

“Doing it Our Way”

Participation and Kinship in Traditional Surrogacy Narratives in Aotearoa New Zealand

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Abstract

The practice of traditional surrogacy gives rise to multiple discourses around women’s autonomy and kinship practices globally. In the Aotearoa New Zealand context, traditional surrogacy (where the surrogate donates her own egg as well as gestating the foetus) is legal only on an altruistic basis. Furthermore, it is subject to neither medical nor state oversight, unlike gestational surrogacy which is heavily regulated. Drawing on three years of ethnographic research, this article focuses on both traditional surrogates in Aotearoa New Zealand who have children of their own and those who have chosen a childfree life. Their narratives reveal multilayered motivations that align with and diverge from the ‘help’ narrative often associated with altruistic surrogacy. By drawing on and contributing to current debates on surrogacy globally, I show that traditional surrogates take on their role with clear ideas about kinship and different interpretations of reproductive participation. Their narratives bring to the fore the under-researched topic of traditional surrogacy, and in particular of women who do not want children of their own but choose to donate their eggs and gestate the foetus for another woman. I argue that their negotiation of stigma to make/resist kin disrupts pervasive heteronormative modes of kinship.

Keywords

Traditional Surrogacy, Assisted Reproduction, Kinship, New Zealand.



1. Expanding Embryo. Drawing by the author.

Introduction

In this article I focus on the narratives of traditional surrogates who help to create kin for intended parents (individuals or couples who cannot gestate a pregnancy) in Aotearoa New Zealand (hereafter New Zealand) for whom traditional surrogacy is a necessity. Such necessity may be because technological intervention has not worked for them or because of other constraints, such as a lack of financial support, that prevent their access to the assisted reproductive technologies (ARTs) required for gestational surrogacy (where the surrogate is implanted with an embryo that is biogenetically related to the intended parents or gamete donors). For the surrogates, traditional surrogacy is an option for women who are unlikely to meet the state criteria to be gestational surrogates, such as those who have had previous high-risk pregnancies or who have not been pregnant before. Other traditional surrogates who may meet the criteria, intentionally choose to help intended parents who are denied entry into the ART clinic. These surrogates deliberately resist technological intervention and state interference to reproduce on their own terms because they do not want to be told who can and cannot have a family through surrogacy. Government policies and state and private fertility clinics all create a network of power over reproduction, and within this space traditional surrogates must constantly negotiate their own agency and social stigma while helping to make kin. This ethnographically grounded article makes

visible the narratives of traditional surrogates, a group of people who have received little attention in surrogacy and assisted reproduction scholarship.

Two key narratives that contribute to scholarship on different interpretations of reproductive participation in contemporary New Zealand have emerged from my ethnographic research. The first reveals multilayered motivations that align with and diverge from the ‘help’ narrative that is common in the context of altruistic surrogacy. These include personal fulfilment, curiosity, wanting to do something unique, and seeking to heal from grief. The second narrative follows on from this, bringing to the fore the under-researched topic of childfree¹ surrogates, that is, women who do not want children of their own but choose to contribute their egg and gestate the foetus for another. As one of the most controversial themes arising from my research, childfree traditional surrogates are met with more suspicion than are traditional surrogates who have children because of the assumption that a woman cannot be certain she is capable of giving up a baby unless she has been pregnant before. Placed within a broader exploration and perception of traditional surrogacy and traditional surrogates in the wider society, these narratives, I argue, disrupt the hegemonic and heteronormative kinship narrative that is pervasive in Western societies. I show that kin-making does not always have to focus on making family for oneself or be limited to single narratives. Rather, through the stories of traditional surrogates I outline the nimbleness of kinship and show how some celebrate novel ways of kin-making in contemporary times.

Methodology

This article is based on three years of ethnographic fieldwork, carried out between 2016 and 2019, entailing my immersion in the local surrogacy community and networks of people involved in the practice. An invitation to take part in my research project was posted on all the relevant online forums in New Zealand. The individuals who consequently contacted me became my key participants. They included 20 surrogates and their families and 20 intended parents from throughout New Zealand. I conducted semi-structured interviews and attended medical appointments, scans, gatherings, baby showers, and hospitals, sometimes staying with the families in their homes. Spending substantial time with my participants gave me extensive, experience-centred insight into the various actors’ perspectives and the challenges they encountered both locally and overseas (five sets of intended parents had travelled overseas for international surrogacy). In addition, I observed embryologists in a fertility laboratory and spoke with fertility

1 Following Bartlett (1994), Campbell (1999, 2003), and Nandy (2017), I refer to women who have no desire to be mothers as ‘childfree’, rather than childless, because it stands for an affirmative choice. ‘Childless’ is used in the popular vernacular to describe both voluntary and involuntary childlessness and ‘implies an incompleteness and deficit in an individual’s life and identity, as if s/he lacks something s/he ought to have. Thereby, it seems to endorse the cultural mandate of childbearing which is problematic’ (Nandy, 2017, 25). See Shapiro (2014) and Park (2005) for further discussion on distinctions between voluntary childlessness and ‘childfreedom’.

doctors, counsellors, lawyers, and egg/sperm donors (a total of 30 people). Everyone, except two surrogates, identified as Pākehā (New Zealand non-Māori, usually of European descent); of the surrogates, more than half were traditional surrogates (two having also been gestational surrogates); and of the intended parents, two were a gay couple and one was a single parent. Because traditional surrogacy is practised outside of any scrutiny, it is almost impossible to know how many traditional surrogates there are. Anecdotally, several of my participants indicated that to their knowledge there were approximately fifty practicing in New Zealand at the time.

