EVA-SABINE ZEHELEIN

MOTHERS, ART AND NARRATIVES OF (BE)LONGING

ABSTRACT: In contrast to traditional surrogacy, gestational surrogacy does not involve genetic material (an oocyte) of the gestational carrier. Thus, a woman who does not birth a child "can become a mother, too" on the basis of her genetic parenthood. Within the broad genre of "mommy lit" (Hewett) or "mo-moir" (O'Reilly), "IP memoirs" – memoirs by women (Intended Parent) who have become mothers by employing a gestational carrier, are situated in a complex force field between personal trauma narrative, autopathography (Couser), matriography, scriptotherapy (Henke) and biography. By depicting and justifying their decision to take this road to parenthood, they tend to reinforce heteropatriarchal notions of gender essentialism and "new momism," although they simultaneously advocate against normative understandings of motherhood by adding themselves as genetic mother to the mother-child-dyad. Socio-cultural, moral and legal debates about "renting a womb," "babies for sale" and female bodily exploitation are countered by narratives of sick bodies and painful, traumatic failures to conceive, the "natural" desire for children which "belong" (genetically) and, in the case of transnational surrogacy tourism, the alleged empowerment of poor and disenfranchised "Third World" women who gain agency (and money) by providing their service of gestational surrogacy to other women in need (Pande).

KEYWORDS: Memoir, Scriptotherapy, Autopathography, Surrogacy, IP, ART, Life Writing

Most women conceive naturally, yet ever more women use Assisted Reproductive Technologies (ART)[1] to become pregnant and carry a child/children to term. Some

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[1] Assisted Reproductive Technology ("ART") "includes in vitro fertilization – embryo transfer (IVF-ET), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), and frozen embryo transfer (FET). These techniques also apply to oocyte donation and gestational carriers. Approximately

women employ another woman to birth their child/children. In traditional surrogacy, the surrogate is genetically related to the embryo(s), since her oocyte(s) is/are used with donor sperm or sperm by the intended parent/father. This can trigger massive socio-psychological, political and legal concerns. Although traditional surrogacy is a prominent biblical theme,[2] the (in)famous case of "Baby M" in 1985/86 was the first to cause an intense, long and long-lasting debate about the nature of "mother," the nature and role of motherhood and mothering, as well as of the mother-child-relationship and notions of belonging. In 1984, William and Elizabeth Stern (he a biochemist, she a pediatrician with early signs of multiple sclerosis) contracted Mary Beth Whitehead as a traditional surrogate for $10.000; post birth, Mary Beth was to relinquish her parental rights, William to obtain custody and Elizabeth to adopt the child. After the infant, named Melissa ("Baby M") by the Sterns, Sara by Ms. Whitehead, was born in March 1986, the latter felt she could not give up the child and argued that the child belonged to her. The Sterns sued and the New Jersey court ruled that the contract was binding and that Whitehead had no parental rights. Whitehead appealed to the New Jersey Supreme Court which ruled that the contract was not enforceable, but still granted custody to the Sterns and visitation rights to Whitehead. The Court also declared surrogacy in New Jersey illegal (cf. e.g. Spar 2006, 69-72; Peterson 2016). Many second wave feminists at the time were enticed by an essentialist understanding of motherhood, including the assumption that a special tie exists between birth mother and child, thus turning the gestational host into the "natural mother" with a "sacred right" to the infant. This concept eclipses the intended mother from the motherhood narrative and relegates her as the physically and psychologically "damaged" to the sidelines with no agency and no rights to claim a child another woman has given birth to and thus to become a mother. According to the Center for Disease Control and Prevention, 2.3% of all ART cycles performed in the US between 2009 and 2013 used a gestational carrier. Since 1999, more than 18.000 children have been born from gestational surrogacy (Perkins et al. 2016, 436-37). Here, the surrogate is not genetically related to the child/children she carries. Intended Parents use their own oocyte(s) and sperm or sperm and/or oocyte(s) from an (anonymous) donor. Through IVF/ICSI, one oocyte is fertilized with one sperm ex utero and one to three blastocysts are transferred to the uterus of the gestational carrier. Genetic and gestational maternity are disconnected. Thus, a second woman can "be the mother, too": although she does not share in the pregnancy and birth process, she is genetically related to the child and can therefore claim the infant as "hers." To separate gestation and genetics allows for a truly revolutionary act in human history: the severance

99 percent of ART cycles performed are IVF-ET" (SART-Society for Assisted Reproductive Technology website).

[2] Hagar gestates for Sarai and Abraham (Genesis 16:1-6), Bilhah and Zilpah both bear two sons for Rachel and Jacob (Genesis 30:1-13).

of the symbolic umbilical cord – the argument that to nurture an embryo in utero establishes automatic and exclusive motherhood status and a unique natural bond between the pregnant woman and the embryo. The "mother" is no longer "only" the woman who gives birth; nurture is not necessarily nature.

Many women write about their individual mothering, that is, about their road towards being a mother and their experiences of childrearing within the broader context of the patriarchal institution of motherhood.[3] This proliferating literary subgenre has been labeled "mommy lit" (Hewett 2006) with the special subcategory "mommy memoirs" (Brown 2010, 123) or "mo-moir" (O'Reilly 2010b, 203). The core element of this genre is that woman "tells it how it is," explores the "truth" about being a mother and the challenges accompanying all practices of mothering. For Andrea O'Reilly – the spearhead of what she herself christened "motherhood studies" some ten years ago – one aspect is central to these memoirs: a new ideology of motherhood, namely "new momism"[4] or "intensive mothering." I concur with O'Reilly's assessment that the motherhood memoir as a discourse by presenting women as mothers actively engaged in intensive mothering "naturalizes and normalizes the very patriarchal conditions of motherhood that feminists [...] seek to dismantle" (O'Reilly 2010b, 205).

