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**BEARING A BELOVED BURDEN:
SURROGATES, REPRODUCTIVE LABOR, AND CARRYING BABIES FOR OTHERS**

by
ANABEL STOECKLE

DISSERTATION

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

DOCTOR OF PHILOSOPHY

2020

MAJOR: SOCIOLOGY

Approved By:

Advisor Date

DEDICATION

For my grandfather, Heinrich Stöckle (1918-2014), who taught me to be curious & always to ask questions, who taught me to fight for what's right & to challenge authorities, and without whom I would never have gone on this journey called grad school.

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CHAPTER 1: INTRODUCTION

We need to step back and think critically about what makes people so driven to have a biogenetically related child that they are prepared to procure the intimate bodily capacity of another, typically less privileged, person to achieve that. We should also listen to surrogates, and try to understand why they might judge surrogacy as their best option. Intended parents are not always uncaring nabobs, and surrogate mothers are not just naïve victims; but while the power dynamic between them is decidedly skewed, each is subject to particular cultural expectations, moral obligations and familial pressures. (Dow 2016:n.p.)

Surrogacy has opened new possibilities to become a parent. It allows individuals to form a family in addition to other options such as adoption, step-parenting, or fostering. Surrogacy already constitutes a pathway to parenthood for individuals or couples who want a biological relationship with their child. In the near future, the practice of surrogacy will likely become a more prevalent choice for family-formation. Currently, surrogacy arrangements are costly and are only available to those who have the necessary financial resources; consequently, this remains a rare means to start a family. Understanding how surrogacy arrangements impact people's lives becomes even more critical in the future as new reproductive technologies may lessen the costs and increase the viability for both heterosexual and LGBTQ individuals considering the option of having children via gestational carriers.

Gestating a child in another woman's body via surrogacy has provoked many controversies; parenthood through surrogacy challenges the traditional way to have a child and raises questions of legal guardianship, the meaning of parenthood and notions of motherhood. Ethical discussions emerge around the gains connected to surrogacy for intended parents, especially same-sex couples. At the same time, questions remain about the potential harms for surrogate mothers and children. These ethical issues center on whether women's wombs are

being used as egg factories to produce a “merchandise baby,” or whether being a surrogate can be viewed as an economic opportunity for those women. Surrogacy raises questions regarding a woman’s autonomy over her own body, on one hand, while raising concerns about the potential for exploitation along class, race, nationality, and gender lines. What is rarely discussed in the US literature is whether surrogacy should be viewed as a new form of work. In this dissertation I consider whether surrogacy arrangements reflect invisible intimate, emotional, and embodied labor. By revealing different aspects of largely invisible care work I identify important consequences for the women who perform the labor, and add to our understanding of invisible care work more broadly.

Even though surrogacy arrangements are a rare event – reliable national or international statistics on both surrogacy pregnancies and births are non-existent – cases in which women carry a child for someone else continue to catch the fascination of the public imagination (Jacobson 2016). News accounts about transnational surrogacy arrangements center on two competing frames, “exploitation/inequality” vs. “choice/opportunity,” (Markens 2007). The accounts describe what happens when things go wrong, and report on debates over whether surrogacy constitutes an opportunity for the women who become gestational carriers.

News stories on surrogacy touch on a variety of topics, illustrating both what are considered to be the positive aspects of surrogacy as well as what are considered the potential harms or dangerous sides of surrogacy arrangements. More positive accounts include stories about celebrity couples or gay couples becoming parents with the help of a surrogate, about women carrying their own grand-children for their adult children, or about women who have lost

their ability to have children receiving financial compensation if they chose to hire a surrogate. Negative news accounts, on the other hand, dominate the narrative on surrogacy to include stories about surrogates who change their mind because they do not want to relinquish their parental rights, about gestational carriers dying in child-birth, or reporting on surrogates forced to have an abortion against their will. Other issues during surrogacy include problems parents have in obtaining citizenship for their surro-children in transnational arrangements, when intended parents change their mind after the surro-child is born, or, more recently, with parents struggling to be united with their surro-children due to the COVID-19 pandemic.

Dystopian visions of the hypothetical future of women's reproductive systems such as Margaret Atwood's *The Handmaid's Tale* paint a bleak picture of what it means to be a pregnant woman carrying a child for others (Atwood 1985). Even though the novel was first published in 1985, *The Handmaid's Tale* gained renewed popularity when the book was adapted for a 2017 American television series centering on the unequal power dynamics between women who are forced to be handmaidens (or surrogates) and the married couples who are given the chance to become parents. The pessimistic premise of the show depicting surrogates as reproductive incubators whose capacities are exploited, has been the focus of activists opposed to current surrogacy arrangements. The Swedish activist group *Feminist No to Surrogacy*, for example, protested about the dangers of modern-day surrogacy and compared the practice to the trafficking of women. They dressed as Atwood's handmaidens wearing long red gowns and white head-pieces called wings that cover the hair and most of the face (Hellerud 2017).

What is at issue is how do social inequalities and hierarchies, as well as the type of relationships between gestational carriers and intended parents, impact the ways in which individuals experience or negotiate the lengthy relationships that surrogacy arrangements entail. Those impacts are simultaneously social and contractual; surrogacy arrangements require continued interactions over the year leading up to the birth of the surro-child, and potentially form relationships over a lifetime between the parties involved.

Contemporary scholarship on modern-day surrogacy has focused on the changing reality of both parenthood and motherhood, and on the ethics and legality of such arrangements. Scholars ask if women can truly make informed decisions about becoming gestational carriers for others, and whether it is ethically justifiable to ask other women to use their reproductive capacities so they can become parents. Those who have debated the ethics of surrogacy have focused on surrogacy arrangements in which the power relationships between individuals involved are inherently unequal, making the practice potentially exploitative (Dillaway 2008; Mohapatra 2012). In addition, the literature explores the changing nature of family compositions due to surrogacy, questions of guardianship in cases in which legal disputes arise between surrogates and intended parents, and the impact of differing legislation (Dillaway 2008; Kirkman 1999, 2008; Markens 2007). Recent research also considers the experiences of surrogates in these arrangements (Berend 2012; Carone, Baiocco, and Lingardi 2017; Imrie and Jadva 2014; Jacobson 2016; Katz Rothman 2012; Pande 2010b, 2010a; Rudrappa 2017; Smietana 2017; Ziff 2017).

Still unresolved are the conditions under which women exercise the right to make an autonomous decision regarding their choice to use their own bodies to carry children for others, and when this decision reflects potentially exploitative or even coercive circumstances. While these questions have received both media and scholarly attention, only a few researchers have analyzed surrogacy arrangements through the lens of reproductive labor and work (Jacobson 2016; Pande 2010b; Rudrappa 2012; Vora 2009; Ziff 2017). Surrogacy has been recognized as a form of work in some instances, yet the same bodily act has been judged differently based on several factors, including (i) the social location of the gestational carrier reflecting socioeconomic status and country of residence vis-à-vis the' social location of the intended parents, (ii) the surrogate's relationship with the intended parent(s) before, during, and after the arrangements (was there a prior relationship or were they strangers), and (iii) what was the form of payment (is there some form of financial compensation or does she only receive reimbursement for costs associated with the surrogacy arrangement).

Problem statement

In the late 1980s, existing cultural conventions on how to start a family were challenged with both the introduction of both in-vitro fertilization and gestational surrogacy. These technological and scientific advancements have meant that women can become pregnant without having a sexual relationship with men, detaching the process from traditional methods, and thus opening new doors on how to (and who can) become a parent. Surrogacy, like adoption, allows individuals an alternative way to become parents and form a family without a biological relationship. As a consequence, this generally questions and challenges the traditional meaning

of motherhood and parenthood. Taken together, these technological advancements and different forms of family-life departing from the traditional nuclear family change the landscape of what constitutes modern families.

The oldest known case of surrogacy dates back 4,000 years ago to Mesopotamia. The surrogate arrangement appeared in a prenuptial agreement or marriage contract etched into an Assyrian clay tablet unearthed more than 90 years ago. This cuneiform is the first written artifact documenting a possible surrogacy arrangement with a slave in the case of infertility (Borschel-Dan 2017; Geggel 2017; Turp et al. 2018). While similar surrogacy arrangements have also been described in biblical accounts, the contemporary development of technologies that allow for the separation of biological reproduction from gestation, have led to its most common form of gestational surrogacy.

Surrogacy reflects the three different components that comprise family relations – genetic, gestational, and social – therefore constituting seven possible woman-child relationships (Gimenez 1991). Martha Gimenez’s Marxist-feminist framework analyzes the effects of reproductive technologies and argues that the qualitative changes in reproduction should inform our understanding of motherhood and womanhood, as well as the material conditions surrounding pregnancies. She further shows how technological advancements in the form of New Reproductive Technologies (NRTs) “create the material conditions for the structural separation between relations of procreation and relations of social reproduction as an unintended effect of individual decisions” (Gimenez 1991:344).

These seven possible relationships between woman and child are summarized in Table 1.

Table 1: Possible Woman-Child Relationships

	Genetic	Gestational	Social	
(1)	X	X	X	Relationship in which a woman carries and raises a child that is genetically hers.
(2)	X	X	-	Traditional surrogacy, either via sexual intercourse or via artificial insemination by the typically genetic and social father, where the woman carries the child that is genetically hers but does not raise it.
(3)	X	-	X	Intended mother who has viable eggs but cannot (or chooses not) to carry a pregnancy to term, due to medical conditions, and raises a child genetically related to her that was carried by another woman
(4)	-	X	X	Intended mother carries and raises a child that she is not genetically related to through egg donation/purchase and embryo transplant.
(5)	-	X	-	Gestational surrogacy, where the surrogate carried a child that is genetically unrelated to her without the intention of raising it.
(6)	X	-	-	Woman is biologically related to a child, but neither carries nor raises it; through egg donation/egg sale.
(7)	-	-	X	Intended mother is neither genetically related, nor did she gestate the child she raises. Involves surrogacy arrangements in which the intended mother is not genetically related to the child, as well as adoption, step-parenting, or fostering.

Adapted from Gimenez 1991.

Surrogacy challenges what is considered to be the traditional, “normal” pregnancy and mother-child relationship (1), in which the social mother is the genetic mother and the gestational mother, thus exhibiting all three elements of possible mother-child relationships. In traditional surrogacy (2), the gestational carrier is also the biological mother (either via sexual intercourse or via artificial insemination), but she does not raise the child and relinquishes any parental rights. Other examples of this type of mother relationship in which a woman has both a genetic and gestational relationship but no social relationship include cases in which women

cannot raise their child due to circumstances that prevent having a social relationship, such as denied custody, living physically removed from the child, or giving the child up for adoption.

Cases in which a woman is both the genetic and social mother but not the gestational mother include intended mothers who have a child via gestational surrogacy in which their own egg was used (3), while (7) intended mothers who did not have viable eggs only have a social relationship to the child they are raising. An intended mother who carried a child while using another woman's egg is not the genetic mother but has both a social and gestational relationship (4), while neither (6) egg donors nor (5) gestational surrogates are involved in raising the child, even though they might have some sort of social relationship with the child throughout its life. Surrogacy arrangements disrupt normative prescriptions of family and gender, raising "questions about how we view biology and the body" (Becker, as cited in Kirkman 2002:136) and consequently how women-child relationships are understood. Similar to adoption, step-parenting, or fostering, an intended mother who has a child via surrogacy but did not provide her egg, has a social relationship to the child she is raising, but is not genetically related nor did she carry it (7).

Both surrogates and intended parents engage in "doing kinship," no matter if they are traditional or gestational surrogates. In her decade-long research of the largest US surrogacy forum, Berend found that even though intended parents are believed to prefer having genetically related children, the desire to be parents and thus initiating the surrogacy route to build their family, make surrogacy as a pathway to parenthood acceptable even in the absence of genetic relationships (Berend 2016).

Both traditional and gestational surrogacy arrangements demonstrate that definitions of parenthood and lived realities of what constitutes a family have evolved, while meanings attached to the female (pregnant) body have changed:

Asking a woman to gestate a baby for you introduces all sorts of issues. It is a (probably unwitting) political act, condemned by radical feminists, the conservative churches and some adoption activists, supported by some philosophical liberals and some people who are infertile (but by no means all: infertile people do not form a homogeneous political group). Publicity surrounding so-called surrogate mothers has led to a re-analysis of motherhood itself. Does the essence of motherhood lie in genetic connection (providing the ovum)? Or in biology (gestation, giving birth)? Or in biology (gestation, giving birth)? Or is motherhood social (the nurturing, the rearing, the relationship)? Can a mother be only she who does it all? (Kirkman 1999:122)

Surrogacy challenges normative expectations of motherhood because it offers women an alternative pathway to becoming parents (Blankenship et al. 1993), and simultaneously disrupts traditional notions of what constitutes motherhood, because the surrogate is expected to violate norms of parental attachment by relinquishing the child after birth. The surrogate needs to detach her possible feelings of motherhood, so it can become emotionally bearable to distance herself from the child and give it up to the intended parents (Pande 2009a, 2010b). Additionally, surrogacy challenges the traditional way to have a child by changing reproductive practices in general (Dillaway 2008) and allows men to become fathers detached from heterosexual relationships, thus severing biological connectedness from social kinship.

Statement of purpose

This dissertation explores how gestational carriers describe their experiences during their surrogacy journeys and whether US surrogates consider what they do as work. The women involved rarely have been interviewed about their understanding of surrogacy as a form of work.

Noteworthy exceptions, both Amrita Pande (2009a, 2009b, 2010a, 2010b, 2014; Pande and Bjerg 2014) and Sharmila Rudrappa (Rudrappa 2012, 2015, 2016, 2017; Rudrappa and Collins 2015), interviewed Indian commercial surrogates, who live in surrogacy hostels subject to ongoing surveillance and distanced from the intended parents, about their understanding of surrogacy, motherhood, and kinship. Although that research provides insight into the lived experience of commercial surrogates in India, their findings are not directly applicable to other countries since both the legal situation and the lived reality of surrogates in the US differ from commercial surrogates in India.

While the lived experiences of “foreign” surrogates has been conceptualized as “workers” by Rudrappa and Pande in the Indian context, Heather Jacobson is the first to extend this framework to the US. While this framework has since been applied by others (Smietana 2017; Ziff 2017), this “surrogacy-as-work” lens requires further exploration since it has only been applied to commercial surrogates, meaning to gestational carriers who were paid to carry children for strangers while altruistic surrogates who either carried for friends or family members or remained without financial compensation have not been researched using this framework.

The goal of my study is to explore whether surrogates and intended parents¹ understand surrogacy arrangements to be invisible bodily care work. This dissertation extends the discussion of surrogacy as a form of bodily care work to the US context in which the altruistic aspects are emphasized over the commercial aspects of surrogacy. Analyzing surrogates’ narratives, I

¹ For the purpose of my study, the term “intended parents” is considered to be inclusive, referring to both individuals and couples who have hired or are in the process of hiring a surrogate. Intended parents, therefore, includes individuals who already are parents through surrogacy or biological reproduction.

examine and challenge the “simple-love-versus-market dichotomy” (Ziff 2017: 17) that is based on the locale of the surrogate, compensation for the surrogate, and classification of the exchange as either “commercial” or “altruistic.”

My research contributes to areas in the sociological literature. First, I extend previous research on the experiences of surrogates and show parallels to other forms of contract work (Jacobson 2016; Pande 2014; Rudrappa 2015). While literature exists applying a “surrogacy as work framework” in the US context, that research solely has focused on commercial surrogacy arrangements, while I also include unpaid and/or altruistic surrogacy in my analysis. In doing so, I consider whether compensation changes how surrogates frame their experiences. Through an examination of the surrogate’s journey I can flesh out heretofore unacknowledged dimensions of invisible bodily care work.

My findings also contribute to the sociological literature on the family by providing insight into how concepts of motherhood and family change through the lens of both surrogates and individuals seeking to become parents through surrogacy. In this way, I shed more light on the complexity of differing experiences of women who decide to become surrogates.

Research questions

Since my research is mainly qualitative in nature, I anticipated that my research questions may possibly shift during the collection of data. My dissertation examines how surrogates described their experiences and how they understood surrogacy to be similar to or different from work. My research is informed by the theoretical conceptualization of surrogacy as invisible bodily care work, and my primary research question was to identify whether surrogates also

understand surrogacy as a form of work. Thus, “how” and “why” questions are central to my research design and its explorative nature (Creswell 2009:130). My main research questions that drove this research were:

- Do surrogates consider what they do to be work?
- If they do not consider it to be work, what aspects of the process, if any, do they consider to be laborious or strenuous?

Related sub-questions included:

- How do they describe their journeys, their decision-making, and their relationships to the intended parents throughout the process?
- What frames do surrogates use for describing different aspects of surrogacy arrangements and experiences?
- What are the silences, gaps, elisions in the way that surrogates talk about their experiences of different aspect of their surrogacy journey?
- When, to whom, and under what conditions do surrogates reveal their surrogacy arrangements?

I anticipated that in conversations with surrogates and intended parents, other topics would arise and would guide the direction the interviews would take. Some of these topics were not anticipated and later became central themes during the analysis of the interview data.

Overview of methodology

In order to answer my research questions, I conducted in-depth interviews with both surrogates and one intended parent. The goal of this dissertation is to build on Jacobson’s work

and explore how surrogates and intended parents experience the surrogacy process while applying the lens of bodily care work. The data were collected through semi-structured interviews with nine women who were gestational carriers for others, with an intended parent who had chosen the surrogacy route to start their families, with a woman who was born through surrogacy 21 years ago, and with one legal expert who was closely involved in the instrumental *Baby M* case². The interviews were recorded, transcribed, and analyzed using qualitative data analysis software. In the end I identified themes by focusing on the ways in which women talked about their surrogacy journeys, and whether (and how) they framed their experience as work.

Organization of the dissertation

This dissertation is organized as follows: Chapter 2 provides an overview of the literature on surrogacy and on invisible bodily care work and describes the theoretical framework that informed the data analysis. Chapter 3 outlines the research methods utilized in this dissertation in greater detail. Chapters 4 and 5 analyze the data: in Chapter 4, I focus on how the surrogates in my study experienced their journeys, while Chapter 5 analyses how the women in my study understand surrogacy to be similar to or different from work. Finally, Chapter 6 provides a discussion of my findings and draws conclusions based on my research.

² The “Baby M” case is a custody case from 1985 involving a surrogacy arrangement, which still carries importance today because of its historical significance regarding the enforceability of surrogacy contracts and the cultural impact the case left in terms of the public perception of surrogacy in the US (Cohen 2010; Dillaway 2008; Markens 2007).

CHAPTER 2: SURROGACY AS INVISIBLE BODILY CARE WORK³

Surrogacy is one possible response to fertility issues or childlessness for couples and individuals who wish to become parents, while other options include adoption, fostering, step-parenting, or remaining childfree. A surrogate or gestational carrier bears a child for the intended parent(s) who can be family members, friends, acquaintances, or complete strangers. In the US, agencies facilitate the process from matching women with potential parents to drawing up contracts, providing lawyers, and negotiating compensation. Some surrogates already know or have met the intended parent(s) on their own through online surrogacy forums.

Literature on surrogacy has focused on ethical questions⁴ surrounding surrogacy, on different regulatory and legal dimensions (at the state, federal, and international levels) (Markens 2007), and on the experiences of surrogates (Jacobson 2016; Katz Rothman 2012; Pande 2010b, 2010a; Rudrappa 2017; Ziff 2017). Additionally, new questions have emerged, such as whether surrogacy empowers the gestational carrier or is coercive to women, and how surrogacy challenges the idea of a nuclear family and the meaning of parenthood. Nevertheless, only a few scholars have conceptualized surrogacy as reproductive labor and as a new form of care work (Jacobson 2016; Pande 2010b; Rudrappa 2012; Vora 2009; Ziff 2017). While scholars have recognized surrogacy as a form of work and as potentially exploitative in some instances,

³ This chapter has previously been published under the title “Rethinking Reproductive Labor through Surrogates’ Invisible Care Work” and appears here with small modifications (Stoeckle 2018).