In thinking through the context of my research, it is useful to situate it alongside other ethnographic work exploring surrogates' motivations as well as narratives of altruistic surrogacy (Berend 2016; Markens 2007; Ragone 1996; Rudrappa 2015; Teman 2008). This article will therefore juxtapose altruistic with commercial jurisdictions and traditional surrogacy with gestational surrogacy, because even though there are risks associated with one and not the other there are overlaps between them in terms of making and resisting kin. Such risks include the personal motivations of surrogates that go beyond a desire to help others create a family and the negotiation of social judgment, regardless of whether the context is altruistic or commercial.

Assisted reproduction and kin-making

Over the past 30 years, anthropological research into reproduction has grown exponentially. The emergence of *in vitro* fertilisation (IVF) in 1978 has taken reproduction literally from the private sphere into the biomedical laboratory, redefining the traditional family and reproductive model as both biological and technological (Franklin 1995, 2008). Advances in reproductive medicine have made the biogenetic elements of human relationships more visible than ever (Strathern 1995, 2005a, 2005b). Moreover, assisted reproductive technologies (ARTs) are shaping how, culturally, people think about their relations to one another (Franklin 2008; Strathern 2005a). They demonstrate that new kin configurations that do not conform to any specific trajectory are possible (Almeling 2011, 143; Grebeldinger 2013, 9). Similarly, Ragone (1994) argues that in a post-ART world, biogenetic kinship is a 'marker' of real parentage in Euro-American kinship ideologies. Franklin (1995, 2002), Inhorn and Birenbaum-Carmeli (2008, 182), and Satz (2007) contend that this emphasis on biogenetic links is the impetus for infertile heterosexual couples seeking ways to have children using their own biogenetic material. Published ethnographies on egg and sperm donation, such as Almeling's (2011) in the US and Nahman's (2013) in Israel, challenge the importance of biogenetic relatedness in family formation by demonstrating the value people place on social or intentional parenting. Other scholars, such as

Thompson (2005), Mamo (2007), Nordqvist (2012, 2014), and Weston (1997), argue that queer families use ARTs as tools to mimic dominant heteronormative narratives and essentially emulate heterosexual family structures.

Gestational surrogacy, the earliest case of which was recorded in 1985 in the US, was the first assisted reproduction method to give women who were unable to get pregnant or to gestate a foetus to a live birth, the opportunity to have a baby that is biogenetically related to them. Traditional surrogacy, also known as ‘partial’ or ‘genetic’ surrogacy, is seen as a ‘low-tech’ option in comparison with gestational surrogacy. The practice pre-dates gestational surrogacy (Teman 2008) and typically involves surrogates in their home being inseminated with a syringe containing the sperm of the intended father or sperm donor. Although traditional surrogacy is often located within the ART literature because it too interrupts the ‘natural’ process of conception, the notion of ‘traditional’ tends to be conflated with pre-technological, pre-modernity, and pre-scientific advancements². From the late 1980s onwards, gestational surrogacy was either introduced into some countries where traditional surrogacy is prohibited (including Greece, Israel, Ukraine, and Russia) or in countries like New Zealand became a second option alongside traditional surrogacy for those who could afford it. For over a decade, anthropologists and sociologists have conducted a copious amount of research into gestational surrogacy in countries such as Israel (Teman 2010), the US (Berend 2016; Jacobson 2016; Markens 2007; Ragone 1994; Thompson 2005), and the UK (Blyth 1994; Jadva et al. 2003); into transnational surrogacy and the politics of stratified reproduction (Deomampo 2013, 2016; Pande 2014; Riggs and Due 2010, 2013, 2014; Rudrappa 2015; Vora 2013; Weis 2017); and into gay couples who choose this method (Berkowitz 2020; Fantus 2020; Goodfellow 2015; Nebeling Peterson 2018; Smietana 2016, 2017).

There has been little in-depth qualitative research that specifically examines traditional surrogacy and the motivations of traditional surrogates. One reason for this is the increase in couples seeking gestational surrogacy, which has risen in popularity to become the preferred method in nations such as the US, the UK, and Canada. Indeed, in Canada, by 2003 95% of all surrogacy arrangements were gestational (Busby and Vun 2010). Another reason is the ban on traditional surrogacy in other nations. For example, in Israel, which has one of the highest numbers of fertility clinics per capita in the world, this ban meant that the impactful research by Teman (2010) focused only on gestational surrogacy. Notable exceptions to this general picture include Ragone’s (1994) research on traditional surrogates in her ethnography about surrogacy in the US, Berend’s (2016)

2 The connotations associated with ‘traditionalism’ and the tradition/modernity dichotomy are part of wider debates in anthropology, post-colonial scholarship, and cultural studies (Asad 1973; Grosfoguel 2007; Mignolo 2007; Quijano 2000).