> Under the patriarchal institution and ideology of motherhood, the definition of mother is limited to heterosexual women who have biological children, while the concept of good motherhood is further restricted to a select group of women who are white, heterosexual, middle-class, able-bodied, married, thirty-something, in a nuclear family with usually one to two children, and, ideally, full-time mothers. (O'Reilly 2010a, 7)

Although motherhood memoirs aim to unmask "good motherhood" by spelling out the truths and colorful facets of life as a mother, they fall short of challenging and rejecting gender essentialism.[5] As Peterson (2016) has recently shown, during the "Baby M"-case, second wave feminists were divided between the "difference" (there is a difference between a surrogate and another woman – the "natural bond," cf. p. 111) and the "equality" (all men and women are equal in their ability to nurture and parent

[3] "Within motherhood studies the term motherhood is used to signify the patriarchal institution of motherhood, while mothering refers to women's lived experiences of childrearing as they both conform to and/or resist the patriarchal institution of motherhood and its oppressive ideology" (O'Reilly 2010a, 2).

[4] "The new momism is a highly romanticized view of motherhood in which the standards for success are impossible to meet" since "a woman has to devote her entire physical, psychological, emotional, intellectual being, 24/7, to her children" (Douglas and Michaels 2004, 4).

[5] O'Reilly (2010b) speaks of a "cognitive dissonance between the reality and ideology of motherhood" (209).

children, cf. p. 114) lines of argumentation. One might well argue that this debate has still not been solved and surfaces, for instance, in "IP memoirs."

"IP memoirs" – memoirs by women who have received a child via a surrogacy arrangement – are a rather recent literary and cultural phenomenon and even less prone to challenge a dominant cultural discourse of gender essentialism. Quite the contrary: the narratives of why women want children so much and how they finally become mothers are suffused with romantic(ized) notions of motherhood and mothering. I wish to argue that these memoirs present a double-bind: on the one hand written against normative understandings of motherhood by adding an intended parent and genetic mother to the mythologized mother-child bond they contest or at least broaden both the definition of "mother" and the practice of mothering, while on the other hand they reaffirm core tenets of patriarchal motherhood through depictions of "new momism." This double bind might be caused by the protean nature of "IP memoirs." They are framed by an extraordinary force field, situated at the intersections of personal trauma narrative, autopathography and matriography, as well as scriptotherapy and biography. The authors work through their very intimate traumata of not being able to conceive their own children. For these women there is no female agency, they do not "own" their bodies and make decisions about when to be pregnant. If they possess any agency at all then only to the extent that they can try and conceive by opening body and mind to expensive, complex, invasive and painful medical interventions. Thus, they render their personal "road to surrogacy" as a transformative performative process from "whole woman" to "unhealthy woman" to "incomplete mother." By detailing the medical aspects of ART treatment and pregnancy, necessitated by their "dysfunctional" bodies, they engage in normative discourses about health and disease.

G. Thomas Couser (1997) was the first to suggest the term "autopathography" for narratives about illness or disability that challenge socio-cultural discourses othering the writer as not-normal, deviant, or pathological. The biological becomes biographical when not only the "technical" aspects of modern conception through ART (including hormone treatments, genetic screening, ICSI, and embryo implantation) are detailed, but also non-pregnancies, miscarriages, still-births and Dilation and Curettage (D and C) procedures, the times of high hopes and utter despair. The "IP memoir" as matriography is thus also a story of and about the sick body, the emotional hardships of becoming an intended parent and finally a mother to a child to which one has not given birth. The texts therewith inscribe the genetic mother into the motherhood discourse and broaden the definition of the performative act of mother(hood).

However, many women build a narrative of unity in the face of difference. This difference is a culturally created and commercially cemented one of gender essentialism. It seems that many memoirists desire to prove and emphatically emphasize that they "can be good mothers, too." As Kukla (2008) has shown, reproduction is in the "cultural

mythos" (74) often restricted to three distinct phases or moments: conception, pregnancy and birth, when it should be understood as "the process of creating new people and building families and communities" which is a decades-long process, a "social and material labor of love" (86). Reproduction happens "through women's ongoing, richly textured labor" (69). Yet "good mothers" and their partners attend the social ritual of the eighteenth-week ultrasound, deliver vaginally and breastfeed. I argue that such a discourse is not about medically safe procedures to protect life and health of mother and child, and not about women's individual choice and power over their bodies, but about measuring so-called "proper motherhood" through the accompanying market driven symbolic spectacle. Every woman who defaults on any of these categories might be considered a deficient, a "bad mother." It is because of these cultural inscriptions that women who have not given birth to their child/children enter an apologia, in the context of which, though, they reinscribe the patriarchal market oriented "new momisms." They do not question the motherhood narrative, do not demand, for instance, better work life balance and child care. In the face of the socially constructed and culturally mediated notion that there is a special natural / biological bond between birth mother and child, they do not challenge, but rather reaffirm that notion of the "sacred" bond and simply, yet powerfully, add themselves as a third term to the equation. The "good mother" paradigm conflates with the "good woman" assumption: it is natural that a woman can conceive; infertility is thus a disease and woman discursively framed as having a sick body. After intervention, she must strive to be the "good mother" in order to justify the pains, ordeals and expenses she has borne on her rocky road to motherhood. In scriptotherapeutic mode à la Henke (1998),[6] working-writing through the trauma and undergoing a process of healing, the women reach motherhood and enter mothering after arduous times, justifying and accounting for the individual decisions made to eventually find closure.

Finally, but of extraordinary importance, these texts are also a creation story, the first part of children's biographies. Not too many people provide private minutiae about the conception and genesis of their infant(s) for the public. Some mothers disclose highly intimate details about themselves and their family life thus potentially depriving their offspring of their autonomy to construct their own identities in narrative. To illustrate my arguments, I will discuss in due brevity three memoirs by women who have employed a gestational host to conceive a child: "Her Body, My Baby" (Alex Kuczynski, 2008), *Bringing in Finn* (Sara Connell, 2013), and *The Sacred Thread* (Adrienne Arieff, 2012). Each of the three memoirs emphasizes auxiliary topics: issues of class (Kuczynski 2008),

[6] "The act of life-writing serves as its own testimony and, in so doing, carries through the work of reinventing the shattered self as a coherent subject capable of meaningful resistance to received ideologies and of effective agency in the world" (Henke 1998, xix).

the case that a woman serves as the gestational host for her own daughter (Connell), and the geopolitical, legal and ethical aspects of surrogacy as a form of gender specific industrial labor in a "developing country" (Arieff 2012). All three exemplify very multifaceted innovative practices of "IP memoirs" – memoirs by Intended Parents.