⁴ Surrogacy has gained renewed public attention after Trent Franks, US Representative for Arizona, resigned from Congress in December 2017 in response to two staffers’ accusations that he had approached them to become his surrogates (Rogers 2017).

the same bodily act has been judged differently when performed in the US and/or when the surrogate is not considered vulnerable. Several aspects matter in categorizing a surrogacy arrangement as work: the social location of the surrogate (her nationality, her income level, her bargaining power), her relationship with the intended parent(s) (are they strangers, family members, friends or acquaintances), and payment (no money at all, only covering expenses such as hospital bills, or financial compensation). This difference based on women's social location recalls the debate on sex work and the rhetoric of choice: Do women choose and control what happens to their bodies? Is sex work empowering or are women forced into sex work? Is sex work actual work? This same set of questions can be applied to surrogacy: Do surrogates freely choose and control what happens to their bodies? Is surrogacy empowering or are women coerced into surrogacy arrangements? To what extent does surrogacy constitute a form of care work?

Surrogacy does not fit neatly into the categories for conceptualizing intimate acts in terms of work. The literature connecting surrogacy and work centers on developing countries and reproductive tourism. Even though research on commercial and transnational surrogacy treats surrogacy as work, especially in the Indian context (Hochschild 2009, 2011; Pande 2009a, 2009b, 2010b, 2010a, 2014; Pande and Bjerg 2014; Rudrappa 2012, 2015, 2016, 2017), these findings do not necessarily apply to the US (Anleu 1990, 1992; Berend 2012; Jacobson 2016; Markens 2007, 2012) or other countries in which the relationship between the surrogate and intended parent(s) differ. Surrogates in the US largely have been left out of the analysis of surrogacy as a form of care work because their position is not considered to be particularly vulnerable.

To address these questions, this chapter extends the discussion of surrogacy as a form of care work to the US context in which the altruistic aspects are emphasized over the commercial aspects of surrogacy.

This chapter begins by outlining the current state of surrogacy, including the difference between traditional and gestational surrogacy, a summary of the current legal landscape, as well as the commonly used distinction of commercial and altruistic surrogacy. The chapter then continues to review surrogacy as a form of work, more specifically as a form of care work, before discussing the importance of locale and context in which surrogacy arrangements take place and closing with positing surrogacy as a form invisible bodily care work.

The State of Surrogacy

Surrogacy is one of the many possible responses to childlessness for individuals and couples who want to be parents, either due to fertility issues or when one of the partners cannot or wishes not to carry a child (Jacobson 2016; Markens 2007; Shreffler, Greil, and McQuillan 2017; Ziff 2017). The debates around surrogacy are entwined with ethical questions concerning reproductive choice framed differently depending on the context and locale. The ethics of surrogacy hinge on the reasons motivating women to become a surrogate, assigning either volunteerism (Almeling 2007; Harrison 1987; Markens 2012) or financial distress (Pande 2010a) based on the financial background of the surrogate and her personal relationship with the intended parents. In the US, surrogates are most often viewed through an altruistic lens (Almeling 2007; Anleu 1990), whereas surrogates in other locales, such as India, are described through a framework of exploitation and resistance (Hochschild 2011; Pande 2009a, 2010a, 2010b).

The context of foreign surrogates who bear children for wealthy people oftentimes evokes concern about exploitation, particularly voiced in cases whereby individuals from the Global North travel to the Global South to “outsource” labor for a fraction of what it would cost for a surrogate from their country of origin. As Winfried Poster and Nima Yolmo suggest:

This trend [surrogacy outsourcing] reflects a larger process of global commodification in human bodies [...] and the labours accruing therein. Surrogacy outsourcing is akin to industries that sell body parts of living donors: hair and blood, eggs and amniotic fluid, kidneys and lobes of livers. (Poster and Yolmo 2016:588)

Bio-production, more generally, evokes a brave new world. Almost three decades ago, Gross and Honer (1990:103) accurately predicted that the production of human beings would become one of the “key-industries of the next millennium.” One of the main critiques of international surrogacy arrangements is that surrogates become victims of globalization, since surrogacy turns women’s bodies into sole “service providers” (Keppner 2014) and that “women’s bodies are subjects to [... the] imperatives of global capitalism” (Poster and Yolmo 2016:589). Sharmila Rudrappa (2015) provides a more nuanced description of the experiences and the meaning-making processes of surrogates: they are also strong agents in a complex structure of a reproductive labor market in India, and not simply powerless victims.

Forms of surrogacy: traditional and gestational surrogacy

There are two different forms of surrogacy: traditional surrogacy and the newer form of gestational surrogacy. In the case of traditional surrogacy, the birth mother is genetically related to the child by providing her own eggs. The introduction of artificial insemination (AI) allowed for traditional surrogacy detached from sexual intercourse, while in-vitro fertilization (IVF) enabled

gestational surrogacy in which the birth mother is not genetically related to the child she carries (Jacobson 2016:4).

In the 20th century, new technological and medical advancements such as artificial insemination and in-vitro fertilization (IVF) have changed the nature of surrogacy: the gestational carrier is not genetically related to the child although she still provides her womb to carry the child, while the eggs and sperm can either derive from both the intended parents, both from donors, or some combination of the two (Mohapatra 2012). In-vitro fertilization has created the option for gestational surrogacy in which the fertilization process occurs in a lab and the egg is not from the surrogate – the gestational carrier – but either from the intended mother or a donor. IVF has made surrogacy a more popular option for both individuals struggling with infertility and women debating whether to become a gestational surrogate.⁵

Most surrogacy arrangements nowadays therefore involve gestational surrogacy. Such arrangements can make it easier to determine legal guardianship since the birth mother – the surrogate – is not biologically related to the child, and it is easier for both the surrogate and the intended parents to emotionally process a “clear” separation between genetics and gestation (Kuczynski 2008). However, generally surrogacy arrangements are governed by changing and inconsistent regulations, both within and across countries, which complicates how the practice is regarded by different actors and legal systems.

⁵ The terminology used depends on the context; some surrogates, intended parents, and agencies prefer the term gestational carrier (GC). For purposes of consistency, the terms surrogate and gestational carrier are used interchangeably.

The legal landscape of surrogacy

Laws regarding the legality of surrogacy, parental rights, and children's citizenship vary by country. Some countries completely ban surrogacy contracts (e.g., France, Germany, and Sweden), others ban payments (e.g., the UK, Australia, Denmark, and Canada), while the law in the US varies by state (Jacobson, 2016; Markens, 2007; Rudrappa, 2015). Like informal workers who "risk abuse due to the lack of legal regulation, social protection, and collective representation, and their invisibility in the confines of private spaces of households" (Gottfried 2013:225), surrogates lack legal protections. In addition, their work remains highly invisible since they are hired by individuals who can hide the practice from family, friends and coworkers, if they wish to do so. Weak and inconsistent regulatory norms affect the official tracking of surrogacy births, and no country requires the registration of "surro-babies" or regulates costs. Hiring a surrogate can cost up to \$150,000 in the US, while cost estimates for India range from US\$25,000–\$40,000 (Jacobson 2016). In all instances, the surrogate receives only a fraction of the overall payment, while the lion's share goes to doctors, surrogacy agencies, lawyers, and medical treatments. This large cross-national variation of costs not only reflects the difference in living standards between those countries but also competing markets for surrogacy in a globalized economy.

The altruism/commercial dichotomy

Surrogacy arrangements are often classified as two distinct categories: "altruistic surrogacy" and "commercial surrogacy" (Almeling 2007; Anleu 1992; Berend 2012). Whereas altruistic surrogates supposedly receive no money and oftentimes become surrogates to help

family members or close friends, or in some instances even strangers, commercial surrogates receive financial compensation for their services. Although in both scenarios women lend their bodies to others, often in exchange for payment, the meaning changes when an arrangement is considered to be altruistic when compared with a commercial transaction: in the first instance as selfless and giving, in the second as tantamount to body-selling (Wichterich 2015). The rhetoric of “gift-giving” is prevalent in the US discourse among people involved in surrogacy and is closely tied to the categorization of altruistic surrogacy. The defining character of altruistic surrogacy is that women do not decide to become gestational carriers because of financial necessity (like women from other countries might), but rather because they wish to help a couple or an individual to fulfill their dream of having a family (Anleu 1992; Berend 2012; Jacobson 2016). Heather Jacobson (2016) argues that surrogacy is, in fact, a new form of labor, even though both surrogates and intended parents downplay the market aspects and the commercial nature of surrogacy.

Agencies, commissioning parents, and surrogates all tend to highlight altruistic aspects even in commercial surrogacy arrangements between strangers. For example, while both Sharmila Rudrappa (Rudrappa 2016; Rudrappa and Collins 2015) and Kalindi Vora (Vora 2009, 2010) describe commercial surrogacy in India as “mothering work” that permeates national boundaries, surrogates in the US are mainly described in terms of altruism, even when compensated. The discursive strategy revolving around altruism in the US has led to a more positive public image of surrogacy that simultaneously is highly gendered. For example, Jacobson (2016) found in her research with US-based surrogates that the work aspect involved is obscured

by engaging in the rhetoric of both sacrifice and love. Highlighting both the selflessness of the surrogate and the plight of individuals who want to start a family, the actors involved want to distance surrogacy arrangements from criticism that the practice is “baby-selling” or exploitation as noted in non-US contexts (Anleu 1990, 1992; Berend 2012; Jacobson 2016; Markens 2012; Ziff 2017).

However, most altruistic surrogacy has some commercial characteristics, such as a contract and the exchange of payment. Zsuzsa Berend illustrates the lack of clear boundaries in surrogacy arrangements that entail commercial arrangements: “Surrogacy most often is a hybrid of contractual and gift relationship, and gift relationships are not terminated in the same way that contractual relations are: at the last payment” (Berend 2014:400). This distinction between commercial and altruistic surrogacy is very context-specific; as a result, it cannot be generalized across countries with different legal regulations and different culturally situated understandings of surrogacy arrangements, both of which can change over time.

The element of altruism and/or ongoing social relationships in the US make surrogacy arrangements less recognizable as a work relationship between the gestational carrier, the intended parent(s), and often an agency. When, then, is a surrogacy arrangement more likely to be recognized as work? An arrangement is categorized as either “altruistic” or “commercial” largely driven by two components/characteristics: the relationship between the intended parent(s) and the surrogate – are they friends and family or strangers (and if strangers, does a relationship evolve over time or no contact at all during and after the pregnancy) – and the financial compensation. In the US, the payment gestational carriers receive is considered

compensation for sacrifices made by the surrogate (Jacobson 2016). While some surrogates are only paid for pregnancy and birth-related expenses such as medical costs, lost wages, and hospital bills,⁶ most gestational carriers receive some financial compensation.

Finally, surrogacy arrangements implicate class relationships in the circuit of reproductive labor. Heather Dillaway (Dillaway 2008) points out that if surrogacy were truly altruistic and monetary incentives did not constitute a deciding factor, financially well-off women would become surrogates for poor women as well. The dearth of reported cases in which wealthy women have become surrogates for middle-class, working-class, or poor women with an unfulfilled wish for children indicates that altruistic motives alone do not “make a surrogate.” The importance of taking into account central intersections of class and locale becomes clear when considering the absence of women from the Global North becoming surrogates for women in the Global South. Sharyn Roach Anleu (1992) argues that surrogacy can never be truly voluntary, even in the absence of payment. Rather, altruistic surrogacy can be as exploitative as commercial surrogacy in those cases when women are convinced, or sometimes manipulated, to become surrogates for family members or friends.⁷ The true concern regarding surrogacy and the fear of possible exploitation pivots on the bargaining power of the parties. As a result, the

⁶ For example, the State of Michigan prohibits recompense to gestational carriers. Yet, one woman in my study carried for strangers twice, receiving only reimbursement for surrogacy related expenses. This arrangement was legally permissible, considered altruistic, especially since she did not have a personal relationship with the intended parents before she became their gestational carrier.

⁷ It should be noted that there is not a clear line between altruistic and commercial surrogacy. For example, take the case of an arrangement between two sisters: if one agrees to be a surrogate for the other and receives some form of financial compensation, then is the arrangement either altruistic or commercial? At least in the US, this surrogacy arrangement would most likely be defined as altruistic even though it has commercial characteristics.

power differential between surrogates and intended parents matters in determining whether the arrangement is deemed exploitative.

To summarize, the commonly used distinction between altruistic (and voluntary) surrogacy and commercial (and exploitative) surrogacy is a false dualism. Most surrogacy arrangements are compensated in the US are compensated, and therefore – per definition – ought to be subsumed under the umbrella of commercial surrogacy. When surrogates do receive payment beyond expenses, the payment is considered as a form of compensation for sacrifices made due to the surrogacy arrangement. Even though surrogacy might be more easily recognizable as work when compensation is involved, the activities of a surrogate are still not generally recognized as work.

Conceptualizing surrogacy as work

Surrogacy gives the old question of “what counts as work” (Eidlin 2016:63) new meaning. The debate centers on the distinction between paid work and unpaid work. By conventional definitions, work entails a purposive laboring activity performed for wages (Kaplan Daniels 1987). This definition excludes unpaid work, such as housework or volunteer work, as well as many forms of care work that are performed without compensation by family members. Care work such as childcare or eldercare becomes recognized as a form of work as soon as the work is either compensated and/or is performed by non-family members. Surrogacy is an ambiguous category of work; it is neither waged in an employment relationship nor merely exploitative in a capital accumulation process. In the following sections, I outline how surrogacy is a form of care work

that is intrinsically bound to body work, and how it remains invisible outside of the formal workforce in a hidden, largely unregulated, market.

Surrogacy as care work

In a general sense, care work refers to “relations between (at least two) people. One of them (the carer) shows concern, consideration, affection, devotion, towards the other (the cared for)” (Waerness 1984:188). More specifically, care work as a sociological concept encompasses both the paid and unpaid labor of taking care of others, including “services that contribute to the physical, mental, social, or emotional wellbeing of others” (Dill, Price-Glynn, and Rakovski 2016:335). As noted elsewhere, care work has been devalued when compared to other forms of work (England 2005; England, Budig, and Folbre 2002; Folbre 2014; Fraser 2013). Unpaid care work that is traditionally performed by women in the private sphere of the home, such as childcare or eldercare, receives a “wage penalty” when done outside of the home. As stated by England et al. (2002:457):

Paid care work often involves the provision of services that women are expected to offer to their family members out of love and obligation, such as taking care of children and nursing sick family members. Indeed, paid care work consists of those functions of care for dependents historically done by women in the family.

In the case of surrogacy, the traditionally unpaid reproductive labor of women carrying and bearing children becomes reproductive work through monetary recompense. The conventionally unpaid act of pregnancy and childbirth is now compensated by a third party; however, the payment surrogates receive is thought to be compensation for sacrifices made by the gestational carrier (Jacobson 2016; Ziff 2017). Additionally, care work is oftentimes considered to be

qualitatively different from “regular work,” as care workers are expected to incorporate authentic emotion and love in the care work of their clients (Folbre 2014). The importance of incorporating affection and love into care work is especially prevalent in childcare, but also applies to surrogacy. Parents (or intended parents) expect the caregiver (or the surrogate) to lovingly attend to the needs of the (unborn) child.

Surrogacy exhibits the hallmarks of care work. An exemplary account by Amrita Pande (Pande 2009b, 2014) more specifically relates surrogacy to “sexualized care work.” The term sexualized care work denotes that commercial surrogacy constitutes a “new type of reproductive labor [...] that is similar to existing forms of care work but is stigmatized in the public imagination [...], because of its parallels with sex work” (Pande 2009b:142). Furthermore, Pande advocates for recognizing surrogacy not only as an informal and highly gendered work practice, but also as combining both sex work and care work. These aspects, in turn, can lead to stigmatizing the surrogate. Both sex workers and surrogates use their bodies to exchange something that is considered intimate and personal: sex in the case of sex workers; and IVF, pregnancy, and childbirth in the case of surrogacy. Some liberal feminists agree with this conceptualization of work; they argue that surrogacy is “no different from any other wage labor contract” (Markens 2007:17) because women are compensated for the work involved during a pregnancy and receive a previously negotiated amount of money for their services. Gestational carriers in the US receive between \$20,000 and \$40,000, depending on their experience (meaning how often they have been a surrogate), where they live, and whether they carry either single or multiple babies, and

any costs associated with their surrogacy journeys, such as the reimbursement of hospital bills or lost wages due to bedrest (Jacobson 2016; Ziff 2017).

Furthermore, stigma is associated with this bodily act (Pande 2010a). For example, multiple women I interviewed as part of my research had to deal with different facets of stigma associated with their decision to become surrogates. Some faced criticism about their choice to be a gestational carrier for others, while some faced criticism because they accepted compensation or because they were accused of engaging in “ungodly behavior.” Martha Nussbaum discusses in a more general fashion why some forms of body work are stigmatized, especially work aligned with the commodification of women’s bodies in general and their reproductive capacities. She further asks why other forms of body work are not stigmatized, even though most workers actively utilize their bodies in the process of work and receive wages for the work performed. The difference lies in a) the wage levels, b) the degree of control over the circumstances of the employment situation, and, for this context most importantly, c) the level of social stigma that is attached to the work performed (Nussbaum 2013). All three components of variance in wage, level of control, and stigma come into play in the context of surrogacy. To add even more complexity, class, race, gender, nationality, and locale do matter in how the arrangement is perceived, both by the public and by the actors involved.

According to Nussbaum (2013), whether a job is stigmatized or not depends on the social meaning attached to the type of work. The fear of stigma and the use of their own wombs and bodies might explain why surrogates refrain from calling themselves “workers.” The widely held cultural belief that all women are potential mothers with intrinsic motherly feelings brands

surrogacy, especially if a surrogate seems to enter the arrangement principally for pecuniary gain. Viewing a surrogate as an altruistic actor rather than as a worker makes relinquishing motherly feelings of attachment by giving up the child after birth more socially acceptable. By contrast, the arrangement seen through the medium of money casts the surrogate in an uncaring light. In this way, the status of workers tied to reproductive capacities produces stigma.

However, the financial aspect of a surrogacy contract plays an important role in the decision-making process to become a surrogate (Jacobson 2016). Even though the surrogates in Jacobson's study found the financial compensation to be important and oftentimes necessary, they considered the compensation given for inconveniences, pain or suffering they experienced during the process, not as a wage. Some women engage in so-called altruistic surrogacy arrangements, either for friends, family or strangers, in which they only receive reimbursement for hospital and medical bills. Most surrogates receive some form of payment, but the money is seen as compensation for sacrifices made by the surrogate and not payment for work. This means that even though the surrogate receives compensation, the work she performs is not recognized as such: the payment in and of itself does not necessarily acknowledge the actual bodily care work performed by the surrogate and the work invested thus remains invisible.

The importance of location and context for detecting the (in)visible labor of surrogates

Yet, money influences surrogates' motives to different degrees. Arguably, an Indian surrogate may have a larger economic need (Rudrappa 2016, 2017) compared to US surrogates (Anleu 1992; Jacobson 2016; Markens 2007). The class background of the surrogate, combined with her nationality and physical location, not only shapes how she experiences her arrangement

but also determines her bargaining power. In India, surrogates mainly come from the working class and exercise minimal say in negotiating details of their contract. Indian surrogates do not necessarily understand the medical procedures involved and have little to no contact with the commissioning parents (Pande 2014; Rudrappa 2015). In stark contrast, US surrogates are mostly middle-class women who can negotiate their contracts and can choose the intended parents (Jacobson 2016; Markens 2012). Some US surrogates form close bonds with the intended parents and continue the relationship with their “new friends” after they have given birth to their “surro-baby” (Jacobson 2016). The language used differs based on locale. While the commissioning parents are called “intended parents,” or IPs, in the US context, they are called “client parents” in India. This difference in terminology hints at the qualitatively different experiences and relationships commissioning parents form with their surrogates. These examples show the skewed bargaining power of surrogates from the Global South as compared to their counterparts in the US. Questions of power and inequality are, similar to Amy Wharton’s (2016) discussion on interactive service work, important issues to consider in how surrogacy is perceived based on different locales.