narratives of traditional surrogates from her analysis of an online surrogacy forum, and a few quantitative studies from Britain (Imrie and Jadva 2014; Jadva et al. 2003) that sought to measure the satisfaction that traditional surrogates (identified as genetic surrogates) derive from helping others to create a family. In New Zealand, Shaw (2008b) interviewed both traditional and gestational surrogates (four in total) alongside the egg donors. More recently, Shaw (2020) has challenged the claims of philosophers Walker and Van Zyl (2017), that a ‘professional surrogacy model’ that enforces surrogacy arrangements is the answer to the current ambiguous and piecemeal regulations in New Zealand. The current article draws on and contributes to this literature, shedding light on the novel experiences of traditional surrogates and highlighting new ways of seeing kin-making in contemporary times.

Surrogacy in New Zealand

In New Zealand, there are no regulations that pertain to surrogacy alone, and its incorporation into existing regulatory frameworks has always been highly politicised. According to Lovelock (2010), during the 1970s and before the proliferation of fertility medicine, artificial insemination (and in turn, traditional surrogacy) was available in the country’s public hospitals. However, it was offered on a case-by-case basis to heterosexual, white, married couples only, at the discretion of the hospitals’ doctors (Lovelock 2010). When New Zealand’s first private fertility clinic opened in 1987, in Auckland, this same bias persisted, where ‘economic status, sexual orientation, disability, ethnicity, and marital status determined inequitable access’ to resources (Lovelock 2010, 140). Between the 1980s and 2003, submissions made to parliament on the use of ARTs revealed an unease with technologies and practices that deviated from the ‘natural trajectory’ of reproduction. The fertility clinic became the legitimising site, where the cost of fertility interventions combined with regulations was used to demarcate who could enter and create kin and who could not. Those who did not fit the demographic profile, which included single women, lesbians, and gay couples, conceived through home insemination (Lovelock 2010). Although gay couples won the right to receive IVF and gestational surrogacy services in 2015, they are still not entitled to receive any public funding support.

Before the Human Assisted Reproductive Technology Act (HART) 2004 was passed, the legality of surrogacy and what role the state should play in regulating it continued to be debated within an increasingly neo-liberal approach to governance. The dominant event that influenced political and ethical debates both in the UK and in New Zealand was the infamous ‘Baby M’ case, in which American traditional surrogate Mary Beth Whitehead refused to relinquish the baby to the intended parents (New Jersey Supreme Court 1987). In New Zealand, Member of

Parliament Dianne Yates cited this case as justification for creating an altruistic and well-regulated model that could prevent the exploitation and commodification of the surrogate and baby (Yates et al. 2015). Since Whitehead was a traditional surrogate, the case further fuelled the social stigma and the fear that traditional surrogacy is exploitative of women. Through the combination of public and political anxiety and privatised fertility medicine, assisted reproduction evolved from being an unregulated practice to one that now came under the scrutiny of fertility clinics and the state. Once the HART Act 2004 was passed, gestational surrogacy, much like IVF, was accessible only to white, heteronormative, married couples who could afford the cost of treatment.

In the HART Act 2004 (Part 1, section 5), surrogacy is described as ‘an arrangement under which a woman agrees to become pregnant for the purpose of surrendering custody of a child born of a result of the pregnancy’. Although domestic commercial surrogacy, or paying a woman to carry a child, is illegal in New Zealand, the law does permit altruistic (also known as ‘compassionate’) surrogacy. Both traditional surrogacy and gestational surrogacy are legal. However, the country’s small population (of just over 4.8 million), together with its ban on commercial surrogacy, means that there are no surrogacy agencies. Other jurisdictions, including Canada, the UK, the Netherlands, Greece, and Australia (except the Northern Territory), also allow altruistic surrogacy only and have relatively similar laws. In comparison, gestational, traditional, commercial, and altruistic surrogacy are legal in many US states under their privatised health system, while Israel permits only gestational surrogacy under a pro-natalist, state-funded system. Other nations that permit gestational surrogacy include Greece, Ukraine, Laos, and Georgia.

In New Zealand, although the fertility clinic determines whether patients and their chosen surrogate are suitable candidates for gestational surrogacy, the government ultimately decides what fertility treatments are permissible. The fertility clinic submits its applications to the Ethics Committee for Assisted Reproductive Technologies (ECART), a ministerial committee that scrutinises each case. The committee may either reject the application, defer its decision until further information is forthcoming, or approve and monitor applications in accordance with the policy regulations of the Advisory Committee for Assisted Reproductive Technologies (ACART). In addition to lengthy submissions to ECART, this route also involves extensive consultation with fertility doctors, counsellors, and other medical personnel. It is estimated that it can take up to two years before an application is processed and applicants can begin fertility treatment. To gain ECART approval, strict criteria intended to minimise risks (whether pregnancy-related or otherwise related to the process) must be met. For example, at the time of writing at least one intended parent must have a biogenetic connection to the

embryo to be implanted in the surrogate, and the surrogate’s partner (if she has one) must give their consent. Both traditional and gestational cases are scrutinised by Oranga Tamariki (formerly the Child Youth and Family Agency), because all parties must go through the similar legal process of having the baby formally adopted by the intended parents (regardless of their biogenetic relationship).