"I had to settle for three-quarters his mother"

In an essay for *The New York Times Magazine,* published in November 2008, Alexandra Kuczynski conveys her story of becoming a mother in text and peritext. Aged thirty-nine, she had been "[e]xhausted by years of infertility, wrung emotionally dry by miscarriage." Despite the hardships of eleven failed IVF cycles and four failed pregnancies over five years, the longing for a child was still so strong (a "mad desire that seemed to defy logic") that surrogacy became the final option. She decided with her husband to hire a surrogate as an "organ rental." And about the candidates Alex/our narrating I explains that none were poor (after all, health insurance was a must), but of course they were also not rich.[7] She identifies a "gentle hypocrisy" of agencies that speak about altruism as the ultimate motivation for women to volunteer for surrogacy, yet she spends many more lines on the attempt to present her choice in a favorable light: the chosen one, Cathy, is stable, sensible, has taken care of seventeen foster children, is college-educated, a tennis and piano player and thus, all in all, "not so different from us." Cathy is not too different, yet also different enough to be just the perfect "vessel, the carrier, the biological baby sitter, for my baby." When it surfaces that the surrogate's daughter donates eggs to pay for college, you begin to wonder about the relationship between the IP and the surrogate. And this might well find expression in phrases such as

> Cathy was getting bigger, and the constraints on her grew. I, on the other hand, was happy to exploit my last few months of nonmotherhood by white-water rafting down Level 10 rapids on the Colorado River, racing down a mountain at 60 miles per hour at ski-racing camp, drinking bourbon and going to the Super Bowl.

What might support the occasional but strong textual whiff of class difference and thus power imbalance are two photos which accompany the mini-memoir with their very own, yet complementary system of meaning. The first shows the surrogate in front of her home in Harleysville, PA. "Almost baked" (as the caption has it) is a problematic term, suggesting that she is indeed nothing other than an oven for a bread or cake that was prepared by and belongs to someone else – the author. What do we see? A back porch,

[7] According to research by Berend (2012), most surrogates in the US are white, lower middle class or middle class women in their twenties or thirties, married with children.

in somewhat dilapidated condition, paint coming off, and cracks in the porch, some floorboards are coiling a little, vegetation is creeping up, dirt all around, stuff lying about, many shoes on a rack. The woman sitting on the porch floor is well advanced in her pregnancy, she wears a red sweater which makes her appear even bigger, she has bare feet (red toe nails), and leans back a little on her right hand, the left protectively placed on her belly. She is not smiling, really, her gaze, directed past or beyond the camera, might express something between serenity and pain. The focus is not the woman, really, but the huge red belly protected but in a sense also pointed at by her left hand, the dog is looking at it as well.

Photo number two shows an immaculate back porch, starch white, with columns and never sat upon or well-kept lounge chairs with super-thick cushions, an incredibly flush-lush lawn, a well-trimmed curvy hedge in the back, the curve somewhat mirrored in the front left lawn patch. Blue hydrangeas, white swans, blue-white porch cushions, and the baby boy wears blue pants – all is color coordinated. We are in Southampton, a rich neighborhood on Long Island, called The Hamptons. Here is the woman of the house, in sandals, a brown skirt and pink sweater, standing very straight, facing directly into the camera. She is holding her infant son with both arms in a protective-possessive tight wrap to her left shoulder/her heart. The son is not on display as in a "look how beautiful he is." We don't even see much of him. Next and behind her we perceive the baby nurse, a person of color, dressed in immaculate white, standing there like a fourth column. Hands on her back, she is looking at the boy and waiting for orders. "Every day is mother's day," indeed. Who is the mother? Well, Cathy has been branded "the biological babysitter" and "organ rental;" secondly, her name is suppressed in the child's creation story when our author would crop Cathy's and the clinic's names out of the frame of sonogram pictures before sending them out to family and friends: "I wanted her identity to disappear and mine to take its place." Thirdly, Cathy is eclipsed from the post-natal narrative. And finally, as the caption makes clear, the child's name is not Max Hilling, but Max Dudley Stevenson. So it would be easy for the reader to judge Alex' decision as morally repulsive and exploitative, depriving Cathy of any agency at all. However, Alex provides narrative snippets which let us glimpse how much she has suffered. Her body is not healthy, and thus, one might argue, she has a right to treatment of this health issue; she has suffered psychologically and physically, and deserves a child. We have just read the heartbreaking rendition of one of the miscarriages:

> In March, I went to see my doctor at Cornell. I would have been about 10 weeks pregnant. [...] I had done it, my own fecundity triumphant. "Agh," he said, his voice strangled in his throat. "I have some bad news." [...] Do you see the black dot?" [on the sonogram]. I nodded cautiously. "That was the heart," he said. [...] The nurse called two days after [the D and C]. "In case you were interested, it was a girl," she said. In case I was interested. [...] The nurse continued. "And the good news is that there was no sign of a genetic defect." Knowing that there were no genetic defects – reassuring, in at least a scientific way – also made me realize something else: The baby, the fetus, wasn't the failure. I was the failure.

