrated by the British ban on commercial surrogacy, but I believe that the shared importance of the blood tie unites American and British couples who are pursuing surrogate motherhood. I also found the motivation of British couples pursuing DI and American couples pursuing

- surrogate motherhood strikingly similar and worthy of comparison, as are the ways in which they attempt to reconcile the lack of a biogenetic tie for one of the partners.
- 9 In Britain, for example, the idea of children as "strengthening the infertile couple" would, as the Warnock report concluded, be undermined if a surrogate were to want custody of the child (Cannell 1990:674).
 - 10 As revealed in both pro-choice and pro-life narratives, nurturance is "embraced" and viewed as "both natural to women and the basis of their cultural authority" (Ginsburg 1987:629).
 - 11 In 1988-1990, when the bulk of this research was conducted, gestational surrogacy constituted less than 5 percent of the Brookside program's arrangements. [T]he rate had increased to 50 percent by the time I revisited the program in 1992 and again in 1994 and was also reported to be 50 percent at the Wick program. Although I had predicted an increase in the rates of gestational surrogacy in 1989 (see Ragoné 1991), I did not anticipate an increase of this magnitude in such a short period of time. This change is deserving of further study.
 - 12 Although surrogates (both traditional and IVF) deny or minimize their biological connection to the child, all the traditional surrogates interviewed (who had their own children) had told or planned to tell their children that the surrogate child was their half-sibling.
- ### REFERENCES
- Andrews, Lori. 1984. *New Conceptions: A Consumer's Guide to the Newest Infertility Treatments*. New York: Ballantine.
- Cannell, Fanella. 1990. "Concepts of Parenthood: The Warnock Report, The Gillick Debate and Modern Myths." *American Ethnologist* 17(4):667-686.
- Caplan, Arthur. 1990. "The Ethics of In Vitro Fertilization." In *Ethical Issues in the New Reproductive Technologies*, ed. R. Hall. Belmont, Calif.: Wadsworth Publishing.
- Collier, Jane, Michelle Rosaldo, and Sylvia Yanagisako. 1982. "Is There a Family?" In *Rethinking the Family*, ed. B. Thorne and M. Yalom. New York: Longman.
- Delaney, Carol. 1986. "The Meaning of Paternity and the Virgin Birth Debate." *Man* 24(3):497-513.
- Di Leonardi, M. 1987. "The Female World of Cards and Holidays: Women, Families and the Work of Kinship." *Signs* 12(3):440-453.
- Dolgin, Janet. 1990. "Status and Contract in Feminist Legal Theory of the Family: A Reply to Bartlett." *Women's Rights Law Reporter* 12(2):103-113.
- Farber, Bernard. 1971. *Kinship and Class: A Midwestern Study*. New York: Basic Books.
- Freeman, Ellen, et al. 1985. "Psychological Evaluation and Support in a Program of In Vitro Fertilization and Embryo Transfer." *Fertility and Sterility* 43(1):48-53.
- Ginsburg, Faye. 1987. "Procreation Stories: Reproduction, Nurture and Procreation in Life Narratives of Abortion Activists." *American Ethnologist* 14(4):623-636.
- Glover, Jonathan. 1990. *Ethics of New Reproductive Technologies: The Glover Report to the European Commission*. DeKalb: Northern Illinois University Press.
- Hull, Richard. 1990. Gestational Surrogacy and Surrogate Motherhood." In *Ethical Issues in the New Reproductive Technologies*, ed. R. Hull. Belmont, Calif.: Wadsworth Publishers.
- Humphrey, Michael, and Heather Humphrey. 1988. *Families with a Difference: Varieties of Surrogate Parenthood*. London: Routledge & Kegan Paul.
- Kuchner, Jean, and Jane Porcino. 1988. "Delayed Motherhood." In *The Different Faces of Motherhood*, ed. B. Birns and D. Hay. New York: Plenum Press.
- Lasker, Judith, and Borg, Susan. 1987. *In Search of Parenthood: Coping with Infertility and High-Tech Conception*. Boston: Beacon Press.
- Martin, Emily. 1987. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.
- Miall, Charlene. 1985. "Perceptions of Informal Sanctioning and the Stigma of Involuntary Childlessness." *Deviant Behavior* 6:383-403.
- Modell, Judith. 1989. "Last Chance Babies: Interpretations of Parenthood in an In Vitro Fertilization Program." *Medical Anthropology Quarterly* 3:124-138.
- Overall, Christine. 1987. *Ethics and Human Reproduction: A Feminist Analysis*. Boston: Allen and Unwin.

- Ragoné, Helena. 1991. "Surrogate Motherhood in America." Ph.D. dissertation. Brown University, Providence, R.I.
- Robertson, John. 1990. "Surrogate Mothers, Not So Novel After All." In *Ethical Issues in the New Reproductive Technologies*, ed. R. Hull. Belmont, Calif.: Wadsworth Publishers.
- Sandelowski, Margarete. 1991. "Compelled to Try: The Never-Enough Quality of Conceptive Technology." *Medical Anthropology Quarterly* 5(1):29-47.
- Sandelowski, Margarete, and Linda Jones. 1986. "Social Exchanges of Infertile Women." *Issues in Mental Health Nursing* 8:173-189.
- San Diego Tribune. 1986. "Surrogate Mothers: Not All Regret or Renege on the Delicate Pact." December 26.
- Schneider, David. 1968. *American Kinship: A Cultural Account*. Englewood Cliffs, N.J.: Prentice-Hall.
- Shalev, Carmel. 1989. *Birth Power: The Case for Surrogacy*. New Haven: Yale University Press.
- Shore, Chris. 1992. "Virgin Births and Sterile Reproductive Technologies." *Current Anthropology* 33(3):295-314.
- Snowden, R., G. Mitchell, and E. Snowden. 1983. *Artificial Reproduction: A Social Investigation*. London: Allen and Unwin.
- Strathern, Marilyn. 1991. "The Pursuit of Certainty: Investigating Kinship in the Late Twentieth Century." Paper presented at the American Anthropology Association Meeting, Chicago, Illinois.
- . 1992. *Reproducing the Future*. New York: Routledge.
- Strathern, Marilyn, and Sarah Franklin. 1993. "Kinship and the New Genetic Technologies: An Assessment of Existing Anthropological Research." A Report compiled for the Commission of the European Communities Medical Research Division (DG-XII) Human Genome Analysis Programme.
- Tizard, Barbara. 1977. *Adoption: A Second Chance*. New York: Free Press.
- Warnock, Mary. 1984. *The Warnock Report: Report of the Committee of Inquiry into Human Fertilisation and Embryology*. London: Her Majesty's Stationery Office.