In a similar vein, care work in other sectors is usually performed by individuals with lower social standing: “In many countries today, including the United States, paid institutionalized care work is poorly remunerated, feminized, and largely racialized and/or performed by immigrants” (Fraser 2013:124). Compared to other low-paying care work, surrogates exhibit a particular set of characteristics. Many US agencies prefer to hire middle-class American women who are not compelled by financial necessity to become surrogates and who pass strict physical and

psychological testing.⁸ It is important to examine both who performs care work and to assess the relationships of the individuals involved in the contractual arrangement. Kari Waerness argues that characterizing caring relations is critical to determining if caregiving work is “labor” or “love.” She proposes the following three caring relations: care work that is done for dependents; caregiving work for superiors; and caring relations in which the bond is symmetrical (Waerness 1984). Waerness’ theoretical distinction is helpful in the context of surrogacy as care work. While it is easier to acknowledge the asymmetrical relationship between a surrogate from India and intended parents from the US, the lines blur in arrangements in which both parties seem to be equal. If surrogates perceive the relationship with the intended parents as symmetrical, as found by Heather Jacobson (2016), surrogates are more likely to regard their endeavor as a “labor of love,” and not as care work, even though they are commercial surrogates who receive financial compensation.

Moreover, the care work of surrogacy takes place in “a hidden market” (Waerness 1984), and constitutes invisible labor absent from the public imagination (Crain, Poster, and Cherry 2016). Surrogacy in the US mostly occurs behind closed doors: first in the clinic for the implantation and then in the surrogate’s own home for gestation. There are no surrogacy hostels like in India where women are under 24/7 supervision away from home. US surrogates are “free,” in the sense that they live in their own homes with their own families and oftentimes continue working at another paid job until the end of their pregnancy. While many forms of work stay “out

⁸ At this point, not much can be said about the racial characteristics of surrogates. The scant data points toward a majority of White surrogates in the US (Berend 2015; Jacobson 2016).

of view” due to outsourcing, automation, or due to the nature of care work (Hochschild 2016), in the case of surrogacy, the worker is not invisible per se. Even though the surrogate’s pregnant body is noticeable, her work itself as well as her status as a surrogate is not necessarily visible. A surrogate can decide if she wishes to disclose the circumstances surrounding her pregnancy. The same is true from the employer side. The intended parents can theoretically keep the conditions under which they became parents secret. In addition, the “product” of her labor, the birth of a surro-baby, is invisible, discursively unmarked and mostly unreported on the birth certificate depending on the state law of the birthplace. The very visible pregnant belly can turn into a venue of invisible care work, since the surrogate neither wears a sign that discloses the conditions of her pregnancy nor is there a preexisting prototype of a “typical surrogate” in the public’s imagination. In fact, the surrogate can look like an ordinary pregnant woman and can conceal her status in the labor process. The act of bodily care work itself has become invisible.

Surrogacy is a form of care work not only for women from countries like India who have unequal relationships with the agencies and the individuals who hired them, but also for surrogates from the US who consider themselves to be on the same footing as the intended parents. Conceptualizing surrogacy as invisible bodily care work uncovers the previously hidden economies of pregnancy and childbirth.

Body work as part of care work

Surrogacy is also linked to body work like other forms of care work such as nursing or eldercare. In this case, the pregnant body of the surrogate is an essential aspect of her caring labor. In general, body work can be defined as paid work in which workers either touch,

manipulate, or otherwise work on others' bodies (Cohen 2011, 2015). The analysis of the multiple dimensions of body work, developed by Barbara Brents and Crystal Jackson (2013) in their study of sex workers, provides a helpful starting point in the theoretical conceptualization of surrogacy as a form of work. Of course, sex work and surrogacy are qualitatively different from each other. However, applying the theoretical framework of multiple dimensions of body work among sex workers to surrogacy sheds light on the multiple aspects of work that surrogacy entails.

Body work entails five dimensions, all of which apply to surrogacy (Table 2). The surrogate performs physical labor: her womb is utilized to create the life of a child; her body is a physical tool enabling the whole endeavor. Surrogates provide their body as a vessel and thus give clinics and intended parents "access to the productivity of their *in vivo* biology, the biological labour of living tissues and reproductive processes" (Waldby and Cooper 2008:59).

Table 2: Multiple dimensions of body work

Physical labor	Labor performed by the worker's body where the body is the tool.
Aesthetic labor	Labor performed on one's own body to produce a particular image or style that is part of the job.
Bodily labor	Labor managing the customer's body as the object/point of service provision.
Interactive bodily labor	Where the customer touches back, or the customer is allowed or encouraged to engage the worker's body, the labor involves managing the customer's manipulation of the worker's body.
Emotional labor	a) Attending to the physical need of a customer. b) Attending to the emotional needs of a customer. c) Managing and modifying one's own emotions.

Source: Brents and Jackson (2013:81)

The surrogate also performs aesthetic labor. In her performance, the surrogate must convince the commissioning parents that she indeed epitomizes a good vessel to carry a child, by producing the image of a "good pregnant woman" and by adhering to the social and medical

expectations attached to pregnancy (e.g., exercise, diet, and self-care). A surrogate also performs bodily labor, as she pays attention to the physical needs of the child she carries as well as interactive bodily labor, since the potential child, in this case the unintentional “customer,” is literally underneath the surrogate’s skin. The surrogate also performs emotional labor, negotiating her own feelings with the demands of the intended parents, as well as her own feelings about the fetus (Brents and Jackson 2013; Jacobson 2016; Pande 2009a; Rudrappa 2015; Ziff 2017). Arlie Hochschild (2009, 2011) argues that surrogates perform emotional labor on many levels, since they have to negotiate their feelings to perform their job properly. Unlike other jobs that require emotional labor, a surrogate cannot “go home,” pause, and physically and emotionally recover from her job, she is pregnant 24/7. Taken together, these characteristics of surrogacy raise the question: When does emotional and physical labor begin and when does it stop?

Pande uses the term “embodied labor” instead of care work or body work to show that surrogacy serves as “an extreme example of the manifestation of worker embodiment, where the body is the ultimate site of labor, where the resources, the skills, and the ultimate product are derived primarily from the body of the laborer” (Pande 2014:106). To summarize in Pande’s words: “In essence, a surrogate is using her body, specifically her womb and her uterus, to earn income” (Pande 2014:104). Since surrogacy arrangements involve both care and body work and the exchange of money, surrogacy should therefore be conceptualized as work – even when the surrogate herself does not consider herself to be a worker in the traditional sense. In order to improve surrogates’ situations, Pande suggests that we need to move away from a discussion

about morality and ethical dilemmas towards a realization of surrogates as workers deserving of workers' rights (Pande and Bjerg 2014). Unarguably, surrogacy consists of close contact not only with the fetus, but also with the intended parents (at least in the US context) and with medical personnel who control the pregnant woman's body at certain points during the pregnancy.

Summary

Surrogacy combines various elements of care work and body work, but the very nature of surrogacy arrangements is quite different from a typical labor contract. Surrogates use their bodies to carry a child for another person, engage in emotional work during the entire arrangement, and mostly receive compensation or at least reimbursement. Gestational carriers might not consider themselves to be workers but nevertheless engage in laborious activities that impact not only their own lives but also the lives of family members. Care work, in general, and surrogacy in particular, involves both emotional labor and body work that is un- or undervalued. Even though the surrogate's pregnant body becomes visible at some point throughout her pregnancy, the fact that she performs work for others remains largely invisible since she decides when and to whom to reveal her surrogacy status.

CHAPTER 3: METHODS

This dissertation examines narratives of gestational carriers in the US through the lens of invisible bodily care work. I interviewed altruistic or compassionate surrogates, who do not receive financial compensation), as well as commercial surrogates, who received payments for carrying a child for others. Through a qualitative investigation of gestational carriers, I explore their understanding of both commercial and altruistic surrogacy as bodily care work. I conducted in-depth interviews with both surrogates and intended parents, to address my research question whether and under what conditions surrogacy is viewed by gestational carriers as work. This strategy allowed me to give voice to their accounts of the full surrogacy journeys from the matching of surrogates with intended parents, the medical procedures for inducing pregnancy, the gestational period, to the post-partem relationships. Since much of the surrogacy arrangement remains invisible and unacknowledged as work, an interpretation of how these women view their activities depends on capturing their own narratives.

The chapter describes the rationale for the research approach, details the socio-demographic profile of the study's participants, discusses recruitment challenges, as well as describes data collection methods.

Rationale of research approach

Past qualitative research on surrogacy by Pande (2009a, 2009b, 2010a, 2010b, 2014; Pande and Bjerg 2014) and Rudrappa (Rudrappa 2012, 2015; Rudrappa and Collins 2015) in India, as well as Jacobson (2016) and Ziff (2017) in the US has guided my research design, specifically

my choices of data collection method as well as analysis. Qualitative in-depth interviews were best suited to allow my interviewees to describe their own experiences in detail.

I explored (1) the reasons women chose to become surrogates, (2) how the women experienced the surrogacy process, and (3) if they regarded surrogacy as invisible bodily care work. The interviews focused on their overall experience, their decision-making process, their relationship with their intended parents and their surro-child, their own families, and how they felt about their decision retrospectively. I furthermore explored the moral themes that are discussed in the literature regarding stigma, surrogacy as exploitation/inequality and choice/opportunity from both the perspective of surrogates and intended parents.

The second important actor of the surrogacy process are the intended parents. Through their wish to hire a surrogate, they serve as an employer who will compensate the surrogate for her services. They also are the ones who ultimately select a woman to become their surrogate, and thus are the ones who provide work. Individuals who either currently are in a surrogacy contract or individuals who have become a parent through surrogacy qualified to participate in the interviews. I explored (1) the reasons they hired a surrogate over other options like adoption, and (2) the ways in which they talked about their journey.

I conducted qualitative, semi-structured, in-depth interviews with multiple sets of individuals involved in the surrogate process, even though the focus was on gestational carriers: surrogates, intended parents, as well as a child born out of surrogacy and a legal expert on surrogacy. I conducted the interviews in person or via phone, tape-record them and transcribed them verbatim for textual analysis, and supplement the transcripts with field notes taken during

and after the interviews. The advantage of in-depth interviews is that the interviewees are able to reflect on their experiences in their own words, which allowed me to capture the interviewees' points of view (Esterberg 2002:87–89).

Sample parameters and recruitment

The primary focus for me was interviewing surrogates, since describing their lived experience and telling their stories in their own words was central to my research questions. The main criterion for participation was that surrogates either had been or currently were part of a surrogacy arrangement, even if the embryo transfer had not occurred yet or their surrogacy-pregnancy had not been confirmed yet, and that they live in the US. Both traditional or gestational surrogates, as well as altruistic and commercial surrogates qualified to participate in the study. Similarly, the criteria for intended parents was that they either already had children via surrogacy or that they currently were in the process of becoming parents via surrogacy.

After receiving IRB (institutional review board) from my Wayne State University, I began my recruitment process. Due to recruitment challenges, I adjusted my IRB to allow for both virtual and phone interviews as well as for verbal consent. I recruited surrogates and intended parents using the following three avenues: a) through an online-survey, which asked at the end if they were willing to further share their experience during an in-depth interview, b) through snowball-sampling and references through personal connections such as friends and colleagues as well as through other surrogates, and c) through reaching out to admins of Facebook groups for surrogates to ask permission to post a recruitment notice on their Facebook page. The most

successful avenues for recruitment were referrals through personal contacts and surrogacy Facebook groups.

Recruitment was a long and difficult process, and I experienced multiple recruitment challenges. First, there are only a small number of surrogates in the US. Second, surrogates are a hard to reach population. Additionally, I encountered issues of trust towards researchers. Multiple negative depictions of surrogacy arrangements in the media have made both surrogates and intended parents suspicious to talk to people they did not know.

As a non-surrogate, a non-mother, and a woman in her 30s who is voluntarily childfree and has never struggled with fertility issues, I am an outsider in the world of surrogacy. My outsider status may have contributed to my recruitment challenges and might have added to the already existing distrust of surrogates towards journalists and researchers. I am also an outsider in terms of nationality researching a phenomenon that occurs in the US. However, this aspect of my outsider status was met with more interest from my research participants curious to know how the legal regulations in Germany differed from those in the US. Despite these challenges, being an outsider also had benefits since my interviewees did not assume existing shared knowledge regarding their experiences and went into detail explaining certain aspects of their journeys, such as the matching stage through agencies, or asked me throughout the interview if I needed more explanation regarding their responses.

Three examples illustrate the difficulties I faced during recruitment; the first two relate to gatekeepers while the second one involves individuals disappearing after initially agreeing to the interview. First, even though the organizers of a surrogacy conference targeted towards intended

fathers allowed me to attend the conference and gave me the opportunity to introduce myself, they explicitly forbade me to approach any intended parents directly or to leave recruitment flyers on the premises. The second example also illustrates the prevalence and carefulness of gatekeepers, again trying to protect intended parents. I recruited the one intended mother in my study through a personal contact. In this case, the gatekeeper knew both me and the intended mother and was reluctant to even mention my study to her friend. Initially, she wanted to protect her friend from potential trauma but eventually changed her mind two years later after she saw one of my calls for interviewees. During the actual interview, the intended mother did not show any signs of distrust and spoke very openly about her experience. Lastly, even in cases in which potential participants had signaled their interest to personal contacts of mine and had forwarded their contact information to me, they ignored my attempts to schedule a day and time for an interview. I decided to refrain from further contacting these individuals after three unsuccessful attempts.

These impediments might also explain why sample sizes in studies on surrogacy tend to be much smaller than in other qualitative research. Toledano and Zeiler conducted seven in-depth interviews with altruistic surrogates in California, Canada, and Australia (Toledano and Zeiler 2017); Ziff interviewed 33 surrogates who were military spouses and traveled to 12 states and conducted some interviews via phone (Ziff 2017); Carone et al. obtained data from 15 gay Italian couples (30 fathers) who had become parents with the help of international surrogates from California and Canada -- Italy forbids any form of surrogacy arrangements (Carone et al. 2017); Greenfeld and Seli studied 15 gay couples (30 gay males) who were seeking egg donors

for gestational surrogacy arrangements (Greenfeld and Seli 2011); and Smietana interviewed 37 gay fathers either in relationships or single forming a total of 20 families, in addition to 20 surrogates and 15 individuals working for surrogacy agencies and clinics (Smietana 2017).

Data collection

I interviewed a total of twelve individuals: nine surrogates, one intended mother, a woman born out of surrogacy, as well as a surrogacy expert. A more detailed description of the sample can be found in the next section. The interviews were conducted either in person or on the phone, lasting from 45 minutes to two hours with interviews averaging around one hour and twenty minutes. For the in-person interviews, I let the participant choose the place for the interview and all of them chose coffee shops or my college campus. All in-person interviews took place either in Michigan or in Minnesota. I also provided the option of a Skype/Zoom or phone interview to those participants living in other states (California, Colorado, Florida, Illinois, and North Carolina) or to those who expressed a preference. I was surprised that my participants opted for a phone interview rather than Skype/Zoom. One follow-up interview with Fiona occurred over Zoom two years after our initial face-to-face interview. After oral consent was given, all but one⁹ interview was recorded due to the preference of my participant, and supplemented by handwritten fieldnotes, and transcribed verbatim. All participants as well as the individuals they talk about throughout their interviews were given pseudonyms selected by me.

⁹ The interview was conducted over the phone and the participant preferred me taking notes that I typed up right after the interview.

My interviews were semi-structured (refer to Appendix B and Appendix C for my interview guides) and were organized around the following topics: 1) their decision to become a surrogate or to have a child via surrogacy (describe how many times they have been surrogates, describe how they decided to become surrogates, describe the matching process, describe the process after matching had occurred); 2) their stance on motherhood or parenthood (describing the importance of family, describing importance of not being genetically related to their surro-child); 3) their support system; 4) their relationship with the intended parent(s) and their surro-child or children before, during, and after their journey(s), or their relationship with their surrogate in the case of the interview with the intended mother; 5) their physical and mental health throughout and after their pregnancies, 6) and how they conceptualized surrogacy as work.

I began each interview with the same question: “Tell me about your experience as a surrogate” or “Tell me about your journey,” which allowed my participants to begin describing their experience. In most cases, the surrogates started by describing how often they had been surrogates and how they first initially had the idea to become a gestational carrier. I let my participants prioritize topics throughout the conversation, let them decide what they wanted to talk about first, and referred to my interview guide when they had not touched on topics included yet. Most areas of the interview guides were touched upon from the interviewees themselves. For example, the surrogates in my study usually discussed the topic of their relationship with the intended parents throughout the whole interview and talked about their health on their own. The only topic I had to probe on at some point during the interview was the part of my interview guide related to surrogacy and work,

Data analysis

The interviews and the fieldnotes were coded using the qualitative data-analysis software NVivo, NVivo, a software for computer-assisted data analysis. and were first open coded, then focused-coded. Coding is a technique that “disaggregates the data, breaks it down into manageable segments and identifies or names those segments.” (Schwandt 1997:16) Using NVivo allowed me to analyze the interviews efficiently by assisting in not only managing my data electronically, but also in managing ideas, and enabling me to query the data, model ideas, cases, or concepts graphically (Bazeley 2010). I first used open-coding, meaning what kind of themes emerge from the data itself, before I conducted focused coding, meaning that I specifically looked for the themes of notions of work in surrogacy and other themes that emerged from the data. The themes that emerged first from the interview data were their reasons to become surrogates, their relationship with the intended parents, as well as stigma encountered when talking to others and considering pumping breastmilk as work. I then systemically analyzed how and when surrogates mentioned elements of work, before I narrowed it down to the different dimensions of body work, and finally examined how the type of relationship with the intended parents as well as the type of surrogacy arrangement shaped their point of view.

Description of sample

I interviewed a total of twelve individuals: nine surrogates, one intended mother, one adult woman born out of surrogacy, and one legal expert on surrogacy. The analysis in the following chapters focuses on the accounts of the surrogates and the intended mother. The arrangements consisted both of commercial arrangements in which the surrogate received

financial compensation while carrying for individuals she did not know before becoming a surrogate, as well as of altruistic surrogates who did not received any financial compensation and carried either for friends, or in one case, for strangers. The individuals of this study were part of a total of 16 journeys, with one of them failed, 14 successfully completed, and one unknown end result.

All women in my study were White, in their mid-twenties to late thirties at the time of their surrogacy journeys, while one identified as Hispanic, were either non-religious, Christian, or Jewish. This aligns with what we know about the characteristics of US surrogates. Since there are no official mechanisms in place to trace the number of surrogacy cases in the US, it is difficult to know exactly how many children are born out of surrogacy or who the women are who become surrogates. Based on her decade-long research of the biggest online support website for surrogate mothers called *Surro Moms Online* (SMO) (Berend 2012, 2014, 2015, 2016), Berend created a typical profile of US surrogates through the analysis of surrogate forum discussions and polls organized by the website. Many surrogates share the following characteristics: They are White, in their mid-twenties to late thirties, many are Christian “yet strikingly liberal on gay issues.” If they are not stay-at-home mothers, they are also typically from one the these types of occupations: they work either in caring occupations such as nurses, teachers, or massage therapists, or office positions, such as legal and accounting assistants or paralegals, or tech positions, such as IT managers and software testers (Berend 2015).

Error! Reference source not found. provides an overview of the respondents and their characteristics, including their pseudonym, state of residency during the surrogacy arrangement,

occupation at the time of their arrangement, the number of their own children as well as children born in each journey. Finally, the table includes information on where the intended parents lived at the time of their arrangement as well as their relationship to the gestational carrier (stranger or friends) and if they were compensated.