The inability to be pregnant is presented here as a disappointing non-normative, unhealthy state which causes deep identity insecurities. "I would sometimes feel barren, decrepit, desexualized, as if I were branded with a scarlet 'I' for 'Infertile'." This is an aspect constitutive of nearly all "IP memoirs." McLeod and Ponesse have argued that "women often morally blame themselves for infertility [...] and that their self-blame is intimately tied to their oppression as women," particularly in pro-natalist environments (127). Women thus revert to the pro-natalist and patriarchal motherhood register in order to justify their reproductive activities. However, they simultaneously employ the liberal feminist standpoint. Alex argues that the gestational host Cathy is a free woman who has the right to decide over her body; if she wants to "rent out her womb" or altruistically help another woman have a child, she should have every right to do so. If she receives financial compensation, that is just fair. She sells her reproductive labor and becomes a reproductive service worker. But it is because Alex has the money that she can have a child and it is this cultural moment that makes it possible that a white married upper middle class woman with fertility issues can hire another white woman to carry her genetic baby to term and then hand it over to a baby nurse. And Cathy might be financially really challenged – so how much free choice is there, then? Is this not yet another case of exploitation, a commercialization of pregnancy and objectification of the female body and self? Is this a form of "white slavery," where white woman on the basis of pecuniary inferiority connected to class labors and produces wealth/children as commodities to increase the wealth of her "owners?" Reproductive liberty is difficult. Reproductive justice is difficult.

The text makes no attempt to hide the chasm of class difference and power imbalance that exists between our author/now mummy and the gestational host. It does not gloss over another constitutive element of "IP memoirs": the difficulty an intended parent often faces once the baby is there: it is yours, but you were not pregnant with it and you did not give birth to it and you cannot breastfeed it – so how much of a mother are you? The role of the mother is conceived of as an assemblage of aspects or job descriptions, and Alex is "incomplete," her gender role under-performed, her identity as a mother "crippled" since she cannot fulfill all the parameters of "being a proper mother." In order to countermand this "deficit," the genetic-as-natural bond between child and intended mother is accentuated. Since the intended mother is the passive part during both pregnancy and birth, she actively works on the narrative creation of her self as mother and the textual disappearance of the hired other. "Of all the possible mothering paradigms I could count – birth mother, biological mother, child-raising mother, legally recognized mother – I would fill three of the roles. I had to settle for three-quarters his mother."

"Kristine, congratulations – you and Sara and Bill are really, truly pregnant"

More than Alex Kuczynski or Adrienne Arieff, Sara Connell in her memoir *Bringing in Finn* relates the long and excruciatingly painful journey she and her husband had to make to finally be parents. Sara, sexually abused during childhood by neighborhood boys and a friend's stepfather, as a teenager lost her left ovary due to a ruptured ovarian cyst. She reveals the emotional hardships she and her partner experienced over years of hope and fertility treatment and destitution. Writing this book is a form of scriptotherapy, a process of self-healing, a "writing out and writing through traumatic experience in the mode of therapeutic re-enactment" (Henke 1998, xii). Sara writes down the series of unspeakable, self-altering and potentially self-destructive experiences. More than any other surrogacy memoir I know, Sara Connell depicts her journey to mothering as a story of a sick and suffering and hurt(ing) body – psychologically as well as physically. There is a strong emphasis on the hardships caused by the duration and intensity of medical treatment over six years: hormone shots for follicle stimulation, "medically scheduled sex," IVF (egg retrieval and embryo transfer), pregnancy, perinatal loss in the fifth month due to "incompetent cervix" (!) and consequently still birth of twin sons via caesarian followed by PTSD, five more IVF cycles resulting in one miscarriage.

The memoir begins with a prologue or vignette portraying the moment of the twins' still birth. Here, too, just as in Alex' memoir, notions of failure and defeat are prominent:

> The day we left the hospital, a therapist from the perinatal loss department presented us with two death certificates and asked us if we wanted the bodies for a burial. [...] We were being taken out the back like the trash, sparing those families who came to the hospital and left with a baby, arms full of balloons and flowers and plush toys, the unsightly image of two devastated parents with shell-shocked eyes and dangling arms empty, like wraiths. (2)

This dramatic opening pulls the reader into the story about Sara's six year-long attempt to birth a child. Sara travels her own road of healing from self-hatred and hurt to self-discovery and restoration. On the way she also reconnects to her mother, experiences "relational transcendence" (261) with her, a form of physical intimacy she claims not to have felt since being in her mother's womb. The mother-daughter relationship grows into a mother-mother bond where Sara's own biological mother becomes the gestational host for Sara's and Bill's child so that Sara herself can become a mother. Moments when she "felt like a whole and complete mother-to-be" (252) change with times when she, too, blames herself, suffers from "poisonous firing of thoughts that I didn't deserve this gift – that if I couldn't have a baby on my own, the 'normal' way, I didn't deserve to have one at all. People earn a baby by carrying one; the sacrifices of pregnancy make you worthy" (253). She also envies her mother: "I wanted to be the one

sitting in the first chair. I wanted to feel the baby moving in my body" (261). Yet she continues to emphasize the proximity between mother and daughter and child as a holy triad of mutual emotional interconnectedness which might convince the reader that this form of surrogacy arrangement is actually the most natural conceivable. The fact that her mother served as a surrogate caused high media attention at the time. Thus, this memoir also answers to a stiff media discourse. Connell couches her story as one where the mother-daughter bond is the ultimate solution. That her mother at age sixty carries her child to term is presented as natural and a "gift [...] of life" (179). Creating a family is a family matter, indeed.[8]

This story is not only one of suffering, an autopathography, but also one of resistance, resilience, reconciliation, and healing (Harris 2003, 1). By writing down how she ended her self-hatred and rebuilt close connections to her parents, especially to her mother, and how she witnessed and co-experienced her mother's pregnancy and finally became a mother to Finn, Sara performs her idiosyncratic scriptotherapy. As Henke has observed: "It is through the very process of rehearsing and reenacting a drama of mental survival that the trauma narrative effects psychological catharsis" (Henke 1998, xix).

"[...] even though we will be worlds apart"

The US is an attractive destination for cross-border reproductive care (CBRC) – the "practice of couples or individuals crossing national or state borders to access assisted reproductive treatment that is illegal, unaffordable or unavailable in their home jurisdiction" (Crockin 2011 as cited by Hammarberg et al. 2015, 690).[9] Costs, though, are high. Costs are much lower in countries such as India where transnational surrogacy has become a flourishing multi-billion dollar business ever since 2002 when the state commercialized surrogacy. Although legislation is under way to curb the surrogacy market (Malhotra 2016), India is still one of the prime "reproductive tourism" destinations worldwide, particularly since the political instability in the Ukraine and the

[8] Illinois, where the Connells live, recognizes the intended parents as parents in gestational surrogacy (750 ILCS 47/15).