Although advances in ARTs are able to give people greater choice, they do not necessarily do so for every citizen. As mentioned above, freedom to reproduce through gestational surrogacy is restricted to those who are eligible and who meet the narrow criteria for funded assistance or can afford private fertility treatment. Unfortunately, by the time many intended parents know they need a surrogate they will already have spent a substantial amount of money on IVF or on freezing embryos in preparation for it. The cumulative financial cost of gestational surrogacy is estimated to be NZ\$50,000 (approximately £26,000). Thus, for people who would not meet the strict medical and ethical criteria, traditional surrogacy is an opportunity to avoid the state and medical gaze as well as the economic and time costs associated with using the services of fertility clinics.

Altruism and beyond the ‘help’ narrative

On an extended fieldwork trip, Ruby³ invited me to stay at her house. In her open-plan kitchen and living room I noticed a mixture of fiction (particularly sci-fi) and non-fiction in her overflowing bookcases (and later in the room I slept in, books surrounded me, making me feel like I was a child in my family house). Then, Ella Teman’s (2010) ethnography, *Birthing a Mother*, caught my eye. Ruby told me that it helped her to conceptualise what her role was as a surrogate. ‘I’m not making a baby, well I am, but I’m mostly making a mother. It’s all about her’. This marked the moment where our discussions about surrogacy interwoven with intellectual musings on kinship began.

Conversation flowed easily between us, despite this being our first meeting. A self-proclaimed surrogacy activist, Ruby told me she was passionate about the reproductive rights of women and about reducing the stigma surrounding surrogacy. She herself had been able to conceive and give birth to three daughters in addition to donating her eggs in her 20s. For her, she told me, motherhood was based on intention rather than biogenetic ties. The idea of surrogacy had come onto her radar when she was younger, but her husband had not agreed to it. She joked that his refusal was one of many reasons she decided to leave him, exclaiming, ‘It’s my body, I’ll do what the fuck I like with it!’

3 All names are pseudonyms.

After time passed, the now single Ruby chose the traditional surrogacy route when she was close to 40 years old, stating that ‘the government would never have let me be a gestational surrogate anyway’ in reference to her high-risk pregnancies and increasing age. Even if she could have, Ruby disliked the strictly regulated laws surrounding gestational surrogacy in New Zealand, which control what a woman decides to do with her body. Although it was not her initial reason to become a traditional surrogate, in this way she could help others have a family on her own terms as well as fight the system. She could help make a mother.

Time spent with other surrogates revealed that they too had multilayered motivations that aligned with and diverged from the ‘help’ narrative commonly associated with the concept of altruism. However, these motivations were articulated differently depending on the people and the circumstances, such as whether the surrogate was childfree (more discussion on this below). For example, Lola, who was both a traditional and a gestational surrogate, aptly summed up what other participants often alluded to: ‘If anyone says they don’t get something out of being a surrogate, they are lying’. Lola was motivated to become a traditional surrogate because she wanted to help others have children. However, she also cited the desire not to have to undergo any medical interventions and ‘a curiosity to see what kind of child my egg and another man’s sperm would make’. When she decided to become a gestational surrogate after this, it was because she was content with her experience as a traditional one. In this sense, wanting to help others have a family is juxtaposed with wanting to get something out of the experience. Some women become surrogates because they want to do something special with their lives and have a unique story to tell or because they enjoy pregnancy, which is consistent with surrogates’ motivations in other altruistic jurisdictions (Blyth 1994; Jadva et al. 2003; Jadva, Imrie, and Golombok 2015; Ragone 1996).

Although Ruby had several reasons for wanting to be a traditional surrogate, during my first visit she admitted that her main reason for becoming a surrogate was because her second daughter had died in her sleep years earlier, aged two.

To not have known her or be able to understand that ‘heart-bursting’ love that us mothers have for their children is to me, an even more unimaginable horror. I had this strong need to [be a surrogate and] fill someone else’s ‘hole’ as if somehow it will help to offset my loss.

Ruby’s desire was thus underpinned by an intimate encounter with the precariousness of life itself. This is not identified as an explicit motivation in assisted conception and surrogacy scholarship. However, Shaw (2008b, 21) does describe two of her participants who donated eggs in New Zealand as having ‘experienced encounters with death ... these women felt compelled to reaffirm the

value of life by symbolically expressing these feelings through the donation of reproductive gifts’. Inverting the heartache and pain of losing her daughter unexpectedly, Ruby found purpose and the need to give someone else the joy of motherhood. Shaw (2008b, 11) refers to women’s motivations of personal fulfilment as their ‘body project’, whereby egg donors and surrogates conceptualise their form of assisted reproduction as a way of working on their own self-identity and value. A literal interpretation of the term is also apt for framing women who practice surrogacy as experiencing a physical transformation. For example, one of my participants wanted to practice surrogacy because she found that when she was pregnant with her own daughter, her chronic health condition went into remission. Not wanting any more children but wanting to experience pregnancy again coincided with her desire to help infertile women.