Three cases stand out in my sample and are part of groups that have not been researched in the context of surrogacy. One woman, Emma, was a non-mother surrogate, a woman who became a gestational carrier without having had children on her own. Another surrogate, April, became a carrier for her two best friends who are gay and are both the biological parents since the couple consists of a cisgender man and a transgender man. Lastly, one of the surrogates, Amy, was an altruistic or compassionate surrogate for strangers, meaning she did not receive financial compensation even though she carried for a couple she did not know prior to her journey.

They lived in various US states, with two intended parents from overseas (UK and Israel). All women gave birth in the state they lived in at the time of their surrogacy arrangement. They held various occupations that were all part of predominantly female dominated fields such as teachers and care work positions in the medical field.

Table 3: Characteristics of Surrogates and their Families

Surrogates							
Name	State	Occupation	Children born		IP's location	Relation to IP(s)	Pay
			Own	Surro			
Amy	Michigan	Children's Care Manager	2	1 n/a	Michigan Michigan	Strangers Strangers	No n/a
April	North Carolina	LGBTQ Center	3	1	Pennsylvania	Friends	No
Barbara	California	Substitute teacher, nurse practitioner	1 1	1	United Kingdom	Strangers	Yes
Emma	Florida	Clinical psychologist	0	1	Florida	Strangers	Yes
Fiona	Minnesota	Accountant	3	1	Israel	Strangers	Yes
Gabby	Michigan	Homebirth midwife	2 + 2 <i>adopted</i>	1 1	Florida Florida	Friends	No
Joanne	Colorado	Stay at home mother	2	1 1	Colorado Colorado	Strangers Strangers	Yes Yes
Linda	Florida	Birth doula, lactation specialist	2	1 n/a	Florida <i>Failed journey</i>	Strangers Strangers	Yes n/a
Monica	Colorado	Kindergarten teacher, Stay at-home mom	3	2 2 2	Illinois Colorado Massachusetts	Strangers Strangers Strangers	Yes Yes Yes
Intended Parent							
Name	State	Occupation	Children born		Surrogate's location	Relation to surrogate	Pay
			Own	Surro			
Elizabeth	Illinois	Photographer	0	1	Wisconsin	Friend	Yes

Limitations and delimitations

Although most sociologists have been trained to strive for “objective” and “value-free” research, gender and race scholars recognize that research can never be completely value-free and completely objective (Sprague 2005). This recognition led to questioning and challenging how research traditionally has been done and instead asking how it should be done. For example:

Why are certain groups left out of research, why were certain groups chosen to study in the first place, and what is the role of the researcher in the process? This feminist approach of re-thinking how theories develop and the role a researcher plays as an individual in the whole research process is to ensure reflexivity.

Challengers to traditional ways of doing social science argue that all knowledge is created within human interaction. Our social position shapes the kinds of theories we create and the kinds of explanations we offer. Instead of assuming that objectivity is possible, then, we need to be reflexive: We need to develop an understanding of how our positions shape the research topics we choose and the methods we use to study the social world. (Esterberg 2002:12)

We as social researchers need to be reflexive when it comes to the implications of a chosen epistemology and methodology. We need to take the interplay of identity and the production of knowledge into consideration when we discuss possible biases in the research process (McCorkel and Myers 2003). Race and gender biases can take different forms in the research process. The researcher's identity, gender, race and ethnicity, social class background, sexual orientation, religious beliefs, nationality, age, and many other factors shape the way the researcher views social reality and therefore, the way the researcher produces knowledge. This not only includes what is being researched, but also how it is being researched. The researcher's personal background determines how they will act like as a researcher. The "researcher's choices of *how* to use these method constitute their methodology." (Sprague 2005:5)

The methodology deals with our philosophy how we should use our instrument of semi-structured interviews for example, what kind of relationship we seek with the interviewee and,

how we ultimately plan to analyze the data. Methodological issues can arise in every aspect of the research process (Gottfried 1996). Beginning with the selection of the research topic, the research question, the study design, data collection, data processing and cleaning, and the publication of the research. In every phase of the research, researcher bias can influence the way research is done, how data is interpreted, and how the results are published. It is thus absolutely necessary that the researcher is aware of their personal biases, and therefore takes measures to reduce biases, or, if that is not possible, to articulate their biases in the publication to ensure reflexivity. Although I recognize these possible limitations, I do not think they limited the quality of my analysis, since the narratives give voice to surrogates.

One silent reproach (or sometimes loud reproach) against qualitative methods is that the findings are not generalizable, since hypotheses are not tested quantitatively, and the sampling does not occur randomly. The goal of my proposed qualitative research is not to make statistical generalizations, but the desire is to understand the social phenomenon of surrogacy in the context of body work.

CHAPTER 4 – WOMEN AND THEIR JOURNEYS TO SURROGACY

In contrast to women who decide to become commercial surrogates due to financial hardship and because they need the income to support their own families (Dow 2016; Mohapatra 2012; Vora 2010), economic necessity is not the primary reason why women decide to become surrogates in the US. On the contrary, most agencies in the US do not work with women who are compelled to become surrogates due to financial distress. If money is not the motivating factor, why then do middle-class women in the US choose to become gestational carriers for others?

This chapter is organized along three essential components of a surrogate's journey¹⁰: the primary reasons that influenced her during her decision-making process, taking action once she has made the decision to move forward, and what happens after she has been matched with intended parents in the cases of journeys with strangers.

The first part of this chapter focuses on the decision processes of both surrogates and intended parents and starts out exploring the reasons why the women in my study decided to become gestational carriers. For those women who became surrogates for strangers, these reasons include wanting to help others to have families, having been exposed to fertility issues of others or having experienced fertility issues themselves, and regarding both pregnancy and childbirth as something that comes "easy" to them. For the women who already knew the intended parents prior to their arrangement, the additional reason of personally witnessing their friends' inability to have children served as an additional motivator for them. A further crucial

¹⁰ "Journey" is a term commonly used in the US to refer to surrogacy arrangements, implying that having a baby through surrogacy is a lengthy process, and covers the period in which the surrogate is pregnant as well as before the pregnancy and post-delivery (Berend 2015; Dodge 2020).

deciding factor for all women was that being a gestational surrogate also meant that they were not biologically related to the children they carried, which is also discussed.

In addition to the surrogates' reasons to become gestational carriers, the intended parents' reason to pursue the surrogacy route are discussed. These reasons center around the inability to carry: In the case of heterosexual individuals, this was usually due to medical complications that had caused the intended mother to be unable to carry children; in the case of queer intended parents, the reason was either the inability to have children without the help of a surrogate or unwillingness to carry children due to their gender identity. In contrast to the importance of not being biologically related to the child they carried, it was very important to the intended parents that surrogacy, unlike in the case of adoption or fostering, allowed at least for one of the parents to be biologically related to their surro-child.

The second part of this chapter describes what happens after women have decided to become surrogates: doing research, choosing an agency, how they screened and tested to determine if they are fit to become surrogates, and how they chose the intended parents they want to work with during the matching process.

The final and third part of this chapter focuses on what happens after the women have been matched with the intended parents, including how contracts are negotiated and what conditions they have going into a journey, the importance of pre-birth orders, as well as questions around medical treatment and embryo transfers.

As part of their study about the long-term experiences and relationships of 34 surrogates in the UK, Imrie and Jadvá researched the motivations of women to become gestational carriers

using both interviews and questionnaires: 59% (20) reported their primary reason of becoming a surrogate was 'wanting to help a childless couple,' 15% (5) listed both 'wanting to help a childless couple' and 'enjoyment of pregnancy,' while 9% (3) wanted to help a relative and 6% (2) wanted to help a friend (Imrie and Jadvá 2014).

Similarly, during her research with surrogates in Texas and California, Heather Jacobson found that even though the motivations of the women had some variation, they shared some of the reasons that Imrie and Jadvá had found in their study; they primarily wanted to become surrogates because they wanted to help other couples to achieve the dream of starting a family and they liked being pregnant. At the core, Jacobson describes a trinity of reasons listed that most women in her study had in common: being "good at it," wanting to help, and enjoying pregnancy. The women Jacobson interviewed also talked about the first times they became aware of the existence of surrogacy, which gave them the idea that this might be something they would eventually like to pursue themselves. Among the early exposures to the topic of surrogacy they talked about were watching movies about surrogacy, having a husband suggest it to them, or being recruited by an agency (Jacobson 2016:56).

None of the women in my study shared stories with me when and how they first found out about surrogacy and how that had impacted their decision-making process in later years. What the surrogates in my study who became surrogates for strangers did talk about aligns with both Jacobson's and Imrie and Jadvá's findings: they all discussed how they became aware of infertility at some point in their lives, either because they had family members or friends who

had struggled, that pregnancy was something that came easy to them and they enjoyed, and that they wanted to help other achieve something that came so easy to them.

Contrary to that pathway are the women in my study who became surrogates for friends they had already known prior to their journeys. Those women became gestational carriers for queer friends who could not or did not want to carry children on their own. In these cases, the decisions were made privately through long personal conversations and the decision-making process differed slightly for them because they had the additional desire to help their friends to become parents.

Why women decide to become gestational carriers for others

As mentioned earlier, surrogates in the US usually list multiple reasons when they talk about why they decided to become gestational carriers. Among the motivating factors to become surrogates are the wish to help other individuals who cannot have children on their own to have a family, knowing friends or family members who have struggled with infertility or having experienced fertility issues themselves, having had uncomplicated past pregnancies or enjoying to be pregnant, or personally knowing the intended parents and wanting for them to become parents. In some cases, women focus predominately on one of these reasons when they discuss why they became surrogates, while others list a combination of these factors that ultimately compelled them to carry for others.

The type of surrogacy arrangement a woman is involved in shapes the ways in which she understands her role as a gestational carrier and, therefore, the ways in which they talk about

their experience and frame their journeys. Table 4 identifies the types of surrogacy arrangements associated with the participants in my study.

Table 4: Types of surrogacy arrangements

Type of surrogacy arrangement	Characteristics	Associated participants	
Commercial surrogacy	Gestational carrier is financially compensated.	<i>For strangers.</i>	Barbara Emma Fiona Joanne Linda Monica
		<i>For friends or family members.</i>	Elizabeth (IM)
Altruistic surrogacy	Surrogate does not receive financial compensation, but usually gets compensated for costs associated with their arrangement, such as medical bills or purchasing maternity clothes.	<i>For friends or family members.</i>	April Gabby
		<i>For strangers.</i>	Amy

Dow argues that surrogacy exemplifies how gendered motivations shape women's emphasis on altruism, framing their reasons for becoming gestational carriers (Dow 2015:14). The gendered ways in which the women in my study talked about their motivations to become surrogates exhibit the expectations to help others by doing a good deed as well as explicit remarks that childbearing is something that comes "natural to women." As Linda put it: "As women... And I see this with my line of work. We hold a lot of our identity and self-worth in our fertility, in our ability to give birth properly, to breastfeed and nourish our children properly."

In most of the accounts in which the women in my study talk about their reasons why they chose to become surrogates, these gendered motivations are present, as they revolve around the intrinsic wish to help others through their reproductive bodily labor.

“We want to help people having families.”

Wanting to help other couples or individuals to have a family was only explicitly mentioned by one surrogate. Amy, who was an unpaid surrogate for strangers, told me that supporting other couples had been her primary motivator in becoming a surrogate and she and her husband decided that becoming a gestational carrier was the right thing to do because they wanted to help people to have families. Even though ‘wanting to help a childless couple’ was the number one motivation found by Imrie and Jadva (2014) and others (Jacobson 2016; Smietana 2017), all the other women in my study talked more implicitly about the wish to help other people form a family.

Even though wanting to help others to have children was not explicitly listed as a reason, many of the women in my study talked indirectly about this desire to help through the language of gift-giving. Joanne, a two-time surrogate, described how she had gone to her daughter’s school to talk to the other children about what surrogacy is and how much joy being a surrogate has brought her: “And I love it. I love talking about it. I love that we're able to do this. I love that there are women out there that are able and willing to sacrifice their bodies for 10, 11 months to help a family. And it's truly one of my favorite things I've ever done”.

Joanne uses the language of both helping and doing something truly selfless by sacrificing their bodies. Other researchers have identified this language of gift-giving to be common among surrogates in the US (Berend 2015; Jacobson 2016; Smietana 2017; Ziff 2017). Some of the study participants added a religious component to the commonly used gift-giving analogy. Linda, who had one out of two successful surrogacy journeys, described to me how she had explained to her

young children why she was going to be a surrogate. Her explanation centered on wanting to be pregnant while helping another couple to complete their family, but additionally used the language of doing something altruistic that was rooted in her Jewish beliefs:

"Mrs. [name of intended mother] doesn't have a uterus anymore. They need to complete their family." My youngest son is named Benny. We always say, "They didn't get to have their Benny. They just have their Isaac," which is my older son. When I said, "They don't have their Benny. They just have their Isaac. She doesn't have a uterus anymore, but I do, and I really want to be pregnant, again. I'm going to do her a favor. I'm going to do a good deed. A gesture. A mitzvah." We're Jewish, so the whole concept of doing a mitzvah, as a good deed, is kind of ingrained in us. That's what we're doing. We're doing a mitzvah. We're doing something nice for someone else. That's just what you do. You do for others, if you can. And that's why we're doing it.

In contrast to the previous surrogates who had experienced positive surrogacy journeys, Amy discussed the deep sacrifice she felt surrogacy entails in a different way. Amy, who did what is considered an altruistic or compassionate surrogacy arrangement since she did not get paid to carry a child for strangers, felt taken advantage of after her intended parents started ignoring her once the pregnancy had been confirmed and had broken off communication after the child was born. She recalled an incident that shows the emotional pain she endured after her intended parents did not engage in the social interaction they had promised her at the beginning of her journey and had failed to even thank her. Amy told me about a Facebook post her intended mother had made a few weeks after the child had been born that deeply troubled her and had been "ingrained in her brain." The intended mother had publicly thanked a friend on social media who had come to visit and had written that the visit had been the greatest gift anyone could ever have given to her, which was the "true gift of love," to which Amy commented: "Really? I gave you my life." The love and gratitude her intended parents publicly expressed to other people,

while Amy's family was neither thanked publicly nor privately, distressed Amy since she considered to have given them the biggest gift possible and she felt taken advantage of.

While Amy was the only woman in my study who felt taken advantage of, she felt compelled to continue to help people who could not have children. At the time of our interview, she had just started medical treatment for her second, also uncompensated surrogacy journeys for strangers. Her wish to help was so important to her that she was not deterred by her negative experience and confident that this time around she had found a couple that was deserving of her gift. In addition to discussing the wish to help, infertility was another central theme discussed by almost all the women in my study.

Being exposed to fertility issues

Most women in my study brought up the topic of infertility when describing why they had decided to pursue the surrogacy route. Being exposed to the emotional toll friends or family members experience during and after unsuccessful attempts of trying to have a baby, is one of the main explanations listed when women described why they became a surrogate. This narrative aligns with both Imrie's and Jadvá's findings among surrogates in the UK (Imrie and Jadvá 2014) and with what Jacobson has found in her research with US surrogates: "The most popular reason [...] for a woman having her interest sparked in surrogacy was witnessing the pain of a family member, friend, or co-worker who had experienced fertility issues" (Jacobson 2016:53).

Almost all women in my study, with the exception of April, who was the gestational carrier for her friends who did not struggle with fertility issues but rather chose the surrogacy route to not invalidate the gender identity of the trans-father, talked about how they knew someone

personally who had struggled with either becoming pregnant or miscarrying. Barbara, for example, who was the mother of one child before becoming a gestational carrier and had another child after her first surrogacy journey, talked about her brother's wife's difficulties to get pregnant and acknowledged: "I had never really thought about people not getting pregnant." Getting pregnant, carrying and delivering babies are things that came easy for most women in my study and witnessing the pain of others had opened the eyes to them that having a child is not always easy.

Joanna, whose parents had fertility issues conceiving her and her sibling decades earlier, also decided to become a surrogate mainly prompted because one of her friends experienced hardship due to fertility issues and described her motivations to become a gestational carrier as follows:

I had a really close girlfriend go through terrible fertility issues. Just a nightmare and I have two children of my own and getting pregnant and carrying babies has just been so easy for me. It was just mind-blowing that some women, they have such horrible issues and it's just crazy. That's what we're built to do and it's, for some, really, really difficult.

The women in my study describe that they want to help others who had experienced pain and hardship to achieve what had been so easy for themselves and should be "natural" for women: to get pregnant and have a family. This sentiment of pregnancy and childbirth being "easy" also supports what Jacobson found in her study when discussing surrogates' motivations (Jacobson 2016). Learning about other individuals' struggles to have children combined with the realization that conception and pregnancy had been relatively uncomplicated for her, were themes picked up by Monica. Monica had three children, a set of twins followed by a singleton, and started to

become more consciously aware of other women dealing with fertility problems when she began getting actively involved in the twin community after she had become pregnant with multiples without the help of reproductive technologies:

Once we got involved in the twin community, I'm just trying to find other people to connect with that had twins. People would say to me, "Well, you didn't have to pay for your twins." And I didn't really understand what that meant because I had just conceived naturally. So, once I started researching that and I was very humbled by the fact that had my kids and I-- that all worked out for me. It never crossed my mind that I was never gonna be able to have kids. So, once I started meeting women that had so many struggles, I was like, "Oh my God. What can I do to help?"

Before she had been part of the twin community, it had never occurred to Monica that some women who were parents of multiples were so because they had received fertility treatments. While she was hearing all these stories in which parents had struggled to have a family, she started reflecting on how easy it had been for her to become "naturally" pregnant with her own twins and she kept thinking to herself that she could help other couples who wanted to have children. However, Monica also knew she was not done with her own family planning yet and waited for a year after the birth of her third child, a singleton, to pursue the idea of becoming a surrogate. Her inclination of wanting to wait to become a surrogate until her own family planning was completed, is something that is echoed in the common practice of surrogacy agencies that prefer working with women who are certain they are done having babies. This practice is in place to avoid the risk that potential medical complications arising during surrogacy pregnancies would prevent women from being able to complete their own family later on. One woman in my study was affected by not having adhered to this policy after medical complications during her surrogate pregnancy. Barbara, who had one child prior to becoming a surrogate, experienced

difficulties to have more children after her journey. Her fertility issues post surrogacy journey is the reason why this rule is enforced by most agencies. When I interviewed Barbara, she told me about the fertility issues she had now due to complications she had experienced during her surrogacy journey. Barbara eventually had been able to have another child but struggled with the fact that having been a gestational carrier had not only caused temporary health issues during her surrogacy pregnancy (she had been on strict bed rest for the majority of her surrogacy pregnancy) but had tremendously impacted her own family planning in the long-term.

Besides having witnessed struggles of others to become parents, two women I interviewed had themselves experienced problems either to become or to stay pregnant prior to becoming surrogates. Linda, a birth doula and lactation specialist and mother of two children, had dealt with fertility issues. She talked about how she had used medication in order to help her conceive, how she had a miscarriage, and how a lot of women shared her experience:

Well, after my first child, I got pregnant again, after trying. The first child, we experienced infertility, used medications to conceive. Second child, right away we miscarried. So, a very [inaudible] women, three or four women, their pregnancies, are a miscarriage. But it was a bit traumatic for me just the way it happened, especially because of being a planned pregnancy.

In addition to Linda's own familiarity with infertility, a close friend of hers had lost her child a few days after she had given birth. Her friend finally had a child after having endured multiple miscarriages and Linda had considered carrying for her. Even though Linda's friend ultimately did not end up needing a surrogate, the thought stuck with her and she eventually became a gestational carrier twice for couples who lived not far away from her in her home state.