[9] Surrogacy, one CBRC treatment, is regulated by the states and all children born in the US are American citizens. This implies that an entire family of non-US citizens with one child born in the US can relocate to the US at some future point (Bromfield 2016, 193).

legal ban of international surrogacy in Thailand[10] effectively closed these countries for international surrogacy.

The three basic lines of argument against cross border reproductive care concern welfare, commodification and exploitation (e.g. Humbyrd 2009, 112). The academic discourse about transnational surrogacy has framed the surrogates as either exploited victims of a capitalist Western/globalized hegemony or as at least in part active agents with reproductive autonomy and freedom, that is, with the right to self-determination and the right to enter a contractual agreement to "sell" their bodies in order to improve their lives. In how far poor women with limited to no literacy and education can willingly and knowingly enter any contractual agreements and in how far the money earned is actually money they can use for their own improvement must remain a moot point in this article. When a woman is paid to deliver a baby for someone else, the child might be perceived as a good, a commodity, exchanged for money on the basis of a capitalist contractual agreement. Thus, concerns for the welfare of the child but also of the gestational host pre-birth and – often neglected or outright forgotten – post-birth arise. Surrogacy is a gender-specific form of industrial labor and it involves for the surrogate invasive medical procedures, pain, physical risks and possible death.

Cases that made the headlines have not only illustrated the legal quandary of international surrogacy, but also tended to sway public opinion against such and related practices.[11] Adrienne Arieff writes before the backdrop of an intense and mediated moral,

[10] In 2013, an Australian couple entered a surrogacy arrangement with a Thai woman. The woman became pregnant with twins, one of which was diagnosed in utero as having Down syndrome. After birth, the intended parents abandoned the child with Down ("Baby Gammy") and took the healthy sister home to Australia. They argued that had they known earlier in the pregnancy about the health status of the embryos, they would have asked the male embryo be terminated. The gestational host, opposed to abortion due to her Buddhist beliefs, carried both children to term and decided to raise Baby Gammy although she has no financial means to meet the child's (medical) needs and although she is not genetically related to the boy. In addition to this scandal, the media discovered soon after that the intended father had previously been convicted and imprisoned for more than twenty child sex offenses against girls as young as five years old. This scandal and human catastrophe has led to changes in Thai law. All forms of international, commercial, gestational surrogacy have been banned since July 2015 (Mohapatra 2016, 27-29; Pyrce 2016, 936-938; Caamano 2016; Guzman 2016, 620-621; Fernquest 2015).

[11] Especially the "Baby Manji" case: In 2007, a Japanese couple employed an anonymous oocyte donor and a gestational carrier at Dr. Patel's clinic in Anand. Before the child was born, the Japanese couple divorced. The surrogacy arrangement stated that in this case the father would obtain custody. However, since the birth certificate did not state a "mother," the child could not receive either Indian or Japanese citizenship. Indian law prohibits adoption of female infants by single men, thus Manji was motherless and stateless in India. The Indian Supreme Court paved the way for the issuance of an identity certificate

ethical, legal debate about the pros and cons of (international) surrogacy. She begins her narrative with the representation of India as the exotic other – "the carnival of life in the street" (1), the heat, the "riot of sensation" (2) create a "foreign planet. A dry, screaming-hot planet with no cheeseburgers" (2). Her trip to India is a "new adventure" (3), the exploration of "a brand-new frontier of emotional and ethical hills and valleys, without a clue as to where I'm headed" (4). In Anand, the capital of India's surrogacy industry, Arieff and her husband Alex seek to become parents with the help of Dr. Patel of Oprah fame. After multiple miscarriages, Arieff, who cannot afford a US surrogacy arrangement, moves into Anand's "Surrogacy Camp" (121). The relationship to the surrogate is one of cautious friendship or courtship, complicated by the language barrier. The chasm between the white middle-class American from the Bay area who wishes for a family and a cold martini and the poor illiterate woman from an Indian village who hopes for a home with clean running water and an education for her children remains a constant presence. Yet in view of and despite the contractual arrangement they have made Arieff seeks bonds, harmony, understanding, and togetherness. She, too, envies the surrogate; she, too, misses the feeling of being pregnant, of having

> that connection that only a mother can have with a child when it is within her body, when that baby is wholly reliant on its mother to feed, shelter and protect it [...] I try hard to remember that I am not a failure. Alex and I have only come to this place in our journey after being through death and sorrow. [...] Yet, it is a double-edged sword [...] As much as I feel guilt for what I have asked of Vaina, I am also envious. She is having an experience of my children that I will never understand myself [...] my heart still wishes that I could have carried all my children to term. (95-96; 154-155)

Arieff has her audience in mind; repeatedly she writes that she "worried about what other people would think" of her decision to go to India (35);[12] every other page she justifies her action towards potential critics. Framed by liberal feminist thought, too, she decides to lobby for the freedom of choice of infertile women:

> I don't feel that I have anything to "defend." It was a choice that Alex, Vaina, and I all made willingly, and there's no reason for anyone to call our motivations or actions into question, and I am constantly educating everyone I know about every minute detail [...] I believe more firmly than ever that each couple should be granted the respect and privacy to make the fertility choice that is right for them. (99-100)

The book is thus a liberal feminist pro-choice pamphlet just as much as a personal story of becoming a mother. It also is a couched PR for the clinic of Dr. Patel which has prospered into a state of the art modern clinic. Reproduction is also business. Yet she

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to obtain a travel visa for Japan where the child was granted a one-year visa on humanitarian grounds leaving the nationality status precarious (Pyrce 2016, 934-935; Guzman 2016, 631-633).