In countries that allow only altruistic surrogacy, the practice is framed in state regulations and public discourse as contrasting with commercial surrogacy, with surrogates receiving no money for performing the role⁴. The language of self-sacrifice was used in my conversations with intended parents, in which the surrogate is seen as the ‘angel’ who brought them their happiness. In her discussion of the three features of altruism, Shaw (2007, 16) describes the first as seeking ‘to increase or enhance another’s welfare, life chances or pleasure, not one’s own’, and goes on to explain that ‘Second, an altruistic act is voluntary. Third, an altruistic act expects no external reward or reciprocation’⁵. Yet, we see from the narratives above that wanting to help create kin for others is not done as a selfless act but is part of a more complex set of motivations. The link between simultaneously helping others and doing it out of self-interest is what Shaw (2007, 303), in citing Schmitz (1996), refers to as ‘the altruism paradox’, where habituated concern or regard for others is inextricably connected to one’s self-regard.

The altruistic narrative is also present in countries that allow commercial surrogacy and egg donation, challenging the idea that an altruistic act contains no personal self-regard. According to Shaw, in countries such as the US altruism is framed as an affective act and ‘an invitation to exercise reproductive mobility’ (Shaw 2015), in Yates et al. 2015, 50). Altruistic reasons are often emphasised to de-emphasise money as a primary incentive (Berend 2016). Ragone (1996) writes about a surrogate who was primarily altruistically motivated, refusing her dad’s offer to pay her *not* to be a surrogate. Equally, surrogates who contributed to the online surrogacy forum that Berend (2016) followed for ten years all relayed emotional

4 In New Zealand (and the UK and Canada) surrogates can receive ‘reasonable’ expenses, such as pregnancy-related costs.

5 See May and Tenzek (2016), Pande (2011), Rubin (1975), Ruparelia (2007), Shaw (2003, 2007, 2008a, 2010, 2017), Strathern (1988), Tober (2001), and Yee (2019) for more discussion on the relationship between altruism and gift-giving in the context of gender and reproduction.

desires to help others. The representation of commercial surrogacy as involving altruistic elements is a discourse also common in egg donation in the US. Almeling (2011) describes how egg donor agencies in the US choose women whose nature is confirmed through psychosocial analysis to be altruistic and nurturing⁶. Smietana (2017) discusses how affect and emotions help gay fathers to negotiate the commercial aspect of surrogacy. These cases further explicate the blurred boundaries that separate commercial and altruistic surrogacy, demonstrating that in the US at least it can be about both.

Childfree surrogates

Just as women have a variety of motivations to become surrogates, so in New Zealand the motivations of some I spoke to aligned with trends found in other countries while others described motives that were unique to them. The latter include Lola’s desire to see what a baby with her and the intended father’s genetics would look like; for others, it was the opportunity to defy government regulations that deny intended parents or/and certain surrogates access to clinical surrogacy. As well as revealing personal incentives, their narratives confirm the primacy of altruism in women’s motivations for being surrogates. This was also clear when talking to Kelly, Madison, and Joy, the three childfree surrogates I got to know during fieldwork. The following narratives reveal how it is possible for a woman to create kin for others without having any desire to do so for herself.

At a busy brunch spot, I met Kelly. She was the first surrogate to email me after she saw the outline of my research project posted on a surrogacy forum. Kelly had cycled from the nearby home she shared with one other person, had piercing blue eyes, an open smile, and light blonde hair, the bottom of which was dyed magenta. At 35, she had recently qualified as a social worker, having previously worked in the design world both in New Zealand and in the UK. Now settled in a new job, Kelly was four months pregnant for a gay couple living over 500 kilometres away. As we sat on bar stools at a high table, the only kind available, I asked Kelly what had motivated her to become a surrogate and whether she had had specific criteria in mind for the intended parents when she joined the surrogacy group. Slowly eating her date scone (which I learnt had become a favourite of hers, as we met in a different café each time to see how good its version might be), she pondered this. She explained that she knew she wanted a gay couple because she thought that in a heterosexual couple the woman might be jealous of her ability to conceive and gestate a foetus. She laughed lightly, adding that she had the idea that gay men would dote on her, which we found, as time passed, was not the case. As a single, childfree, traditional surrogate, she would not have been approved for

6 See Almeling (2011), Jacobson (2016), and Markens (2007), as well as Laura Brigg’s (2018) excellent book *How All Politics Became About Reproductive Politics*, for more in-depth discussion on reproductive labour and capitalism.

gestational surrogacy. However, she would not have wanted to go down that route anyway because of all the medical treatments and needles involved. She also thought it was unfair to make people pay all that money when she could ‘just do home insemination’. At 35, she wanted to see what it was like to be pregnant in case she never got the chance to or did not want to become pregnant in the future. For that reason, she acknowledged, some people might see her as something of a ‘wild card’ despite her assurances that she would always give the baby to the intended parents regardless of whether there were post-birth complications that could make her infertile. At the time of writing this, the boy that Kelly gestated and gave birth to is three years old and living with his intended parents, and she does not regret her decision.