Gabby was the second surrogate who had experienced severe fertility issues herself and told me she had “turned the wheels 360 degrees” because she went from one extreme to the next: she went from not being able to have children to adopting to unexpectedly having biological children to then becoming a surrogate for her best friends twice. Gabby, who had been unable to conceive due to a brain tumor that prevented her from ovulating regularly, adopted a child from her parents’ home country after a failed attempt to foster. She and her husband had to give back their foster child after a family member suddenly re-surfaced and claimed custody after the child had been in their custody for several months. After that experience that she described as very emotionally taxing, she and her husband decided to pursue the adoption route and they successfully adopted a baby from South America. To Gabby’s surprise, she found out that she was pregnant when the adopted baby turned one and once they had their second baby, which was their first biological child, they adopted again, and nine months after the second adoption, she had another biological child. Gabby knew after her last child arrived that she and her husband had completed their own family consisting of their four children, two adopted and two surprise biological children, and she decided to become a gestational carrier for her two best friends twice.

Having witnessed the struggles with fertility issues of people in their circle of family members, friends, or acquaintances was mentioned by all but one woman in my study as a significant moment in which they realized that trying to have a baby could be painful for some people. This frequently mentioned theme of struggling to conceive was usually coupled with the realization that having babies had been easy for them – with the exception of the two women I

interviewed who had struggled with fertility issues themselves – and is discussed in the next section.

“Me and my super uterus!” – Pregnancy and childbirth are considered to be easy

Many women in my study described how pregnancy and childbirth came very easy to them and was something they enjoyed. They also talked about how much they loved the positive things they associated with pregnancy, such as feeling powerful and glowing, or being able to eat whatever they wanted. This narrative supports what Jacobson had encountered in her work: the women she had interviewed considered pregnancy and birth to be a skill, a skill that they were good at (Jacobson 2016:45). The women in my study also talked about the ease of pregnancy.

The sentiment of being “good at being pregnant” was something that other surrogates talked about as well. Monica, for example, a three-time surrogate who delivered a total of nine children (four twin pregnancies and one singleton pregnancy), described how she considered herself to be skilled at being pregnant: “For our family and for me it was an amazing experience, and I was really good at being pregnant. I didn't necessarily like being pregnant, but I was really good at it. So, and I had twins for each set. So, I had three sets of twins as a surrogate. It all went really well.”

Joanne also engaged in the narrative of being “good” at pregnancies and spoke about the importance of having a medical record of having had healthy past pregnancies and deliveries:

So, my pregnancies actually were very-- I am a pretty good pregnant lady. I get a little sick early on, but I had zero complications. And that's kind of something that they-- you have to have-- when you apply to be a surrogate, you have to get every medical record you've ever had in your life including all of your pregnancy and delivery records. So, if you ever have an issue, you really cannot be a surrogate. They're very selective about your medical history. So, I had only

delivered one baby before my first surrogacy, so my daughter was born, and I had no issues and no issues during my surrogacy.

Joanne used the word “easy” in the context of either pregnancy or childbirth multiple times throughout the interview and continued to go into detail about the ease of her subsequent pregnancies:

Same thing with the second pregnancy. The only thing that happened-- I got a cold a couple times during the year because it was wintertime. Labor came pretty quick again. I was maybe about five hours that time, and pretty easy. Everything was pretty easy. [...] So, I've had four babies and they've all been just easy. I walk a lot and swim a lot. With my first pregnancies, I worked, and I worked right up until I delivered. I was getting ready for work when my water broke with the first surrogate pregnancy. [...]

So, I just yeah, try to stay really healthy. And being healthy and trying to have a healthy pregnancy and not eating everything in sight and quote "Eat for two." It helps you with your labor. You have an easier labor if you're healthy.

Most women I talked to had easy past pregnancies, embraced being pregnant, and did not experience pregnancy as burdensome. Linda explained what excites her about being pregnant: “I absolutely loved pregnancy. I feel like this fertile goddess woman. "Hear me roar," if you will, when I'm pregnant. I just feel so comfortable in my body and I love it. I love giving birth, and I love breastfeeding. All of that thing, all of that.” As she put it, she loved everything related to pregnancy and childbirth and, as a birth doula and lactation specialist, also loved supporting other women so they could enjoy these things as well.

Fiona also shared the narrative that pregnancies had been easy for her and that she was skilled at it. She had been inspired by a friend who had been a surrogate to become a gestational carrier herself and was scheduled to have her embryo transfer in a few weeks for her first surrogacy arrangement. Fiona, a single mother of three children, spoke about how easy her past

pregnancies had been: “I handle pregnancy very well. All my pregnancies have been easier than average. My labors have been easier than average.” Throughout the interview, she kept mentioning how easy her own pregnancies had been, how quickly she had recovered after the births of her children, and how her own mother had reminded her of the ease of her pregnancies when she told her she was considering becoming a gestational carrier.

When I interviewed Fiona a second time a year after she had delivered her surro-child, she told me about how hard she was hit when she lost one of the two fetuses in the first trimester of her pregnancy and realized that pregnancies were not always as easy as she had previously thought. Even though she had lost one fetus, she ultimately carried the surviving fetus successfully to term and delivered a healthy child to a single gay man from Israel. While Fiona was telling me about the emotional distress she had gone through, she quickly changed her tone to remind me of something she had told me during our first interview prior to the embryo transfer: that she was blessed with good and functioning reproductive organs – as she had been told multiple times previously by her medical team – and proclaimed cheerfully: “Me and my super uterus.”

Besides the wish to help other people to achieve parenthood and the enjoyment of being pregnant, some women talked about how they did not think their family was complete, but they did not want more children of their own. Linda described the desire to be pregnant again as follows: “After we were done having our children, I still had this gnawing at me that I wanted to be pregnant again, but I didn't want any more children, but there was someone missing out in the universe.:

Amy, who had been an unpaid gestational carrier for a couple that she hadn't known before her journey, also talked about how she did not feel her family was complete, but she did not want more children on her own. She had stumbled across a friend's message who had made a post on Facebook looking for a gestational carrier, to which Amy had jokingly replied: "If I wasn't that fat and old, I would carry for you!" To Amy's surprise, her friend responded that she thought she actually would be a good pick to be a surrogate. Even though Amy did not end up becoming her friend's surrogate, the idea stuck in her head and she and her husband started talking about the possibility to help another family to have a child and finally, after a few months of deliberation, decided as a family to go through with it. Amy found a couple in her home-state that she carried for without financial compensation since this was not legal in the state she lived in at the time.

Being friends with someone who can't or won't carry

For the two women in my study who carried children for their friends, April and Gabby, the decision-making process to become a surrogate looked slightly different compared to the women who carried for strangers. Both of them were gestational carriers for their oldest and best friends, both of them gay couples who either could not or chose not to carry. Neither April nor Gabby were paid and received compensation beyond getting reimbursed for costs associated with their journey, such as hospital bills, and are therefore considered to be altruistic and not commercial surrogates. Even though Amy, just like April and Gabby, is considered to be an altruistic surrogate since she was not paid, she was not trying to help friends with infertility issues

or queer friends since she became a surrogate for heterosexual couples she did not know before her journeys, and her case is therefore not discussed here.

Gabby was a surrogate twice for her best friends, a gay couple, who she had known since college. After having had experienced fertility problems herself and having unexpectedly become pregnant after adopting her first child, as mentioned earlier, she had become even more aware of her friends' struggles to have a family on their own. She did not propose the possibility of carrying for them herself, but was open to the idea once they first had brought up the topic:

Yeah, I would say they approached me. I've always been very vocal about, "I love babies, and I want to have a thousand kids one day," since I was 15. So, he's, "You know, have you heard about this thing called surrogacy where you can have babies for someone else?" I was, "Yes, I'm going to do that one day." And it was like a conversation that we've always kind of had.

For Gabby, one of the deciding factors was that she already had an established relationship with the intended parents before becoming their surrogate; she was unsure if she would have become a gestational carrier for someone she didn't have a strong bond with, especially because she was not compensated in either of her two surrogacy journeys:

Yeah, so even myself, as much as I love surrogacy, I don't think I could have just been like, "I'll be your surrogate? Who wants to be my intended parent?" If I just met someone on the street, I don't think I would have been as comfortable as I was with the people who I did it with because I knew them. I knew a little bit more about them. I knew the things that they would kind of want to push and things that they would be not okay with. And I kind of knew how much I could push them for certain things that they otherwise would have not been okay with had somebody else been their surrogate, if that makes any sense?

During her two journeys Gabby "pushed" for exemptions from receiving hormonal injections and having a natural cycle before the embryo transplant – a very uncommon practice in the world of

surrogacy – having a homebirth, and receiving compensation for pumping and sending them breastmilk, something that will be discussed in a later chapter.

While some of the previously discussed themes of having witnessed and experienced fertility issues herself, as well as the enjoyment of pregnancy, were things Gabby identified with, April's motivation to help her friends stemmed from the fact that they had tremendously struggled to have a family after unsuccessful attempts to adopt and she wanted to help them fulfill their dream. April described her reason to be their gestational carrier as follows:

They're two people who I trust just completely, right? I mean, they're the people who will get my children if I die in a fire or a car crash, right? So, they are literally the people I trust the most in the world. And that was really helpful because I knew that each of us had each other's best interests really sort of foregrounded in our conversation.

I have three kids of my own and knew that I was done having children, and was able to offer to carry a baby for them. They've been trying to adopt for years and had adoptions that kept falling through in increasingly painful ways, so once I knew I was finished making my own family, I offered to carry a baby for them and they accepted, and yeah. That was sort of the beginning of our process.

Trust surfaced as a very prevalent theme in the interview with April. While she mentioned the importance of trust in the above quote and that they would gain custody of her own children if something were to happen to her, the trust was mutual. They had talked about the possibility of her carrying for them, but April had not completed her own family planning at that point. After she had decided she was done having children on her own, she approached the topic again:

"Hey, if you're still interested, this is something I would be willing to do." And they said, "That's funny, we've thought about surrogacy, but we can't afford to hire a surrogate, and you're the only person we would trust to do this, but it's something you could ever ask someone, right." "Hey, can you carry a baby for me for free?" So, at that point, we started making plans.

In both April's and Gabby's case, they had already established a trusting relationship with the intended fathers and became surrogates for them to help them to start a family without receiving compensation. As an unintended consequence, both not receiving compensation and having this friendship enabled them to hold more negotiating power in their arrangements and ask for things that were either important to them or otherwise unusual in the commercial surrogacy world.

Importance of not being biologically related

Surrogates have been accused of being “unnatural” if they do not develop maternal feelings to the surro-child they carrying and decide to relinquish any parental rights to the intended parents after birth (Berend 2012, 2015; Dow 2015; Imrie and Jadvá 2014). The fact that they were the gestational carrier but not the biological mother was important to all women, with the exception of April. All women in my study were gestational surrogates, meaning they were not the genetic mothers of the children they carried. The egg implanted was either from the intended mother in the case of some cisgender women, from the intended father in the case of a transgender man, or from an egg donor.¹¹

April, who carried for her best friends, would have been comfortable being a traditional surrogate as well. She talked to me about the decisions she and the intended fathers were making and mentioned she had considered providing her eggs:

And I was actually open to either gestational surrogacy or traditional surrogacy.
I would have been comfortable using my own egg and I presented both of those

¹¹ The commonly used language of “intended mother’s egg” does not adequately fit here since in April’s case both intended fathers provided the genetic material: one intended father provided the sperm and the other intended father provided the egg. Non-cisgender and queer individuals challenge the assumed biological relationships in surrogacy arrangements and simultaneously show the limits of the language routinely used to describe the origin of the egg if it is from the intended parents.

options to them for them to sort of think about. And they took that back and went through their own process of figuring out what made the most sense for their family.

April's friends ultimately decided to use both the intended fathers' genetic material: The transgender man's egg and the cisgender man's sperm. Later in the interview, while discussing how it had been important to them to make all decisions together, April mentions: "[...] the fact that I don't have a genetic relationship to her, I think made that easier in some ways. But as I said, we discussed both options." April did not elaborate on what exactly had been easier, but it can be assumed that she was referring to that she would have had a different emotional connection to her surro-child if she would also have been the biological mother. As mentioned earlier, April was the only surrogate I interviewed who had considered also providing her own eggs and being a traditional surrogate.

The importance of not being biologically related to their surro-children kept coming up in other interviews. Monica, who was propelled by the desire to help people who wanted to have children, first considered becoming an egg donor before learning about surrogacy. However, Monica ultimately decided she was troubled by the fact that there would have been a genetic relationship to the child that would have resulted from her gametes:

"I originally looked into egg donations and we explored that, and I just wasn't comfortable with that, knowing that a part of me was out there. So, then I kind of stumbled upon surrogacy and learned what a GC was. Where I was just a carrier, just the house, and it all worked."

Monica also discussed how some people were shocked when they found out she was a surrogate and reiterated that being a gestational surrogate was qualitatively different to her than being a traditional surrogate:

Monica: People always ask, "Well, how can you have babies, then give them away?" Well, they're not mine. They were never mine to begin with. So that was the mentality that I went into it with, so.

Interviewer: Yeah. Do you think it helps that you were a gestational surrogate and that would have been different, or could you have imagined being a traditional surrogate?

Monica: Oh, I could not have been a traditional surrogate. So yeah. Knowing that I was just a house, nothing, they were not DNA related to me at all, my kids would not have a half sibling out there. There is no way I could have been a traditional surrogate.

Being the carrier of the surro-child and not the biological mother is something that I was told by almost all of the women I talked with. Before IVF was possible, traditional surrogates provided their own eggs and were artificially inseminated and thus not only the gestational carrier but also the biological mother of the surro-child. While April would have been comfortable with having been a traditional surrogate and providing her genetic material for her friends, most women talked about how not having a biological relationship to the child they carried, helped them to mentally and emotionally distance themselves from bonding as they did with their own children. Barbara explained multiple times during our interview that the baby was not hers to begin with: "My criteria was I didn't want to use my egg. I felt like my own genetic material would make me very much attached emotionally. I couldn't do that."

Later in the interview, Barbara discussed again how important it was to her to have a contract that laid out that the child she would end up carrying was not hers, that she would end up having to care for a baby that wasn't hers to begin with, and that the lack of a genetic relationship would prevent her from getting too attached:

I liked how much it seemed like they screened people, and that there was a legal contract involved. I didn't want to be left with somebody else's baby. Not

that anybody would really do that, but I felt like I had to have a lot of rules in place for me not to be able to get attached, or whatever. That kind of a process made it very easy for me just to think of myself as the oven, not the mother.

When I asked Barbara at the end of our interview what recommendations she had for other women who are considering to become surrogates, she first talked about recommending that they should wait until they are done having their own children, but then continued quickly to discuss the topic of not being the genetic mother again:

To me, still, it's a big deal that it's not my genetic material. I think that's a part of what made it very simple. I don't think about her. I just don't. It doesn't seem like she's my surrogate daughter. She's a baby that I had. I don't think about her. I don't miss her. To me, that would be part of it, is that it has to not be your own egg.

Despite the absence of shared genetic material, all women talked about their surro-children in caring and loving terms. When I talked to Fiona before her embryo transfer appointment, I asked her how she thought the emotional connection would be after she had mentioned that her boss had a problem understanding how she could be a gestational carrier for someone else. Fiona responded:

Oh, I think it's going to be hard. I'm not going to lie. I think it'll help that it's not genetically related to me [inaudible]. I think that will help me disconnect a little bit. But it's a baby, right? And they're beautiful, wonderful things. And when they kick and move around in there, you can't help but fall in love with it. And I think that's going to be really hard. Really hard [laughter].”

When I spoke to Fiona again during our follow-up interview after she had delivered the child, she did not seem to share that same concern. At no point through our second interview did she mention that she had struggled to say goodbye to the child she had carried and delivered. Even though she had voiced that it might be emotionally difficult, throughout the first interview, Fiona

told me that it was the intended father's child she would be carrying, and not hers, and therefore it was up to him to make medical decisions such as terminating the pregnancy:

I have talked to my boss a lot about the process and about how if there's something wrong with the baby, if there's Down's Syndrome or something like that, it is dad's choice if he wants to terminate the pregnancy. And she's actually given me a hard time on that. Because she said, "If it was me, I couldn't let him terminate the pregnancy." I'm like, "Well, that's fine because that's you. But that's why you're not a surrogate." Because it's his child. He's the one who's going to have raise this child and live with the child. And if that's his choice, that's his choice. It's not my choice to make.

Similar to Fiona, Monica also talked about what could be hard for her during her journeys and that despite not being biologically related, she still formed a bond:

So, I think you have to be mentally prepared and I don't think a lot of people talk about that. Because I mean, obviously, you're growing these babies. You have a relationship but it's in a different way. I feel like my relationship with the babies were more through their parents because they knew they were going to amazing parents. And when my girlfriend that just delivered, she had talked about it for a long time. And we had a very honest conversation. She's like, "What was delivery like? Were you okay? Were you sad when they were gone?" And I'm like, "No." But I went into this knowing these weren't my babies. And I was done having babies. I had no desire for anymore.

While the lack of biological relatedness played an important role in the decision-making process the surrogates I talked to, genetic ties to either one or both intended parents were also present in all arrangements. The following parts of this chapter focus on the reasons why intended parents chose surrogacy and the biological relationship they had to their surro-children.

Intended parents' reasons for surrogacy & biological relatedness to surro-child

Intended parents usually chose the route of surrogacy for one of two reasons. Among heterosexual couples, the women were either not able to maintain a healthy pregnancy or had past medical complications that did not allow them to get pregnant.

Table 5: Intended Parents' Reason for Surrogacy Biological & Biological Relationship to Surro-Child

Pseudonym of surrogate	Journey #	Intended parent(s)' reason for surrogacy	Biological relationship of IPs	Relationship of surrogate to IP
Intended mother unable to carry				
Monica	1	Medical condition of IM (unrelated to infertility)	Yes – donor egg & IF's sperm	Strangers
	2	Unsuccessful previous IVF attempts	Yes – donor egg & IF's sperm	Strangers
Amy	2	IM had first baby through IVF, but doctor does not recommend second pregnancy	Yes – both IM's egg & IF's sperm	Strangers
	1	IM unable to carry (hysterectomy during previous pregnancy)	Yes – donor egg & IF's sperm	Strangers
Barbara	1	IM unable to carry (loss of uterus after multiple miscarriages)	Yes – donor egg & IF's sperm	Strangers
Emma	1	IM unable to carry	Yes – both IM's egg & IF's sperm	Strangers
Elizabeth (IM)	1	IM unable to carry (ruptured appendix that had caused damaged fallopian tubes)	Yes – both IM's egg & IF's sperm	Friend (surrogate)
Joanne	1	IM unable to carry	Yes – both IM's egg & IF's sperm	Strangers
	2	IM unable to carry	Yes – both IM's egg & IF's sperm	Strangers
Linda	1	IM unable to carry (loss of uterus during previous birth, but intact ovaries)	Yes – both IM's egg & IF's sperm	Strangers
Monica	3	IM unable to carry (loss of fallopian tubes after ectopic pregnancy)	Yes – both IM's egg & IF's sperm	Strangers
Gay intended parents				
April	1	Gay couple, IF does not want to carry due to his gender identity (cisgender man & transgender man)	Yes – both IF's egg & IF's sperm	Friends
Fiona	1	Gay single man	Yes – IF's sperm & donor egg	Strangers
Gabby	1	Gay couple	Yes – donor egg & first IF's sperm	Friends
	2		Yes – donor egg & second IF's sperm	
Linda	2	Gay couple	<i>Failed journey after miscarriage and resulting health issues</i>	Strangers

Among queer individuals or couples, the intended fathers either could not have a child without a female partner in the case of the cis gay couple and the single gay father, or chose not to carry a child even if it was biologically possible in the case of one gay couple since one of the father was a trans man and carrying a child would have been contradictory to his gender identity.

Error! Reference source not found. provides an overview of the intended parents' reasons for surrogacy as well as the biological relatedness to their surro-child. The first rows entail the cases in which the intended mother (IM) was unable to carry a child (a total of eleven journeys), while the last rows entail the cases in which queer intended parents required the help of a gestational carrier (a total of five cases).