[12] See also e.g. p.10 and 94.

fends off criticism of lifestyle choice and exploitation of other women by clearly stating that she had suffered and more than anything wished she were able to carry her child herself. The depiction of her three miscarriages serves to provide a glimpse of the hardships she has endured emotionally and physically over the years and serves as justification for the road finally taken. And there remains enough pain as is: stimulation of the ovaries through hormone shots for eleven days, accompanied by nausea, mood swings, sore muscles and growth of her four uterine fibroids each to the size of an orange, oocyte retrieval under full anesthesia. After years of being told that she is not performing well, that her body is deficient, even the number of eggs retrievable after hormone stimulation becomes an indicator of prowess: "Carlotta, who is my age, has four eggs, which is pretty good. Lynette has six, which is outstanding, and I think I detect a note of jealousy in the crowd as she announces her stellar sum" (58). Arieff has five. She performs well. Four are transplanted into the surrogate's uterus – a very high number verboten by many reproductive practitioners due to the high risk of multiple pregnancies – two hatch and grow into twin daughters. She admits she did not feel like a mother right after their birth – "I wish that my mother were here to tell me what is normal, what is to be expected [...] I don't feel like a mother yet, but I'm getting to know my daughters" (189, 191). She detected physical similarities, though, between herself, her husband and the twins which facilitated the bonding experience and established her visible and emotional "claim" to the children. As a counter narrative to the socially constructed "natural" mother-child bond, Arieff presents a sacred triad of herself as intended and genetic mother, the surrogate as birth mother, and the twins.

Arieff returns once more to India after the twin's birth and relocation of the family to the US. "My life is everything that I had ever hoped it would be. But something is missing. Someone is missing. And that someone is Vaina" (217). In view of the poverty she encounters it becomes clear that any future connection to the surrogate mother will be extremely complicated. The money Vaina had earned was spent on a taxi for her husband which he has already crashed, and Vaina plans to be a surrogate again – out of free choice? Arieff at first sticks to the liberal feminist creed: "Vaina has found a marketable skill that allows her to be an independent woman. [...] [surrogacy] allows women like Vaina to do the good work that they do, with respect and honor, as they deserve" (221). But she realizes that Vaina's interest in her is predominantly commercial, because the family needs the money. The depictions make it quite clear that Vaina performs different roles – submissive wife, altruistic and caring birth mother who is much more than just a carrier of a child ("good mother"), as well as business woman eager to find a new client for her reproductive labor services ("good worker"); as Pande (2014) writes, reproduction and production collapse into each other (9). Indian surrogates are dominated and controlled by family, clinic and state. They live in a culture where women are considered inferior human beings, frequently victims of gender-based abortions, child labor, prostitution, forced marriage, gang rapes and wife burning. Arieff tries to do justice to the surrogate

and her situation, yet at the same time to herself and to her children. With *The Sacred Thread* she creates (also) a romantic genesis story for her twins.

Conclusion

"There is a thin line between paternalism and exploitation when considering the surrogate's needs. Similarly, there is a thin line for the intended parents between reproductive autonomy and accountability" (Braverman, Casey and Jadva 2012, 304). Thus, memoirs by intended parents are situated in an extraordinary force field. On the one hand they serve to explain and justify the action taken to finally be (a) parent(s). They might thus be reminiscent of a confessional-meets-how-to-manual. The intended audience/implied reader might look for advice and support, but also be highly critical of surrogacy arrangements. The authors thus (re)present themselves, their bodies and their deficits, in a form of quasi-confessional, with extremely intimate health and medical details engaging with, contesting, yet at the same time also reinscribing the cultural norm of health and sickness as well as patriarchal motherhood and pro-natalism. To justify and explain why they want a child so much they revert to notions of the sick body which deserves treatment, confronting their own trauma of incapability (Marsh and Ronner 1996, 252-253) through a scriptotherapeutic quest taking them from hopes to pain and ordeal to ultimate happiness, a child. They idealize mothering and motherhood as something they cannot imagine living without. This desire for a child is – as all needs and desires are – partly socially produced (Marsh and Ronner 1996, 252) and infertility, a medical condition, is also culturally framed and deeply embedded in discourses about true motherhood and pro-natalist worldviews. But then a third term is added to the archaic model of belonging, to the mother-child equation – the genetic mother. Despite the sacred/natural bond emphasized by the gender essentialists, an IP can also claim a child as hers. And because she is "incomplete," she will do her best to make amends and be super mom, steeped in the romantic-repressive antics of "new momisms" and "intensive mothering." In the end, we should never forget that one crucial factor in all our discourses and debates: the children. These memoirs are also about the first chapters of babies' biographies and maybe the children deserve their stories should also be enfolded by the warmth of a little romance, after all.

REFERENCES

Agnafors, M. 2014. "The harm argument against surrogacy revisited: two versions not to forget." *Medicine, Health Care, and Philosophy* 17 (3):357-63.

Arieff, Adrienne. 2012. *The Sacred Thread. A True Story of Becoming a Mother and Finding a Family – Half a World Away.* New York: Crown Publishers.

Balée, Susan. 2016. "Getting a Life: Recent American Memoirs." *Hudson Review* 68 (4):603-628.

Barnes, Liberty Walther. 2014. Con*ceiving Masculinity: Male Infertility, Medicine, and Identity by Liberty.* Philadelphia: Temple University Press.

Bassan, Sharon. 2016. "Shared Responsibility Regulation Model for Cross-Border Reproductive Transactions." *Michigan Journal of International Law* 37:299-349.

Baylis, Francoise and Carolyn McLeod, eds. 2014. *Family-Making: Contemporary Ethical Challenges.* Oxford: Oxford University Press.

Berend, Zsuza. 2012. "The Romance of Surrogacy." *Sociological Forum* 27 (4):913-936.

Blake, Lucy, Nicola Carone, Jenna Slutsky, Elizabeth Raffanello, Anke A. Ehrhardt, Susan Golombok. 2016. "Gay father surrogacy families: relationships with surrogates and egg donors and parental disclosure of children's origins." *Fertility and Sterility* 106 (6):1503-09.