The HART Act 2004 includes the regulation that a woman should ideally have completed her family before she becomes a surrogate. This is in case she experiences complications during the pregnancy that could affect her ability to fall pregnant or gestate again in the future. These regulations may make sense when we look at Kelly’s indecision about having children of her own in the future. Yet, part of her reason for choosing to be a traditional surrogate was that she was clear about what she wanted at that time, knowing that her future may not have children in it (she was clear that she did not want to be a single mother and knew that could mean that this surrogacy would be her only pregnancy if she did not find a partner). Her resistance to the social expectations reflected in the Act that seek to redefine the parameters of who can be a surrogate was also a central motivating factor.

Beyond Kelly’s case, the regulations in the HART Act 2004 also fail to consider women who do not want to have children but are happy to gestate one for someone else. Two of the three childfree surrogates in my research, Madison and Joy, knew that they did not want to have children; their decision to become surrogates was born out of compassion for others. They both understood that there were people who wanted children as strongly as they rejected the idea. ‘It wasn’t a big thing for me to do,’ Madison told me during our first meeting, not mentioning until later that she had had two very difficult pregnancies when carrying for a gay couple. She had significant morning sickness but saw it as something temporary, downplaying her role because it ‘only lasted for nine months, and [the intended parents] are the ones that have to do all the tough stuff’. What surprised her the most, even now, four years after the last birth, is that although she is an introvert she enjoys joining conversations with other women on the ups and downs of pregnancy (even though she had children for other people) and is pleased to have been ‘invited into the club’. Madison’s pleasure in her newfound status as a member of a group with a

collective suggests that motivation can have social as well as personal aspects to it.⁷

One evening, on loud-speaker, I had a two-hour conversation with Joy, a traditional surrogate twice to different heterosexual couples.

Hannah: It's such a huge thing to help with though, isn't it?

Joy: But not to me.

Hannah: No?

Joy: Because to me, it's something I don't want. This is what so many people don't understand.

However, Joy's parents understood. Nervous of their reaction, Joy had sent them a handwritten letter because she wanted them to take time to digest the information. Within a few days, her mother called her and said, 'Go for it. We'll support you'. Like Madison, Joy did not see her actions as anything special:

It's not a big thing, because I don't like kids. It's not something that I've dreamed about and wanted all my life ... you know how some women just, they're not complete unless they have children. That's not me ... it was honestly no different than donating blood. It just took a lot longer and was a bit harder on my body.

When I asked Joy how she felt now, looking back, she was quick to point out that she has no more feelings towards the two babies she gave birth to than she does to her nieces and nephews—and, as she once told me, laughing, 'I hate the little buggers [in general]'. It seemed important to Joy to mark her emotional distance from the surrogate children, which is part of her ongoing act of detachment from them. According to Candea et al. (2015), detachment as a state can never fully be realised; nor does the process involved in *becoming* detached equate to a cessation of relationships. Instead, as in the case of Joy and other surrogates, they engage in a process of 'detaching'. There is the initial, corporeal, disconnection that surrogates experience with the babies they give birth to, but this is not necessarily the end of their connection. For example, some intended parents and surrogates see the cutting of the umbilical cord as a symbolic ritual and the literal disconnection of the baby from the surrogate. This then creates space for other connections to be formed (Strathern 2005a), such as that between the intended parents and their child. However, all parties must negotiate this new, inter-personal detaching, including what role the surrogate will have in the child's life. Joy's

7 See Gammeltoft (2018) for a discussion on how people can find their bearings through belonging to a concrete community.

assertion that she has no emotional connection to the children is an example of this ongoing negotiation with the detaching process.

Like Madison, Joy seemed to downplay her role, viewing it as an act akin to donating blood—giving something that is of value to others that she is physically capable of giving. Joy’s casualness was almost blasé, which was especially intriguing because during the pregnancy she developed gestational diabetes that had to be managed. Not only does this minimisation of what they sacrificed⁸ to create kin contrast with the efforts involved in home insemination (it took Kelly nearly a year to become pregnant), the physical and hormonal changes that accompany pregnancy, not drinking for nine months, putting time and work into making sure the intended parents feel involved and expectant, and then the childbirth itself; these women also saw what they did as less of a ‘big deal’ compared with what surrogates who already have children go through. In my interview with Joy, I wrongly assumed that it was a big act of self-sacrifice, thereby signalling the pervasiveness of the cultural trope of motherhood being implicitly linked to womanhood and thus consequential. Instead, their narratives disrupt the significance that is usually attached to these events and experiences. They acknowledge the importance of parenthood for others—as Madison said, ‘I read about a couple dealing with infertility and felt sad for them’—but they have no desire to have this version of relatedness themselves. Notably, these childfree surrogates never minimised the significance of what it might mean for the resulting children, who they recognised would probably have questions in the future. Further, their narratives support the idea that motherhood/parenthood is intentional and a choice, and that the period following the birth—when the intended parents take on their roles fully as the only parents the children will know—is the important part.