“Mommy's tummy was broken.” – Intended mothers who are unable to carry

The main reason why the intended parents of the women in my study chose to have a child via surrogacy was due to the inability of the intended mother (IM) to get pregnant or to carry a child to term. While in some cases, the surrogates talked very specifically about the medical conditions of the intended mothers that had either caused infertility or made it unsafe for them to carry, others talked more vaguely about the intended mother's ability to carry.

The one intended mother I interviewed, Elizabeth, provided a detailed account of why she herself needed the help of a surrogate to have biological children. Elizabeth's fallopian had been damaged after a ruptured appendix and she had known from an early age that she would be unable to carry a child:

[..] the reason that I ended up needing the help of a carrier is because ... well, a couple of things. When I was 11 years old, I had a ruptured appendix that led to a very severe gangrene infection in my abdomen. That surgery and everything, the aftermath of that whole ordeal, left me with a lot of adhesions

in my abdomen that ultimately have obstructed my uterus. And it also damaged my fallopian tubes pretty badly. I was told then, when I was a child, that if and when I wanted to have a biological child, that I would need the help of IVF because I didn't have a way for my eggs to get to where they needed to be.

Elizabeth continued:

So, we knew that, coming into my relationship with my husband and getting married and setting out, thinking about having a family. We knew that IVF was in our future for logistics of getting parts to where they needed to be, and so it was when we started that process that all of my fertility levels were actually, all the blood tests and the hormone levels and those sort of things were all great, and then the last step was to check out my uterus to make sure that it was an environment that the baby could safely grow in and that's when the doctor observed that my uterus is very severely obstructed. So, the advice of several fertility doctors was to work with a carrier because of the risk of a late-term miscarriage due to lack of space.

Elizabeth and her husband knew that due to her obstructed uterus, it would be unlikely that Elizabeth would be the one carrying the child – even though she produced viable eggs. Being unable to carry a child due to medical conditions is also sometimes referred to as having a “hostile” or “inhospitable” uterus, which makes it challenging or impossible to successfully get or stay pregnant (Toledano and Zeiler 2017). The inability to stay pregnant was something that Barbara, a one-time surrogate, reported happened to her intended mother: “She had had several, I think it was 13, miscarriages. Her last one she had hemorrhaged and lost her uterus.”

Amy reported that her first intended mother had a full hysterectomy while being pregnant, while the second intended mother had one child through IVF, but her doctors did not recommend a second pregnancy. Later on, Amy discussed how her second journey had been qualitatively different so far (she was at the beginning of her second journey at the time of our interview), since her second intended mother understood what Amy was going through in terms

of medical treatment, since she had received IVF herself and therefore was more sympathetic. Linda, a one-time surrogate, talked about how her intended parents also had one biological child already, but the intended mother was now unable to carry a child due to medical complications while giving birth: “The mom had lost her uterus [...] during the first birth. They had a child at home. They had a toddler. But she really is missing out on her own pregnancy. That whole experience.”

None of the intended parents in all three of Monica’s journeys with heterosexual couples were parents. However, the intended mothers were unable to carry children due to different reasons. The intended mother of the first couple she worked with had a medical condition unrelated to fertility and always knew she either had to adopt or have a child via surrogacy. Talking about the fertility struggles her second couple went through, Monica said: “Mom had been through like eight rounds of IVF with no luck and they ended up adopting. So, they have a son. And then they went back to the surrogate route and then had the girls.” Monica continued to describe the reason for the third couple to have a gestational carrier: “And then my last couple is our age. So, mom had an ectopic pregnancy, and then they ended up having to take her fallopian tubes. So, she knew that they would have to go this route too.” While Monica’s first two couples had to use an egg donor, the third intended mother was able to provide the egg herself.

Joanne’s first intended parents, whose child is biologically related to both parents, explain to their child why they needed Joanne as a surrogate and list the intended mother’s inability to carry as a reason. According to Joanne, they were very open to their son and would explain where

he came from: "Joanne carried you in her belly. Mommy's tummy was broken, and Joanne had you in her belly and grew you, and then Mommy and Daddy took you home."

Having a "broken tummy" – having an obstructed uterus, not having a uterus at all, and having had multiple miscarriages or failed attempts of IVF – were among the main reported reasons that intended mothers were unable to carry. Among queer intended parents, the reasons for needing a gestational carrier were different.

"Queer people always end up in fertility clinics." – The need for reproductive assistance for queer folks

In five of the journeys, the intended parent(s) pursued the route of surrogacy because they were gay or queer.¹² Three surrogates carried for gay or queer intended parents: Fiona carried for a single gay man from Israel who is in a relationship but pursued the journey on his own, Linda had an unsuccessful journey for a gay couple after a miscarriage around week eight of her pregnancy, and Gabby and April both carried for their gay best friends. While Gabby carried for two gay cisgender men, April carried for a gay couple in which one partner was a cisgender man and one partner was a transgender man.¹³

April, who was in a queer relationship herself and utilized a sperm donor herself when she wanted to have children, summarizes the general need for queer folks to utilize fertility clinics as follows: "Queer people always end up in fertility clinics because we either don't have access

¹² I continue to use the language preference my interviewees chose throughout the discussion (either using gay or queer), as their choice of language indicates best what the persons in question would have preferred instead of making assumptions about their language preference.

¹³ April used both the terms gay and queer to describe her friends.

to eggs or we don't have access to sperm, and we're not actually usually infertile." In three of the cases – Fiona , Gabby, and Linda – the intended parents were gay couples or individuals who wanted to be fathers and did not have any fertility problems but did not have access to an egg and needed both an egg donor and a gestational carrier in order to become fathers.

Fiona explained why the intended father chose to come to the US to have a child via surrogacy:

And he talked about how gay people are not legally allowed to adopt in Israel. So, this is really the only route he could go. And he had his sperm frozen seven years ago because he had cancer. And they were concerned that the cancer treatments would kill off his ability to produce sperm. And sure enough, it did. So, he has been waiting a really long time. And he wants children so badly, and I really felt for him and his situation.

The intended father Fiona ended up working with, was a single man from Israel who took advantage of the gay-friendly laws in the US that would ensure is parenthood and would allow him to legally take his child back to Israel. Similarly, the intended fathers Gabby carried for twice were a gay couple that needed a gestational carrier if they wanted to be biological fathers.

In contrast to Fiona's intended father from Israel and Gabby's friends, who were gay men and needed access to an egg in order to have children, April's queer friends had a different reason why they had her as a surrogate. In April's case, neither of the intended parents had medical difficulties to carry a child or was unable to carry. April explains the unique circumstances of the intended fathers: "I was a gestational surrogate for my two best friends [...]. They are a gay male couple, one of whom is transgender, so they actually have their own eggs and sperm, but the person who had a uterus did not feel comfortable being pregnant." April's intended fathers could have theoretically had biological children without her help as a gestational carrier. However, since one of the fathers is a transgender man, the act of carrying a child inherently conflicts with

his gender identity. In addition to having to plan a family very differently than individuals who are in both heterosexual and heteronormative relationships, intended parents who are queer have to potentially deal with the additional layer of running into legal problems when filing their paperwork. Especially prior to the legalization of same-sex marriage in 2015, queer individuals and couples who wanted to be parents either through fostering, step-parenting, adoption, or surrogacy, had to make sure their particular situation adhered to their state's regulations.

Carla Pfeffer, whose research centers on partnerships of cisgender women and transgender men, argues that even though queer families are theoretically able to use reproductive technologies, it can still be unclear who is and who is not legally recognized as a family: "Existing technologies radically shift possibilities for creating and forming families in the 21st century. Yet these new possibilities engender complex sociolegal questions regarding who "counts" as a biological and/or social mother, father, and parent" (Pfeffer 2017:146).

This uncertainty of who counts as a parent is exemplified in the case of April, who carried a child for her gay friends and delivered in 2015. Ironically, it worked to their advantage that the intended fathers were discriminated against both in terms of sexual orientation (being a gay couple) and discriminated against one father's gender identity (the transgender man was not recognized to be a man in the state he lived in). The intended fathers lived in a state that was neither gay-friendly nor trans-friendly, which paradoxically worked in their favor when they tried to protect their parental rights. April explained the anxiety and uncertainty the intended fathers faced and discussed why it was important to them to work with midwives that knew and understood their specific situation:

I didn't want to be in a practice where there could be one of ten people showing up and have no idea who we are, what our relationships to each other were. Especially in North Carolina, where legally, obviously, we'd done all the prework and had parentage documents in the works with the lawyer and whatever, but the particular configuration of their family, it actually worked to their benefit that one of them was transgender because they looked like a straight couple on paper. Which was helpful in the context of North Carolina because we don't do second parent adoption here, even still. And this is before we became the laughingstock of the nation with HB2, our sort of heinous anti-transgender law. But even with all of that, we had a lot of anxiety about making sure that we had a birth team that kind of saw us and understood what was going on.

Even though they faced discrimination because they were not recognized as a queer couple but a heterosexual couple instead and were listed as “mother” and “father” on the birth certificate, they were able to both appear on the birth certificate and their parenthood was not contested by the state.

Despite the fact that her friends were able to have a family through both reproductive technologies and surrogacy, which enabled them to have a child that is related to both dads, April cautions that the high costs associated with using these avenues means they are also exclusionary: “Surrogacy is one of many new options in how we make and create our families. At the same time, I worry-- not I worry. I know that it is something that only some people have access to.” The couple she had carried for would not have been able to afford becoming dads if 1) they wouldn't have been able to raise money, 2) they wouldn't have had parents who financially supported them, and 3) if April would have received payment beyond the financial compensation of her medical bills and receiving outside help with her housework and children.

In the cases described above, the intended fathers chose to pursue the route of surrogacy because they could not or chose not to have children without a gestational carrier. In the next

section, the biological relationship between intended parents and their surro-children is discussed.

“I am the biological mother of a baby that was born with the help of a gestational carrier.” –

The importance of having at least one genetic tie to children born out of surrogacy

In all surrogacy journeys in my study with heterosexual couples, the intended father is also the biological father and provided the sperm for IVF. As discussed earlier in this chapter, the intended mother’s inability to carry was the reason why couples pursued the route of surrogacy, the fathers’ fertility was never discussed as a reason. Therefore, among the heterosexual intended parents, four out of the eleven couples used donor eggs, while in the other seven cases, the intended mother was also the biological mother.

As Elizabeth, the intended mother in my study who was unable to carry a child but still had viable eggs, put it: “I am the biological mother of a baby that was born with the help of a gestational carrier.” In all of the journeys, at least one of the intended parents was also a biological parent. It will be discussed later what problems arose in the cases of heterosexual couples in which only the intended father had genetic ties.

In the surrogacy arrangements in which the parents were queer or gay, at least one of the fathers had a genetic tie to the child. Besides bringing biological children from previous heterosexual relationships into new queer relationships, step parenting, adopting or fostering children, or artificial insemination (Wheeler and Horne 2015), surrogacy is another option for LGBTQ individuals to raise children.

Fiona worked with an intended father who had his sperm frozen for seven years prior to the transnational surrogacy arrangement because of his cancer, as discussed earlier. Fiona talked about that having biological ties to his children was important to her intended father, a single gay man from Israel: “And it's my understanding that he wants an egg donor of Jewish heritage, and that's very important to him. And so -- [...] It'll be his sperm. And then an egg.”

Gabby, who was a gestational carrier twice for two gay men, talked to me about how each of the dads is biologically related to one of their surro-children that share the same egg-donor:

So, they got 19 eggs. [...] No. Yeah, I think 19 eggs from the donor. They were able to fertilize 17. I think nine was from one guy and eight or whatever, yeah, nine and eight from the other guy. So, the last journey we transferred from one guy, and this journey is from the other guy. So, the babies are going to be related biologically by the egg, and then they'll have different dads.

The intended fathers raised both children together and both were related to one of the children.

Having a biological relationship also was important to one of April's intended fathers:

It was an interesting process because the person who cared most about having the biological connection to the child was Alex, the partner who is transgender, and is biologically female, has eggs, but he didn't feel like he could carry a baby. Scott, the one who has sperm that was really easy to procure, really didn't care. He was like, "I don't care. Let's get a baby. I don't care where it comes from. I don't care whose genetic material it has." Alex really felt like he wanted the genetic connection to his child.

While the cisgender man who provided the sperm did not particularly care about whether he was biologically related to the child, it was important to the transgender father to have genetic ties.

Just like in queer relationships, the intended fathers in heterosexual relationships provided their sperm in all instances; they were the genetic fathers both in relationships in which the intended mother also provided her egg, as well as in cases in which they used a donor egg. In four cases the intended mother did not have a genetic relationship.

No matter the genetic relationship, both intended parents and surrogates engage in “doing kinship” by centering the intention of social parenthood over biological ties (Berend 2016). Having a surrogate carry a child with the goal of raising that child together is considered to be the deciding factor of rightful parenthood. Even though this narrative is prevalent in the world of surrogacy, in cases among heterosexual couples in which only the intended father provided the sperm and they used an egg donor, surrogates told me that the intended mothers struggled.

For example, Amy talked about how during her first surrogacy journey, only three people had known that the baby was not genetically the intended mother’s and that she had struggled because she was unable to provide the egg. Amy reports that the intended mother had mental health issues due to not being the biological mother and that she wanted to have Amy medically induced into labor prematurely so she could have access to the child and claim it to be her own.

Curious about how biological relationships might play a role in a surrogacy arrangement and if it mattered if only the intended father was the biological parents, I discussed the topic with Monica. I asked Monica, who had a total of three surrogacy journeys, if her third journey had been qualitatively different compared to her previous ones since during her third journey, both intended parents had provided the genetic material, while in her first two journeys only the intended fathers had provided the sperm:

Interviewer: Okay. So, was it anyhow different since [...] the eggs of the intended mom were used? What's the process somehow different there?

Monica: It wasn't different. So, the intended mom had to go through a retrieval and everything and I had never-- I was alongside her. We walked that journey together and I had never experienced that because it had always been a donor

egg. So, it was kind of-- like [couple #1 and couple #2], them using a donor egg, I could tell there was a little piece of them that was like, "Okay. I'm good with it being a donor egg but it's not mine." So, there was this loss that they had. We kind of had to process through and then they were good. But seeing my [couple #3] be able to do that and it was a very different experience, and I don't know how to explain that. I don't know. There was a different experience. She was on the fertility med, they saw her going through it, so it was kind of like we were walking alongside each other. And with my [first two] babies, I don't know. I never got a real good read. Now, they are totally good. I mean, they're their kids. They look like the moms. It's just funny but you could see a little piece of it was-- I don't know. It was a loss. It was a thing that they had to go through. I don't know. I don't know if I'm explaining that right.

Interviewer: No. I think so. Am I hearing you correctly that you say the involvement was kind of qualitatively different from the get-go with [this] couple because of this?

Monica: Yes. Because I think she could relate, because we could talk about taking the same meds, and having to-- she was going through a process when I was going through it. So, it was kinda like okay she could see the whole, I don't know. Yeah. Yeah. That's what it is.

Monica recounted how the third intended mother understood what Monica was going through and how difficult it had been for the first intended mothers to connect to their surro-children during the pregnancy, even though the relationship had become better after the birth.

The intended parents Barbara ended up working with had chosen to pursue the route of surrogacy after the intended mother had lost her uterus after multiple miscarriages and had no viable eggs as a result of these miscarriages. The intended parents had chosen an egg donor, who Barbara never met and couldn't tell me much about. After Barbara told me that they had used the "actual father's sperm," she said to me, "I think that's neat that it was linked that way."

But Barbara also remembered an interaction she had with the intended father that had particularly stood out to her. While the relationship with her intended had neither been

particularly warm nor particularly strained, she recalled the following remarks the intended father had made that had struck her to be an odd choice of words at the time:

Barbara: I remember, and one of the last ultrasounds, [the baby's] dad ... It was really the first time he actually talked to me like a person. Not that he didn't talk to me like a person, but, just, you could feel it was really genuine. He just said, "I'm so grateful that you're having my baby." I thought it was kind of strange that he would say "my baby". If he said, "I'm so grateful that you're having my baby for the mom" ... It was a very strange moment to hear the way he was calculating it, or whatever.

Interviewer: What did you feel was strange about it, the way he was talking about this?

Barbara: Just that he says "my baby" instead of "our baby".

Interviewer: Okay. Yeah.

Barbara: Like he had a very specific idea that it was his genetic material and not hers. But, to me, it would've been "our baby", because it's going to be ... They're the ones being the parents. I feel like [the intended mother] felt very left out in a way, because she wasn't the genetic material, she wasn't the uterus, she wasn't ... It felt a little bit strained.

Emma, a one-time surrogate, discussed how difficult it could be for intended parents to go through surrogacy even if both of them were biologically related to the child:

There were periods of us being more close and periods of us being less close. I think it was very stressful for them, obviously, and obviously it's hard for the mom having somebody else carry her child when that's something that every woman wants to do and thinks they should do. She wasn't able to do that for her kids, so I think that there was, she had a lot of feelings about that. I tried to be as supportive of her as I could, and to give her space if she needed space, and give her support when she needed support.

As Emma's account exemplifies, having biological ties to both parents did not necessarily guarantee that the relationship between surrogate and intended mother went smoothly.

However, having at least one biological connection to their surro-child seemed to have been the main motivator to have chosen surrogacy over other pathways to parenthood, such as fostering or adopting.

Taking action after the initial decision to become a surrogate. – Doing research, finding an agency, and choosing intended parents.

The decision to become a gestational carrier involves conducting a lot of research about surrogacy prior to the journey and trying to find a good agency for managing the process for those women who are looking to be matched with strangers. Researching surrogacy and making sure they understand what to expect can take a long time and includes reading blogs of surrogates' accounts and reviewing websites of surrogacy agencies. Linda spent multiple years doing research about surrogacy, trying to find the perfect surrogacy agency that would have the journey she envisioned. Fiona also talked about how she engaged in a lot of research and how it had helped her to read personal accounts to make a decision: "It's nice to read what women are going through that are further into it than I am. So, I kind of know what to expect. This is my first rodeo. And I kind of know what to expect I suppose."

After women choose an agency that fit their needs, they are subject to psychological and medical evaluation before they are matched with potential intended parents. Even though surrogates can arrange private or independent journeys, meaning journeys that are not mediated through an agency, half of the women I interviewed decided to go through an agency. Five of the women had independent journeys and did not work with an agency, either because they had an arrangement with friends like April, Gabby, and Elizabeth, or because agencies would not work

with her because she did not have previous children in the case of Emma, or because compensated surrogacy contracts were illegal in the state of the surrogate and the intended parents in the case of Amy. The other five women in my study, Barbara, Fiona, Joanne, Linda, and Monica, went through agencies. Joanne explained her decision to go with an agency as follows:

I decided to look into surrogacy, and I did go through an agency because obviously, I had never done that before and there's just a whole lot of legal things that you don't really think about until you're in the middle of everything. You're really grateful that you did seek out that third party to help you along the way with contracts and stuff like that.

Agencies conduct a selection process to make sure the women who apply to become gestational carriers will be “good surrogates.” Jacobson found that even though agencies wanted surrogates to take what they do seriously, they did not want them to think of surrogacy as employment in the sense of it being an income generating position (Jacobson 2016). Agencies routinely pre-screen women who are interested in becoming gestational carriers before they attempt to match them.

None of the surrogates in my study who carried for their friends went through an agency, nor did Elizabeth, the intended mother who had an acquaintance serve as the gestational carrier, use an agency as a third party. Instead, all of them hired lawyers themselves and negotiated the details of the contract without the facilitation of an agency. Even though having an agency is not required, many women prefer working with one as they can serve both as facilitators throughout the process and as potential mediators in case of possible conflicts. Surrogacy agencies screen potential surrogates for good mental and physical health to ensure that they a) understand what they are signing up for and to b) make sure that they can successfully carry a child to term.