Boggs, Belle. 2016. *The Art of Waiting... On Fertility, Medicine, and Motherhood.* Minneapolis: Graywolf Press.

Braverman, Andrea and Polly Casey and Vasanti Jadva. 2012. "Reproduction through surrogacy in the UK and the USA." In *Reproductive Donation. Practice, Policy and Bioethics,* edited by Martin Richards and Guido Pennings and John B. Appleby, 289-307. Cambridge: Cambridge University Press.

Bromfield, Nicole F. 2016. "'Surrogacy Has Been One of the Most Rewarding Experiences in My Life': A Content Analysis of Blogs by U.S. Commercial Gestational Surrogates." *International Journal of Feminist Approaches to Bioethics* 9 (1):192-217.

Brown, Ivana. 2010. "Ambivalence of the Motherhood Experience." In *21st Century Motherhood. Experience, Identity, Agency,* edited by Andrea O'Reilly, 121-139. New York: Columbia University Press.

Buchanan, Lindal. 2013. *Rhetorics of Motherhood.* Carbondale: Southern Illinois University Press.

Caamano, Jessica M. 2016. "International, Commercial, Gestational Surrogacy through the Eyes of Children Born to Surrogates in Thailand: a Cry for Legal Attention." *Boston University Law Review* 96 (571):571-607.

Connell, Sara. 2013. *Bringing in Finn. An extraordinary Surrogacy Story.* Electronic book. Berkeley: Seal Press.

Couser, G. Thomas. 1979. *American Autobiography: The Prophetic Mode.* Amherst: University of Massachusetts Press.

———. 1989. *Altered Egos: Authority in American Autobiography.* New York: Oxford University Press.

———. 1997. *Recovering Bodies: Illness, Disability, and Life Writing.* Madison: University of Wisconsin Press.

———. 2009. *Signifying Bodies: Disability in Contemporary Life Writing.* Ann Arbor: University of Michigan Press.

———. 2012. *Memoir. An Introduction.* Oxford: Oxford University Press.

Douglas, Susan J. and Meredith W. Michaels. 2004. *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined All Women*. New York: Free Press.

Dymond, Justine and Nicole L. Willey, eds. 2013. *Motherhood Memoirs. Mothers Creating/Writing Lives.* Bradford: Demeter Press.

Eakin, Paul John, ed. 1989. *On Autobiography*. Minneapolis: University of Minnesota Press.

Fenton-Glynn, Claire. 2016. "Outsourcing Ethical Dilemmas: Regulating International Surrogacy Arrangements." *Medical Law Review* 24 (1):59-75.

Fernquest, Jon. 2015. "No Surrogacy Services for Foreign Couples." *Bangkok Post,* 20 February.

Field, Martha A. 1990. *Surrogate Motherhood. The Legal and Human Issues*. Expanded Edition. Cambridge: Harvard University Press.

Fronek, Patricia and Marilyn Crawshaw. 2015. "The 'New Family' as an Emerging Norm: A Commentary on the Position of Social Work in Assisted Reproduction." *British Journal of Social Work* 45:737-46.

Gedge, Elizabeth. 2011. "Reproductive Choice and the Ideals of Parenting." *International Journal of Feminist Approaches to Bioethics* 4 (2):32-47.

Gilmore, Leigh. 2015. "Covering Pain: Pain Memoirs and Sequential Reading as an Ethical Practice." *Biography* 38 (1):104-117.

Golombok, Susan. 2015. *Modern Families. Parents and Children in New Family Forms.* Oxford: Oxford University Press.

Greenfeld, Dorothy A. 2015. "Effects and Outcomes of Third-Party Reproduction: Parents." *Fertility and Sterility* 104 (3):520-524.

Gupta, Jyotsna A. 2012. "Reproductive Biocrossings: Indian Egg Donors and Surrogates in the Globalized Fertility Market." *International Journal of Feminist Approaches to Bioethics* 5 (1):25-51.

Guzman, Victoria R. 2016. "A Comparison of Surrogacy Laws of the U.S. to Other Countries: Should There Be a Uniform Federal Law Permitting Commercial Surrogacy?" *Houston Journal of International Law* 38 (2):619-52.

Hall, Ann C. and Mardia J. Bishop, eds. 2009. *Mommy Angst. Motherhood in American Popular Culture.* Santa Barbara: Praeger/ABC Clio.

Hammarberg, K. and M. Stafford-Bell and S. Everingham. 2015. "Intended Parents' Motivations and Information and Support Needs when Seeking Extraterritorial Compensated Surrogacy." *Reproductive BioMedicine Online* 31:689-696.

Harris, Judith. 2003. *Signifying Pain: Constructing and Healing the Self through Writing.* Albany: State University of New York Press.

Henke, Suzette A. 1998. *Shattered Subjects: Trauma and Testimony in Women's Life-Writing.* London: Macmillan Press.

Hewett, Heather. 2006. "You are not Alone: The Personal, the Political, and the 'New' Mommy Lit." In *Chick Lit: The New Woman's Fiction,* edited by Suzanne Ferriss and Mallory Young, 119-39. New York, Routledge.

Humbyrd, Casey. 2009. "Fair Trade International Surrogacy." *Developing World Bioethics* 9 (3):111-18.

Illinois Gestational Surrogacy Act (750 ILCS 47/) (2005). www.ilga.gov/legislation/ilcs/ilcs3.asp?ActD=2613&ChapterID=59

Imrie, Susan and Vasanti Jadva. 2014. "The Long-Term Experiences of Surrogates: Relationships and Contact with Surrogacy Families in Genetic and Gestational Surrogacy Arrangements." *Reproductive BioMedicine Online* 29:424-35.

Khader, Serene J. 2013. "Intersectionality and the Ethics of Transnational Commercial Surrogacy." *International Journal of Feminist Approaches to Bioethics* 6 (1):68-90.