However, although Madison, Kelly, and Joy were confident in their decision and desire to be surrogates, even members of the closed online surrogacy community were not entirely comfortable with their presence. Openly stating that being a surrogate is no big deal is provocative, especially in a space where surrogates are held in high regard because they are willing to give a lot to help others create their family. When Joy first joined the group, she remembered that someone did a poll that asked whether ‘intended parents would be happy to have a childless surrogate’; although they did not name Joy, she said that it was clearly about her because she was the only childless surrogate in the forum at the time. Similarly, at various points in my fieldwork, if I uttered the words ‘childless surrogate’⁹,

8 I use the term ‘sacrifice’ rather than ‘gift’ because it reflects the physical toil that surrogates went through with the pregnancy. It is also a word that was used by some surrogates to describe their experience.

9 Despite the evolution from the term ‘childless’ to ‘childfree’ during my scholarship, I want to acknowledge that the former was part of my vernacular (and that of others) for a substantial period of my fieldwork, and that I would often bring it up in interviews unconscious of its connotations is mentioned earlier in this article.

government advisors, lawyers, and other overseas surrogacy researchers were shocked, classing it as something potentially dangerous. Despite Madison, Joy, and Kelly having no regrets years after the birth of the children, the discomfort people feel about what they do reflects a normative discourse that assumes that a woman cannot know whether she can give up a baby unless she has been pregnant before. Even in a surrogacy community that promotes the idea that a woman can gestate, deliver, and relinquish a child to another, similar concerns are voiced. Surrogates usually have children of their own and any divergence from this sounds alarm bells. Whereas surrogates who have gestated and birthed their own children affirm their own love of motherhood when they act as surrogates, childfree surrogates complicate the normative idea that motherhood is something that every woman desires.

How traditional surrogacy polarises and discomforts

During a skype chat one evening, Ruby told me that when a stranger found out that she was a surrogate he praised her. Yet when she mentioned that she was a ‘traditional surrogate’, that is, that she donated an egg in addition to gestating the foetus, he was shocked, exclaiming, ‘You’re giving up your *own* baby?’ Affronted, Ruby replied, ‘I’d never give up *my* babies! These aren’t my babies!’

In this article I have shared the narratives of traditional surrogates, a group that is frequently misrepresented by society and in wider cultural expectations of what the conventional Euro-American family should look like in the West. While childfree surrogates do experience additional discrimination associated with their decision to be childfree, traditional surrogates in general are open to even further judgment. Critics are pessimistic about the practice, asserting that the woman who gives birth is always the mother of the child (Stefansdottir 2018)¹⁰, that surrogacy is exploitative of the surrogate and the child (Overall 2013), and that it is ultimately a way for society to control women’s reproduction (Deomampo 2013, 171; Hubbard 1984). The debates within feminist discourse include those calling for a ban on all forms of surrogacy (see Thompson 2002, for a more exhaustive discussion) amid claims that such practices allow men to use women’s wombs simply as ‘empty vessels’ (Corea 1985) or are reflective of classism and racism (Rothman 1989; Davis 1993). Meanwhile, liberal feminists ‘defend a woman’s right to use her body as she chooses, even if that means being a surrogate’ (Markens 2007, 17), claiming it as a mark of reproductive and democratic freedom and similar to other wage contracts (in reference to commercialised surrogacy). As Markens (2007,

10 Strathern (1998, 185) aptly sums up the situation when she states that ‘the act of surrogacy itself causes less contention than the question it poses about who might be the ‘real’ mother’.

18) observes, opponents and supporters of surrogacy often have similar ideologies about the ‘sanctity of family’.

It is common for traditional surrogates to receive criticism from the public or from their friends and/or family. Such reactions manifest as fear that a surrogate is making a mistake by donating her own egg as well as gestating the foetus, as if providing her egg raises the likelihood that she will regret handing the baby over. The huge legal battle and media coverage concerning the infamous ‘Baby M’ case turned it into one of the most talked-about stories on this subject, often used as a cautionary tale to warn people of what might go wrong. This is despite the fact that just one per cent of surrogacy cases in the US end up being fought in court (Teman 2008). Empirical research in altruistic contexts such as the UK (Blyth 1994; Jadva and Imrie 2014; Jadva et al. 2003; van den Akker 2003) and Canada (Yee, Goodman, and Librach 2019), and in countries where both commercial and altruistic surrogacy are legal, such as the US (Baslington 2002; Berend 2016), shows that surrogates report high levels of satisfaction from gestating and giving a baby to intended parents. Teman and Berend (2018, 297) write that ‘critics normatively discuss surrogacy by drawing on cultural “myths” regarding motherhood ... while ignoring surrogates’ own understandings of relationships and relatedness’. A longitudinal study by Jadva, Imrie, and Golombok (2015, 373), which followed up surrogate mothers in the UK ten years after they had given birth, found that both gestational and traditional surrogates ‘may find the weeks following the birth difficult ... but do not experience psychological problems six months or one year later’ and remain positive about the experience overall.