Jacobson describes how the industry has certain rules in place when they decide who can and cannot be surrogate. These “industry rules” entail two aspects: a “proven uterus,” meaning that a woman should already have had carried and bore children, and secondly, she had to be mentally and financially stable. Those strict standards have been put in place to protect the surrogacy industry from a) a potential bad reputation and b) from potential lawsuits (Jacobson 2016:40). Emma is the only woman in my study who became a surrogate without having been a mother herself. Her case is very unusual, since agencies usually deem non-mothers to be unfit to become surrogates and only work with women who are mothers and have born children themselves.

In addition to Amy, Gabby, and Elizabeth who worked with friends and did not go through an agency, Emma did not go through an agency either even though she had an arrangement with a couple she did not know prior to her journey and had met online. The reason why they opted to do a privately organized arrangement was because Emma violated one of the main requirements surrogacy agencies have: Women have to have had live births in order to qualify to become a gestational carrier. As Ziff summarizes: “the requirement that all surrogates have their own children performs two functions: first, it shows that these women are biologically capable of carrying to term, and second, by already being mothers, there is (in theory) less of a risk that they will back out of the surrogacy contract.” (Ziff 2017:411)

While telling me about how much she wanted to become a surrogate even though she wasn’t a mother, Emma clarified that even though agencies followed the guideline that women had to have their own children, it was important “to note that that is not a requirement for the

doctor, it's only for the agency. There's kind of like a stigma and like a lot of bullshit." Nevertheless, she followed the same protocols that would have been facilitated by an agency: Emma received a psychological evaluation by a psychiatrist, underwent medical testing by an IVF doctor, and she and the intended parents drew up a contract.

Joanne explained the procedure of testing she had to go through with her agency, which is quite similar in other agencies:

So, before you're even accepted into the program, they give you-- you have to go through quite a few testing cycles, psychological testing, emotional and, they have to talk with you and your spouse together and--because it's a huge decision and it's life-changing and it kind of interrupts your life and they want to make sure that everybody in your world, in your immediate world is on board with this.

Fiona, who had been at the beginning of her journey at the time of our first interview, echoed having experienced the same types of testing Joanne described:

I'm just starting. So, I did the initial interviews and the screening and the survey and all that kind of stuff over the summer. I visited my doctor. Got the physical. Passed. And all that stuff. And then it didn't take too long for them to pair me up with parents.

Once surrogates have picked an agency that they would like to work with and have passed the psychological and medical testing required by the agency, they are matched with potential intended parents. The process in which surrogates and intended parents are matched can differ by agency but usually involves that both parties create profiles that entails personal information about them as well as information about certain parameters, such as if the surrogates would be willing to work with gay parents, how many embryos they would agree to have transferred, and if, how late, and under which circumstances a pregnancy could get terminated.

Monica had a total of three surrogacy journeys and had worked with a different couple each time. The different ways in which a woman is matched with her intended parent(s) becomes apparent from her description of the different matching processes during each journey:

The first time they-- so with the first company, are the surrogate profiles go to the families and the families, basically, were like, "Yes. We want to interview whatever surrogate." So, we had a phone interview. And then from there, they came to [Monica's home state] to meet me and my husband and then eventually my kids, with a case manager was kind of a mediator at the first meeting. On the phone interview they ask all the hard questions like: why are you doing this, are you willing to reduce, or are you willing to like all of the stuff that would be kind of awkward face-to-face. So, once we got through that-- when we met, we already kind of knew we wanted to work together and it was like a really good deal. So yeah. So, we just kind of did our face-to-face meeting and we agreed to work together.

What Monica described was a typical sequence of events: once she had been cleared by the agency to get matched, her profile was sent to potential intended parents that the agency had pre-selected, and after an initial first match, the two parties talked either on the phone or in-person to decide if they could imagine working with each other. Monica went on to be a surrogate two more times, both times the matching process looked slightly different:

The [second] couple, we mutually wanted to meet because I switched companies and my profile went to them and their profile came to me. And we both were kind of like, "Oh, this looks like a really great match." And our case manager was like, "That's funny. You guys called within six hours of each other." And we're like, "Oh, I want to interview these people." So that was more of a-- we kind of picked each other, which was great.

And then my agency, when I delivered my second set, called me, I think, a week after I delivered and was like, "Do you want to do this again because I have a really great family that I want you to work for." And at that point I was like, "No. I'm done. I don't want to." And then it was several months later that I called and was like, "If they're still available. Yeah. I'm interested." And they were still available. So, my agency kind of handpicked me for the last one.

Surrogates who worked with agencies all mentioned the conditions under which they agreed to the surrogacy arrangement with intended parents (Jacobson 2016). Joanne talked about what she called her “two main deal-breakers.” Her number one condition was that she wanted to work with intended parents who lived in the same state. As Joanne explained to me, if she had a surrogate carry her child, she would want to be involved, attend doctors’ appointments, and spend time with the gestational carrier. She expected that same commitment that she envisioned for herself if the roles were reversed. The second deciding factor for Joanne was that the intended parents allowed her to choose the obstetrician and doctors; it was important to her that she remained autonomous in choosing her medical care. She would have been comfortable carrying for heterosexual couples, gay couples, or single parents, a question that all agencies ask their potential surrogates. Joanne thought one way to ensure creating a good relationship and to ensure the journey would be “more than a business transaction” was to live close to each other. Joanne described what exactly she was looking for when she filled out the questionnaire provided by the agency:

I was looking for a nice relationship because it's a big part of their life. It was a big part of mine as well. That was important to me and that is something that some surrogate parents look for. We call them intended parents. Some intended parents, they just want a baby. They just want this to be a business deal and I will pay you for your services and your time and whatever and then be on your way. But some families are looking for a lifelong friendship and stuff like that. So that was really important to me, and that's something that when you initially fill out an application to become a surrogate-- but they ask you questions like that. "Are you open to have an open surrogacy? Do you want contact with the family afterwards?" and stuff like that. I mean, everybody goes into this with the same expectations. And if you're not on board, then you can pass on that family or if this doesn't seem like the right thing to you, you can always just cancel, whatever. You don't have to-- once you sign a contract that doesn't mean you're bound to working with them. Somewhere along the way

before you start medical stuff if you're like, "Uh, I don't know about them," you can always kind of backout.

Wanting long-lasting relationships was also something that was important to Linda and Amy. Linda wanted a couple that would stay involved after she had delivered the child and described: "I wanted a couple who was interested in being a part of that process." Amy also wanted to establish a permanent relationship with the intended parents of her first journey and had looked forward to being "a special aunt" in the child's life. However, Amy was deeply disappointed as it became clear that the intended parents were not interested in pursuing a relationship like they had promised. All of these examples have in common that the women I interviewed had specific ideas how they envisioned the relationship with the intended parents to be throughout and after their journey. The women were also trying to ensure that their expectations aligned with the intended parents' expectations.

Besides not wanting to be a traditional surrogate, Barbara explained what had been important to her in her decision-making process: "Then I didn't feel like if people already had kids that that was something worth really going through. If you already had a kid or two and you just couldn't have another one, to me that wasn't as dire of a need. That really excluded a couple of the other people." For Barbara, it was important that the couple did not already have children, while where the intended parents lived, contrary to Joanne's requirement, was not important to her. The intended parents Barbara ended up carrying for, were from the UK.

As described earlier, the first agency Monica worked with, sent surrogacy profiles to the intended parents, while the second agency she worked with sent her profile to the intended

parents and the intended parents' profile to her. I asked her what she was looking for when she was choosing the intended parents and Monica replied:

So, this is going to sound really bad but there were very specific things that I went in-- my whole goal in this was I had always wanted to be a mom. So, I wanted a family that solely, just really, truly wanted to be parents, that had my same kind of values. Getting to know other surrogates there and the agencies, to me there's-- let's see. How can I put this nicely? I feel like some of the agencies cater to wealthier and high-profile families. And I didn't want to work for a high-profile family. I didn't want to do this for somebody that could just throw money at me. I truly wanted to do it for just a mom. I wanted a normal couple. I mean, the amount of money they spend to do this, I can appreciate that because I don't-- I mean, I'm a mom. I'm very frugal. I just wanted to give them that and I wanted a relationship with my family. I wanted a family that was here in the United States. I did not want to work with overseas, just because the communication barrier. I thought that was really hard. I saw a lot of my friends do that. And I don't feel like they got the experience that I got.

Fiona could not recall that there were any conditions she had when it came to potential matches, besides not wanting more than two embryo transfers, and having the intended parents live in the same country or the same state was not important to her. However, Fiona emphasized making sure potential matches had a clear picture of who she was and what her homelife looked like when she filled out her profile: "I wanted somebody to get a good picture of my personality because I feel this is not an easy journey for the parent or for me, and we're going to have to have a good personality match to get through it."

When discussing choosing the intended parents, a recurring theme was that it had to "click" when they either talked to or met the intended parents. As Fiona put it when describing the first phone call that she had with the intended father who lived in Israel and why she decided to go with him instead of working with another potential match presented by her agency, she explained: "And, yeah, our personalities just-- I really clicked with him over the phone and I really

took to his profile. And he's kind of a bit of a free spirit like I am [laughter]. And so we're going to get along really well.”

She was drawn to the intended father’s artsiness, his love of nature, and his personality. Fiona furthermore talked about how she “really felt for his story,” as he was a single man who had survived cancer and had become infertile after the treatment but had frozen his sperm due to his doctor’s recommendation. Fiona described how she got a good vibe from both his profile and the initial two-hour phone call facilitated by the agency. Even though he was a little bit more conservative than she was, she felt comfortable moving forward working with him since she felt respected as a woman to make right decisions and she felt positive that she would be able to maintain a good relationship with him throughout the journey. Fiona also described what the opposite of a “good click” had looked like to her. The agency had initially proposed a match with another gay couple, also from Israel, and the “clicking” did not occur:

They sent me the first set of parents. It's funny. I didn't get a really good vibe off of the first set of parents they sent me because their questions to me were all about the cleanliness of my home, and how will I protect the pregnancy from my children. And I was like, "Okay. We wouldn't mesh well together."

“Meshing well together,” or feeling an initial connection with the intended parents, was also important to and mentioned by Emma, Barbara, and Linda: Emma talked about how she really felt connected when she met the intended parents for the first time for brunch; Barbara described how she felt drawn to the couple because of their personal tragedy of having gone through 13 miscarriages, and explained how she felt she had found the right intended parents because they “were just very warm and loving. Even the first time I met them, they were very heartfelt and appreciating my time, even just to meet them.” Linda further elaborated what she

had been looking for in a potential match and what exactly she meant by that she felt like they appreciated her for even considering being a carrier for them:

I wanted a couple who was interested in being a part of that process. Not only for the connection we had, but that they got to have some closure in the fact that they were not able to carry for themselves. I know some surrogates whose intended mothers just walked away from them, after the baby was born. And wanted nothing to do with them because they had this great sense of inadequacy. They couldn't do it themselves. I wanted someone to find closure. I wanted her to find closure in that. And it did. It was like we were in that pregnancy together. Like we were the pregnant mom together. We were pregnant sisters, as we used to call it. We joked that we were each other's baby momma. For me, it was that she really wanted to be involved. Doing maternity pictures together. It seemed like exactly what I wanted. They were close enough, but not too close.

Throughout this early phase in a surrogacy journey, the work involved by the future gestational carrier is mainly invisible.

After matching with intended parents – negotiating contracts

After surrogates have been matched with their intended parents, the agencies facilitate the next three steps of a journey: negotiating contracts and filing other necessary paperwork, including pre-birth orders, starting medical treatment to prepare the surrogate's body for the last step of this stage of the journey, the embryo transfer. In independent surrogacy journeys, when surrogates and intended parents decide to start the process without the help of an agency, these steps are similar. In these cases of independent journeys, surrogates and intended parents work directly with individual surrogacy experts, such as lawyers or medical and fertility specialists, instead of an agency serving as a facilitator and mediator.

All women I interviewed talked about contracts in one form or another. Every person in my study had a contract, even in cases that were arrangements with friends (April, Gabby,

Elizabeth), in cases in which the surrogate did not receive financial compensation (Amy, April, Gabby), or lived in a state that only allowed for altruistic surrogacy and contracts are not enforceable (Amy, Gabby). Multiple women mentioned how overwhelming contracts can feel like in a first surrogacy journey but becomes just a part of a surrogacy arrangement in subsequent journeys.

Joanne, a two-time surrogate, for example talked about how nervous she was going through all of the legal documents the first time she was a surrogate and she appreciated all the “handholding” the lawyer provided to her:

Going through all the legal documents, I had no idea about a lot of stuff. I mean, the main contract was very-- I have my own-- so the surrogate has their own lawyer and then the intended parent has their own lawyer. And luckily, I was able to choose a lawyer that she was a family lawyer, so she worked a lot with adoption processes and surrogate and stuff like that. So, she kind of held my hand that whole time.

Even though she went to work with the same agency in her second arrangement, she received much less support from the agency. However, Joanne was not concerned by the lesser degree of support:

And then the second time around, like I said, I went with the same agency, but they kind of did some reorganization within their company and I didn't have that case manager who worked here. I didn't have a lot of the kind of handholding that I did the first time, which would've scared the crap out of me if the times were reversed. And it was kind of like I knew what to ask for in the contract. I knew what was important, I knew what was not. I knew what the intended parent should ask for. I knew what the intended parent should expect.

Joanne also talked about how the anxiety she had felt about contracts had disappeared in her second journey; she did not feel like she needed the same level of support and knew what to expect in terms of surrogacy contracts:

And it was kind of like I knew what to ask for in the contract. I knew what was important, I knew what was not. I knew what the intended parent should ask for. I knew what the intended parent should expect. And so we kind of helped each other out. So, I would say the main difference was the first time, I really had a lot of support within the agency, which was amazing. Because the second time, I could've done it all myself, essentially. If I just had a lawyer to do the contract, we could've figured everything else out because I knew what to do.

What was important to Joanne was that she received continued support from both the lawyer and the agency any time questions arose after the contract was already signed. Joanne explained:

And that lawyer didn't just draw that contract up. If I ever had any question about something-- if I was nine months pregnant and I had a question about, "Well, what about this? What about that?" That lawyer was very open and I could ask her anything. It wasn't just "draw up a contract, don't contact me ever again" type of thing. They were very-- they worked with the agency, they worked with me. It was very nice to have that support legal-wise, emotional-wise, medically-wise.

Surrogacy contracts can be complicated legal documents, especially in the cases of transnational surrogacy arrangements or in cases in which surrogate and intended parents live in states with differing surrogacy laws. Contracts cover worst-case scenarios, such as sudden death of the surrogate, pre-mature deliveries, how many embryos should be transferred, when abortion was "acceptable," life insurance, and payment (Dodge 2020).

Gabby, for example, who did not work with an agency but with a family lawyer instead, described what was covered in the contract:

So we talked about termination and basically what we both agree on was that if the baby's life or my life were at danger meaning the baby has [inaudible] and the baby is just not compatible with life, then we would terminate, but if it was something that had compatibility with life and 21 or something else, like it's missing a toe or it's missing a finger or something like that, then we would terminate the pregnancy. [...] So only if it was a life-threatening situation would we agree to termination. [...] And the termination would ideally happen during the first trimester, so I don't end up with a 25-week [inaudible] or something like that.

Contracts can have a range of detail and length. The reported length of surrogacy contracts ranged according to the women in my study from 12 to 53 pages and drawing up a contract can take time to negotiate. Fiona, whose contract was on the longer side of 53 pages since her intended father was from a non-US country, described the content of her contract as well as the negotiation procedure. After I had asked her how long her contract has been, she responded:

53 pages [laughter]. 53 pages. And I was like, "Ooh." Most of it was pretty common sense, pretty self-explanatory, but it's my understanding that because there's no legal precedents with surrogacy, they have to cover every scenario. That's why the contracts are so long. And they were nice enough that part of the whole process is that he pays for my attorney.

So, I sat there with the attorney for two more hours going through every little notch in the contract, making sure that I understood it, that I was okay with every piece of it. And there were a couple things that we wanted tweaked. What was it? One was if my parents were to babysit, I wanted my parents to be reimbursed because in the contract already was non-family members get reimbursed for babysitting.

But I wanted my parents to get reimbursed for a little something as well because I have three kids. They eat a lot of food. So, if my parents were to watch my kids for an extended period of time, I want them to be at least reimbursed for some of their food costs and that kind of thing. And then what else? There was something else that I wanted in there. It must not have been that important. But yeah, so that took probably two months. So, he reviewed the contract. Then I reviewed the contract. Then I had a couple tweaks. And then he reviewed the couple tweaks. So yeah, that was a good two months' worth.

The notion that aspects of the contract were "common sense" was something also described by Monica, who kept referring to things having been "standard" when it came to the contract. Even though Monica told me she went with a "standard contract," she asked for some things that were according to her not so standard: Monica re-negotiated the standard reimbursement for daycare, added that her husband's lost wages for taking off work when she delivered would be covered,

and she re-negotiated the life insurance from the standard \$100,000 up to \$300,000. Monica wanted to ensure that her family was taken care of in case she died in childbirth, but did not negotiate medical procedures that were standard in her agency's contract:

I didn't fight my IPs on that much. They were really great. They're like, "You've had three kids. You've done this. We don't need to put a lot of restrictions on you." I do notice that a lot of surrogates, their IPs put restrictions on them like they had to eat certain organic food and they had to do green juices. My IPs were really great. We didn't have to go back and forth with stuff like that, so.

Having specific details about what surrogates are not allowed to consume during their pregnancy is not unusual. For example, Fiona describes her dietary restrictions prohibiting deli meat, raw fish, or alcohol, and a limit of one cup of coffee a day. She considered the limit on coffee to be the most onerous restrictions. Gabby, on the other hand, expressed dissatisfaction with the travel restrictions specified in her contract. Per her contract, she could not travel beyond a hundred-mile radius from her home, and the contract had to be changed to allow her to visit the intended fathers in another state who threw her a baby shower during her last trimester.

While Monica negotiated multiple financial aspects of her contract, she did not negotiate "any of the medical stuff." After Monica mentioned that the intended parents did not add any restrictions to the contract, I followed up asking: "Is there anything in the contract that kind of bothered you or that you weren't happy with?", to which Monica replied:

No, because ours was very – I don't know – I'm kind of a boring surrogate. Sorry. We just communicated. They didn't ask anything crazy. Just the basic take care of yourself. Don't drink. Don't do drugs. Stuff that I would never do anyway, which I'm super thankful for because I have friends that just-- they had crazy stuff like, they couldn't get a massage, or manicures, or chiropractic work. And so mine was-- my IPs really put a lot of faith in me that I was going to do right by them.

While some women like Monica talked about contracts being standard and normal, others were more critical of surrogacy contracts in retrospect. Looking back a decade later on her decision to become a surrogate and reflecting on contracts, Barbara told me she had been naïve. Even though she understood what she was signing at the time, she said she could not have possibly grasped the potential risks at her young age:

I was pretty immature, I would say, at that time. I didn't really understand ... I understood everything that was being said, but really, looking back, I just think that's pretty intense for someone to basically hold you legally accountable for what you want to do with your body.

In addition to the contract, in some cases, both surrogates and intended parents sign pre-birth orders to establish parental rights of the intended parents before the child is born. However, the legality of pre-birth orders varies by state and in some cases, parental rights are granted by a judge through adoption after a surro-baby is born (American Surrogacy 2020; Surrogate.com 2020a).

The potential of legal uncertainty regarding parenthood becomes apparent from an oversight by Linda's lawyer. Linda found out a year and a half after she had given birth that's she technically had been the legal mother of her surro-child for four months "because the attorney forgot" to file the paperwork and to go to court. Living in Florida, Linda's name had originally appeared on the birth-certificate but hadn't signed it; after the baby was born, the records had been sealed.