Kuczynski, Alex. 2008. "Her Body, my Baby." The New York Times Magazine, 28 November. https://www.nytimes.com/2008/11/30/magazine/30Surrogate-t.html?action=click&content Collection=Magazine&module= RelatedCoverage&region=Marginalia&pgtype=article

Kukla, Rebecca. 2008. "Measuring Mothering." *International Journal of Feminist Approaches to Bioethics* 1 (1):67-90.

Lozanski, Kristin. 2015. "Transnational Surrogacy: Canada's Contradictions." *Social Science & Medicine* 124:383-390.

Malhotra, Anil. 2016. "Surrogacy in India at Crossroads." *Journal of Reproductive Health and Medicine*, November 2016, Supplement 1:16-17.

Marsh, Margaret and Wanda Ronner. 1996. *The Empty Cradle. Infertility in America from Colonial Times to the Present.* Baltimore: The Johns Hopkins University Press.

McLeod, Carolyn and Julie Ponesse. 2008. "Infertility and Moral Luck: The Politics of Women Blaming Themselves for Infertility." *International Journal of Feminist Approaches to Bioethics* 1 (1):126-44.

Mohapatra, Seema. 2016. "Adopting an International Convention on Surrogacy – A Lesson from Intercountry Adoption." *Loyola University Chicago International Law Review* 13 (1):25-55.

Norton, Wendy and Marilyn Crawshaw and Nicky Hudson and Lorraine Culley and Caroline Law. 2015 "A Survey of UK Fertility Clinics' Approach to Surrogacy Arrangements." *Reproductive BioMedicine Online* 31:327-38.

Olney, James, ed. 1980. *Autobiography: Essays Theoretical and Critical.* Princeton: Princeton University Press.

O'Reilly, Andrea, ed. 2007. *Maternal Theory: Essential Readings.* Toronto: Demeter Press.

O'Reilly, Andrea and Silvia C. Bizzini, eds. 2009. *From the Personal to the Political: Toward a New Theory of Maternal Narrative.* Selinsgrove: Susquehanna University Press.

O'Reilly, Andrea, ed. 2010a. *21st Century Motherhood. Experience, Identity, Agency.* New York: Columbia University Press.

O'Reilly, Andrea. 2010b. "The Motherhood Memoir and the 'New Momism': Biting the Hand That Feeds You." In *Textual Mothers/Maternal Texts: Motherhood in Contemporary Women's Literatures*, edited by Elizabeth Podnieks and Andrea O'Reilly, 201-213. Waterloo: Wilfrid Laurier University Press.

Pande, Amrita. 2014. *Wombs in Labor. Transnational Commercial Surrogacy in India.* New York: Columbia University Press.

Parsons, Kate. 2010. "Feminist Reflections on Miscarriage, in Light of Abortion." *International Journal of Feminist Approaches to Bioethics* 3 (1):1-22.

Perkins, Kiran M. and Sheree L. Boulet and Denise J. Jamieson and Dmitry M. Kissin. 2016. "Trends and Outcomes of Gestational Surrogacy in the United States." *Fertility and Sterility* 106 (2):435-442.e2.

Peterson, Joyce. 2016. "Baby M: American Feminists Respond to a Controversial Case." *Journal of Women's History* 28 (2):103-25.

Podnieks, Elizabeth, ed. 2010. *Textual Mothers/Maternal Texts: Motherhood in Contemporary Women's Literatures.* Waterloo: Wilfrid Laurier University Press.

Pyrce, Caitlin. 2016. "Surrogacy and Citizenship: A Conjunctive Solution to a Global Problem." *Indiana Journal of Global Legal Studies* 23 (2):925-52.

Reid, Lynette. 2015. "Piketty and the Body: On the Relevance of Wealth Inequality to Bioethics." *International Journal of Feminist Approaches to Bioethics* 8 (2):250-65.

Reineke, Sandra. 2008. "In Vitro Veritas: New Reproductive and Genetic Technologies and Women's Rights in Contemporary France." *International Journal of Feminist Approaches to Bioethics* 1 (1):91-125.

Richards, Martin and Guido Pennings and John B. Appleby, eds. 2012. *Reproductive Donation. Practice, Policy and Bioethics.* Cambridge: Cambridge University Press.

Roth, Amanda. 2016. "What Does Queer Family Equality Have to Do with Reproductive Ethics?" *International Journal of Feminist Approaches to Bioethics* 9 (1):27-67.

Rudrappa, Sharmila. 2016. "What to Expect When You're Expecting: The Affective Economies of Consuming Surrogacy in India." *Positions* 24 (1):281-302.

Ruiz-Robledillo, Nicolás and Luis Moya-Albiol. 2016. "Gestational surrogacy: Psychosocial aspects." *Psychosocial Intervention* 2016 35 (3):187-93.

SART – Society for Assisted Reproductive Technology. 2016. www.sart.org

Segal, Teresa M. 2010. "The Role of the Reproductive Technology Clinic in the Imposition of Societal Values." *International Journal of Feminist Approaches to Bioethics* 3 (2):90-108.

Shafak, Elif. 2007. *Black Milk. On Motherhood and Writing.* London: Penguin.

Smith, Sidonie and Julia Watson. 2010. *Reading Autobiography. A Guide for Interpreting Life Narratives.* Minneapolis: University of Minnesota Press.

Spar, Deborah L. 2006. *The Baby Business. How Money, Science, and Politics Drive the Commerce of Conception.* Boston: Harvard Business School Press.

Steiner, Leslie Morgan. 2013. *The Baby Chase. How Surrogacy Is Transforming the American Family*. New York: St. Martin's Press.

Teman, Elly. 2010. *Birthing a Mother: The Surrogate Body and the Pregnant Self.* Berkeley: University of California Press.

Zehelein, Eva-Sabine. 2017. "'Sara, Bill, Kristine, ... you're Pregnant!': Gestational Surrogacy, Biomedicalized Bodies and Reconceptualizations of Motherhood." *Hektoen International. A Journal of Medical Humanities.* Fall 2017. http://hekint.org/2017/11/20/sara-bill-kristine-youre-pregnant-gestational-surrogacy-biomedicalized-bodies-reconceptualizations-motherhood/