According to Teman and Berend (2018, 296), ‘For surrogates in the USA and in Israel, maternity, bonding, and kin-ties are not automatic outcomes of pregnancy, but a choice’. By basing her relationship with her own children on intention and love, Ruby shows that non-bonding and being willing to make kin for others is also a choice—a choice that traditional surrogates take on with the clear intention of not needing to feel ‘motherly’, but motivated rather by the desire to make kin, albeit for others. This choice does not disregard the biogenetic connection but de-emphasises it to help support the vision of kin that they are helping to create¹¹. The idea that motherhood and kinship are culturally constructed has been argued by critical kinship scholars (Scheper-Hughes 1993; Weiss 1994; Teman 2010), problematising assumptions in psychosocial studies that postulate that lack of maternal instinct or the mother–child bond is due to psychological problems (Alhusen 2008; Ciccarelli 1997, 2; Condon and Corkindale 1997; Resnick 1990; Teman 2008). ‘Despite historical and cultural variations in what it means to be a mother, the unity of motherhood today is framed as part of nature itself ... [and]

11 See Faircloth and Grtin (2018) for a discussion on the naturalisation of ‘the desire to parent’.

thanks to their female instinct, women naturally love, understand, and have empathy for and a connection to the children they beget and birth’ (Jacobson 2016, 5). Therefore, assumptions that their ability to function successfully as a surrogate is down to (lack of) a character trait portray such women as deviant and abnormal (Temam 2008). Such heteronormativity-camouflaged scientism feeds cultural anxieties that surrogacy is a potentially dangerous practice, regardless of the fact that most cases work out well.

The childfree traditional surrogates I met inhabit the most elusive category of surrogates and garner suspicion. Being childfree and deviating from the ‘dominant, mainstream or the most acceptable way of being a mother or woman’ (Nandy 2017, 8), burdens voluntarily childfree women with the need to justify their decision; whereas, choosing to reproduce does not, resulting in ‘unwanted empathy when it is assumed that one’s childlessness is not voluntary’ (Hintz and Brown 2019, 62). They are othered and ‘uniquely liminal in ways that are destructive to moral agency’ (Goltib 2016, 327).¹² Within this context, Madison, Joy, and Kelly’s decision to help create a family while being resolute in their own choice to be childfree destabilises the cultural script in the West that says that motherhood is an essential part of womanhood (Harrington 2019; Letherby 1999; Hintz and Brown 2019; Gillespie 2003) and a crucial element of a woman’s self-worth and fulfilment (Meyers 2001; Peterson and Engwall 2013). For these childfree surrogates, surrogacy does not reaffirm their own love for motherhood as it may do for other surrogates. While Kelly was primarily motivated by wanting to experience pregnancy, Madison’s and Joy’s narratives reveal that they became surrogates through compassion for others who dream of something they themselves do not. In this way, surrogacy is a means of helping create kin for others, not of reproducing something they themselves want.

Conclusion

With the proliferation and globalisation of assisted reproductive technologies (ARTs), gestational surrogacy is a popular option for intended parents seeking to create a family through surrogacy, not least because it is the only legal option in some countries. Compared with gestational surrogacy, traditional surrogacy has received less scholarly attention in the last two decades. The research that does exist reveals that although the biogenetic and gestational relationship between the surrogate and foetus/resulting baby does present extra ethical considerations, traditional surrogates report the same level of contentment and favourable experience as do gestational surrogates. In New Zealand, half the surrogates I got to know during fieldwork were traditional surrogates, providing a rare opportunity

12 Similarly, the decision to undergo sterilisation is stigmatised and met with criticism and fears that the woman will regret her decision (Gillespie 2000; Hintz and Brown 2019).

to shed light on their narratives and experiences. Childfree traditional surrogates are denied entry to fertility clinics to practise gestational surrogacy because they have not ‘already had their children’, to quote the legislation in the HART Act 2004. Other traditional surrogates, like Ruby, deliberately choose this route to circumvent the regulations that stipulate for whom they can or cannot carry a baby. The narratives in this article reveal that the altruistic/non-altruistic dichotomy in the context of surrogacy, and of assisted conception more broadly, is superficial. Altruistic surrogacy is not just about altruism. Rather, traditional surrogates are motivated by the desire to help others create kin as well as to find personal fulfilment themselves in the process.

Through its strict criteria limiting access to gestational surrogacy and legislation that identifies only the birth mother as the ‘real mother’, the state is determining what kin ought to look like and what kin means. Surrogates in general challenge the boundaries of what kin-making looks like, but it is traditional surrogates who explicitly challenge cultural assumptions about motherhood. These include the nimbleness of kinship as a construct. What is kin for one family can be altogether different for another. Traditional surrogates teach us that women are willing to make kin just for someone else. In the case of childfree surrogates, the fear that people, particularly other surrogates, have, shapes and reinforces the very stigmas they are trying to dismantle in the first place—that motherhood or parenthood are ‘natural’ rather than built on intent and choice. Although traditional surrogacy may challenge heteronormative understandings of motherhood, the disapproval of childfree surrogates suggests that it does not necessarily subvert narratives around womanhood equating to being maternal, for everyone. Taken together, these accounts encourage a more expansive conceptualisation of kin and kin-making in contemporary times, under different reproductive options. They demonstrate that rather than being a pre-determined category, kinship is continually made and remade depending on the circumstances of each individual and couple. This conceptualisation of kin-making centralises and celebrates a plurality of kin-making and reproductive choices.

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