Fiona, on the other hand, does not recall any problems arising in relation to the single father from Israel claiming parenthood, besides a snowstorm that had pushed back the court date by a few weeks. Similarly, Amy, Monica, and Gabby experienced the process with pre-birth

orders to be unproblematic. According to Gabby, her intended fathers did not face any problem when they tried claiming their parental rights:

We didn't have an issue with the fact that they were the same-sex couple or marriage or whatever you want to call it, and we just signed all this paperwork, and then that set of paperwork gets put into a court, and then a judge gets appointed, and then the judge basically rules a yes or a no.

The nonchalant mention of the fact that the “judge basically rules a yes or a no” was met with a lot of anxiety by April and the two fathers she carried for. At the time of her surrogate pregnancy, it was unclear how supportive her home state was of queer parents regarding their parental rights. April went into detail to elaborate the complexities of the legal system surrounding the question who would appear on the birth certificate:

She was born in May of 2015 and everything was just so in flux legally in North Carolina. Even though DOMA had fallen some time ago, there was still just all of this confusion about who could be on the birth certificate and who couldn't. And the ACLU brought a case against the state of North Carolina around birth certificates. It was this whole thing. I had friends who were pregnant around the time that I was pregnant with the twins and they ended up going to DC to deliver their baby in DC because Washington, DC has these really lax residency laws and it's the only way, if you were in North Carolina, to get both of the parents on the birth certificate, right, if you were a same-sex couple. So, I mean, people have been doing crazy things in North Carolina over the past few years to protect their parental rights. And we had no idea what exactly was going to happen with the birth certificate. Obviously, they were working with a lawyer, who had sort of an idea what was going to happen, but I mean, it was all just a little bit hairy. But the kind of awesome thing that did happen is that they actually ended up being the first parents in the county that they gave birth in to have a birth certificate that read parent and parent.

Even though both intended parents were granted legal rights by appearing on the birth certificate, the laws regarding pre-birth orders and granting parental rights still vary by state. April's case shows the legal uncertainties that still can arise during surrogacy arrangement, especially when it comes to the parental rights of queer intended parents.

Discussion

Surrogacy arrangements constitute journeys that span the period of at least a year, sometimes longer depending on how quickly surrogates and intended parents are matched, how long it takes to negotiate the details of their contract, and then finally, how many cycles it takes for the surrogate to become pregnant. A journey can be divided into qualitatively different phases that inform the nature of the work performed by the surrogate and, in turn, exhibit different elements of visible and invisible work. This chapter focused on the time prior to and early in a journey, outlining the reasons why the women in my study decided to become a surrogate and how they framed their experiences. The pre-journey is typically not framed in terms of work.

Why do women choose to become surrogates? For women who were surrogates for strangers, the wish to help individuals start a family and being sympathetic to the fertility struggles of others was oftentimes mediated by their perceived “easy” pregnancy and childbirth experiences, even in cases of fertility complications. For those women who knew the intended parents before their journey, their friends’ wish to have a family was the main motivating factor to help them achieve their dream by offering to be their gestational carrier. In these early stages of the pre-journey, surrogates tended to both naturalize pregnancy and childbirth (something that women’s bodies are capable of doing and also happens to come easy for them) and to normalize the activity. None of the surrogates described this phase as laborious. Their motives were framed in altruistic terms: sympathy for and a desire to help fix individual personal struggles. The women in my study did not talk about these early stages in terms of any aspect of

bodily care work, which aligns with the gendered notion that pregnancy and childbirth are not considered to be work and remain invisible to the actors involved. Their orientation to help others is similarly gendered.

Once the women in my study had opted to pursue a surrogacy arrangement, their work as surrogates began. This surrogacy work moves along three spectrums:

- a “temporal” component (before, during, and after a journey),
- a “type of work” component that is interrelated with the temporal component (the work performed before a journey is qualitatively different than the work performed at the end of a pregnancy),
- and a “visibility” component that also is dependent on both the “temporal” and “type of work” components, and is influenced by the social context.

In addition to these three components (temporal, whether it is considered “laborious,” and its “visibility”), we must consider both the type of the surrogacy arrangement (commercial surrogacy or altruistic surrogacy) as well as the surrogate’s relationship with the intended parents before, during, and after a journey. These all play a role in whether a surrogate considers surrogacy to be work.

In the first part of this chapter, the women in my study described why they decided to become gestational carriers for others. During the pre-journey phase most of the women talked about pregnancy and childbirth in non-work terms. They consider pregnancy to be easy and noted that they are “good at being pregnant.” This conceptualization aligns with conventional definitions devaluing work performed in the private sphere, such as housework, and discounting

care as a form of work. These expectations are highly gendered, minimizing the work efforts by women that are performed during their reproductive labor. These women minimized bodily pains and effort associated with pregnancy and childbirth, emphasizing instead women's so-called natural reproductive capacities and their particular abilities excelling at pregnancy.

In the second part of the chapter, the women described the steps they took after they decided to become a surrogate. This involved the women conducting research on the surrogacy process, identifying agencies that met their needs, submitting applications to agencies, being evaluated on the bases of their bodily suitability (previous successful pregnancy, motherhood status), and seeking "good" matches with intended parents.

During this early stage of a journey, the work the women performed went unnoticed by the surrogates even though they recognized and remarked upon the time and effort it took. The work of planning and applying remains both invisible to them and to others who do not know of their intentions to become surrogates. Similarly, throughout the matching process, these women engaged in invisible labor to ensure that they would "click" with the intended parents. Retrospectively, surrogates recall looking for a good match by meeting potential intended parents and then negotiating the contract; these were important pre-requisites for decreasing the emotional or relational labor in the future. Surrogates spent time and effort to ensure that they and the intended parents were on the same page to reduce the likelihood of conflicts later in their journeys.

While this chapter described how the women in my study experienced the early stages of their surrogate's journey, the next chapter focuses on when and how the surrogates in my study

considered aspects of their journeys to be laborious, and when and whether they considered surrogacy to be work or work-like. Throughout the different phases of their journeys the women hinted at the ways in which some aspects conformed to physical labor, emotional labor, and relational labor. Each of these dimensions are discussed in more detail in the following chapter.

CHAPTER 5 – DO SURROGATES CONSIDER WHAT THEY DO AS “WORK”?

Most people do not perform their services 24 hours a day unless they are slaves. And most people only sell their labor, labor performed by the body, perhaps but distinguishable from it. Surrogates, on the other hand, perform services 24 hours a day ... she is never off-duty. (Twine 2011:15)

In the US, gestational carriers engage in reproductive labor for a long period of time, utilize their physical bodies constantly, and perform their labor invisibly in the privacy of their homes or sometimes while working at other paid jobs. Additionally, neither the immediate clients – the intended parents – nor the agency or the medical team are present to constantly surveil their work performance. While they have pre-set checkpoints during which the “progress” of the surrogate’s labor is assessed (for example during routine doctors’ appointments or visits at the agency), they are subjected to spontaneous check-ins with the intended parents through phone calls, email correspondence and text messages.

While the previous chapter examined how the women in my study describe their journeys and their decision-making processes to become surrogates, this chapter centers on the following two research questions: Do the surrogates I interviewed consider what they do to be work? If they do not consider it to be work, what aspects of the process, if any, do they consider to be laborious or strenuous? This chapter also includes parts of a sub-related research question that was touched upon in the previous chapter as well and examines how surrogates describe the relationship with the intended parents throughout the process.

This chapter begins with accounts of gestational carriers who consider surrogacy to be work. These accounts are examined through the lens of the following three dimensions of invisible bodily care work: (i) physical labor, (ii) emotional labor, and (iii) relational labor. The

focus of the chapter then shifts to how the commercial surrogates in my study discuss the financial compensation they have received and how they justify having received payment. Next, accounts of surrogates who consider what they do to be much more than a job are examined. The chapter ends with an analysis of the importance of context, namely the type of surrogacy arrangement as well as the relationship with the intended parents prior to the journey, when it comes to whether or not surrogates consider what they do to be work.

“Yes, surrogacy is a job”

Monica, a woman who had been a gestational carrier three times, delivering twins for three separate pairs of intended parents, is a surrogate who thought of surrogacy as work. Monica provided an explanation detailing which aspects of surrogacy are comparable to having a job:

First of all, I'm a mom. So, I think that's the hardest job in the world. Because we're so many different things. So, I think it's like work because there's so many-- there's so much that goes into surrogacy. People don't realize what happened before transfer even happens. There's so many appointments and there's so many things you have to do and you have to be qualified for. So, in that aspect, it's just like getting a job. You have to apply. You have to fill out an application. You have to have references. You have to go through psychological testing. You have to meet all of these requirements and be on time and show that you're a responsible person before transfer even happens. So, I think it is a job. When my kids were younger, I had to find daycare so I could go to my appointments and they were still taken care of. That's why I think the compensation is-- it's not free money. You are working for your money. You are working for your money. There were times when I just couldn't get out of bed. Like I just didn't feel well. So I felt like I was parenting from the bed and that took away from my family. So it was a job though and it just wasn't a job that I ever got a day off of until I delivered.

Monica identifies the application process when considering surrogacy as work: having to apply at an agency to become a surrogate, getting screened and providing personal references,

undergoing psychological testing, having to schedule and attend medical appointments once matched with intended parents, signing a contract, and having to find childcare for her own children to go to necessary appointments throughout their surrogacy journey. When I asked her a follow-up question on how she thought surrogacy differed from other jobs, Monica told me that being a surrogate had allowed her to stay home with her own children:

Obviously, it was nicer to be able to stay home instead of going somewhere. But to me that was a benefit. Like I felt like I could work. It's just an alternative work. I was doing all of it but my family was benefiting and I was getting a paycheck. So yeah. I mean, I do feel like it's a job and I knew many women that did surrogacy and still went to their job. Like, to me that was-- they were rock stars. Because it was just-- there were days that I was like, "I don't want to get out of bed."

Even though Monica knew of surrogates who continued working, she could not see herself having done that. Being a surrogate allowed her to still receive a paycheck while staying at home with her family even as she considered it to be work.

Fiona, a surrogate scheduled for her egg transfer appointment a few weeks after our interview, also considers surrogacy to be work and like Monica argues that both the application and interview process, as well as the financial compensation, are comparable to other jobs:

I definitely say it's work. Absolutely. I mean, your body is putting out 10 times more effort than it normally does on a regular basis and you have to deal with-- I mean, you're choosing to do it, right? And you go through an interview process and a background check and all the things that you would normally do for a job. And I understand that some people do it for a relative or things like that and under those circumstances those people don't get paid. But, yeah. I would say it's work.

Fiona and Monica were the two surrogates most vocal about describing surrogacy as work. Both applied to become a surrogate just like they would apply for other jobs in order for them to bring home a paycheck.

(i) Physical labor

It is essential that a surrogate utilizes her body, and in so doing she engages in physical labor. For surrogates the physical labor is oftentimes sequential and is specific to parts of her journey. Physical labor includes medical treatments and embryo transfers, pregnancy and delivery, and other body-centered activities.

The initial phase of surrogacy prepares the surrogate's body for the embryo transfer. A surrogate is usually advised to undergo medical treatment (hormonal injections) to increase the likelihood of a successful transfer. Joanne describes how she learned how to administer the shots to herself:

Because I have no medical background whatsoever, so I had two nurses kind of walk me through the injections and the time they had to take them. And then, because I had a shot I had to take every day, and then a shot I had to take every three days, and then antibiotics, and then, all kinds of different pills and vitamins and stuff. So, it was like giving yourself a shot. That first few days, you're like, oh my God, you're dreading evening time for your shot. But then after that, it's just part of your daily routine. You brush your teeth, you wash your face, you do your shot. And that is just what you do.

Joanne had to go through only one cycle each time and told me that despite the uncomfortable medical treatment, it had been worth it in the end. Once the pregnancy has been confirmed, surrogates shift their focus to taking care of their bodies; in some cases, even more than the care taken when they were pregnant with their own children. Joanne explained what happened once she was pregnant:

[...] you just focus on eating healthy and taking your multivitamins and getting exercise and enough water. So, it's one thing to prepare your body and then you have this life inside of you that you need to take care of and grow for the next 10 months. So, it's one little thing transitions into another, but nobody likes doing shots. And it's just part of the deal and you do it for a month, and

then it's over. And then, by the time you're done being pregnant, you don't even think about it anymore. It's just like, it was a part of the deal [laughter].

The medical injections and taking care of her pregnant body became so routine to Joanne that she stopped thinking about them.

Beginning with my first interview with Joanne, a recurring theme concerned breastmilk – a topic I had not considered when I began my project and designed my interview guide. Joanne, a surrogate on two separate occasions for strangers from Colorado, brought up the subject of pumping milk on her own. She told me that she pumped breast milk for both families for three to four months post-delivery. Both intended parents lived within short driving distance to Joanne, which meant they did not have to deal with the high costs and proper shipping equipment to avoid potentially spoiling the breastmilk when sent to the new parents.

One surrogate I interviewed was especially vocal about how pumping milk was work in her uncompensated two different surrogacy journeys for her best friends, a gay couple. Gabby is a doula and spoke openly about many topics related to childbirth, the care of women, and breastmilk. Gabby had decided to pump milk after she delivered the child for her friends who lived a few states away, but she also wanted to receive financial compensation for the time spent preparing and pumping the breastmilk:

I don't want to charge you guys for my milk, but I do want to have supplies bought. And I want to make sure that I [take my riding?] somewhere. And I want to make sure that I have some sort of compensation just for my time having to bag things and my time pumping or whatever.

Gabby considered pumping milk as work, and so wanted to receive compensation for her effort.

Gabby argued that she did not want to be compensated for the milk itself, but rather for the time and effort to express the milk. She argued that a) shipping breastmilk was not cheap (she paid

\$300 every other week for the first 12 weeks to ship about 1,000 ounces of breastmilk before she was eventually compensated), and b) pumping milk was very time-consuming (she spent up to 9 hours a day pumping after the birth of the surro-child).

The lawyer, who had helped negotiate Gabby's surrogacy arrangement between friends, claimed that it was illegal in the state of residence of the surrogate to receive money for breastmilk but was unable to provide proof of that claim:

And she basically told them that the state of [Gaby's state of residence] has laws in place where it says, clearly states, that it is illegal to pay for breast milk. And I said, "I'm not charging for breast milk. I'm charging them for my time to collect the milk and bag it and shipping and everything else."

Ultimately, Gabby and her friends came up with a private arrangement without the lawyer's assistance. Gabby considered pumping after birth the biggest "inconvenience" of the whole surrogacy arrangement:

I definitely feel that if you decide to milk-share, it involves so much more than even carrying a baby because when I'm carrying a child, I'm not thinking, "Okay, I've got to be here or there," at this other place there. I don't have any time constraints unless, of course, I have an appointment scheduled. But even that, it's not like nine times in one day. At the most, I'm going to have an appointment once a month at the beginning, and maybe once a week towards the end, and that's it.

She argued that pumping milk should be considered work for the following reason:

So, when you were talking about you were getting paid for a job, it just-- it would be [inaudible] have to be changing the definition of what surrogacy actually is. Because, like I was saying, I think that pumping is more of a job than actually carrying a baby is. So, I don't feel that surrogacy in itself it's a job. You are getting compensated if you are able to be compensated mainly for pain and suffering which is just the hassle of having to go through everything that you have to go through.

Gabby mentioned multiple times throughout our conversation that pumping milk was more labor-intensive than the pregnancy and that she considered it to be “work.” I thus asked her: “So did you feel, then, that the milk-sharing was more work than actually being pregnant?”, to which she responded: “Absolutely. Absolutely yeah. Hands down.” She then continued to elaborate on the reasons she considered pumping milk to be work:

It was mostly stressful because I think that that is one area where intended parents have very, very little knowledge. They overfeed their babies. So, as a surrogate, I feel like you are very concerned about the fact that I have not pumped enough for this baby. And how could this be? I was able to feed all my kids with no problem and all of the sudden, I can't feed this one little kid. So, at first, my friends were trying to feed the newborn like five ounces in one sitting. And they would try and shove it down and then like half of it would get spilled. And then they would throw the rest away. And I was like, "Do you know how many hours it took me to pump that?"-- especially at the very beginning where your milk really hasn't come in yet. So yeah, it was very stressful at first. And I felt like I kept having to educate them on-- without imposing my views on them. Like, "Have you read into paced feeding?" And sending them YouTube videos about what paced feeding meant. And how you can pacify the baby without sticking a bottle in their mouth, things like that.

Gabby felt frustrated because she was putting much more time and work into trying to supply her surro-child with breastmilk than it had taken her to feed her own children. Now, being on a second journey with the same intended fathers and once again being pregnant, she was not sure if she would pump milk because she was about to move to another country.

When I asked Emma, the non-surrogate mother in my study, if she had anything she would like to add at the end of the interview, she brought up the impact the surrogacy pregnancy was still having on her body at two months postpartum:

Yeah. I think just that it's a really big deal, and, when you deliver a baby, your body doesn't know if it's yours or not. It's been eight weeks, I went back to work after two weeks, and back to school. I finished my last semester of grad school.

It was insane. And people see you walking around, and see you had the baby, and assume that you're done, and that you don't have a baby at home, so you don't need a maternity leave, you don't [need] support, you don't need whatever, because there's no baby. But the person who delivers, first of all, it's a big deal, medically, physiologically, to push a child out of your body. I way, way, way underestimated that. And that it's a really big deal. Physically, it takes a long time to heal.

I think most people who have their own children don't even realize how long it takes, how big of a deal it is physically, because they're focusing on the baby and not themselves, but it's a very big deal, and emotionally, too, in that you can be a very healthy, emotionally-stable person, and you deliver a child, and your hormones are out of your control, and there's this person that you were really close with, it's like a best friend that then moves away. And that there needs to be more support available for surrogates, physically and emotionally, in a way that doesn't paint them as these weak people who made a mistake by giving away a baby. That it's just like, "Yeah, you did a thing, because you're amazing, and now we're going to love you, because that's what good people should do." That's what I would say.

In her description of how both her body and her emotions were impacted after the pregnancy and delivery, Emma suggested that a lot of mothers do not realize how much physical labor and emotional labor really goes into having children and how this work oftentimes remains invisible to mothers. As a surrogate and non-mother, Emma became acutely aware of how many mothers might focus too much on taking care of the needs of their newborns to realize the physical and emotional toll the birth of their child has caused them. Emma also suggested that surrogates should receive more support postpartum to ensure they can fully recover from the physical and emotional impact of their journey. Sometimes, elements of physical labor can also lead to surrogates having to engage in emotional labor, as mentioned by Emma.

(ii) Emotional labor

In effect, all surrogates performed emotional labor (Hochschild 2011), managing not only their own emotions but also the potential emotions and needs from the intended parents. The continuous emotional labor was pointed out by Barbara, who spent the majority of her pregnancy on bedrest worrying about carrying to full term, and had some reservations concerning whether women would ever be able to understand what they signed themselves up for:

You're so emotionally invested. You don't go home after eight hours. It's constant. I don't think I looked at it as a job. I felt like it was something noble, almost. I wouldn't say I'm cynical now, but ... I don't know. I think now that, perhaps, it takes advantage of idealistic people, in a way, but I don't know if that's true.

Attending to the physical needs of the fetus they were carrying and anticipating what their surrogate child might need after delivery was also indirectly discussed by surrogates. They remarked on the fact that they monitored their food intake and their exercise regime. For example, Joanne mentioned: "So, I just made sure I was really eating well and getting enough exercise and just trying to treat my body well for 10 months as I would if it was my own child."

Some women, however, had to attend to the physical need of their "customer" in a way that was physically discomforting, even painful at times, and caused them emotional stress. After she had miscarried one of the two fetuses, Barbara started cramping every time she stood up and was put on bedrest in week 12 for the rest of her pregnancy. They moved her bed into the kitchen, and she had two women who would come and help her clean and cook:

I got pretty depressed being on bedrest, and I felt like this was taking away from my own child, having to be ... Mom's not even out and about, and she's two years old. I got depressed about that, not to the point where there was anything serious, but just difficult.

Surrogates had to manage and modify their own emotions, particularly when something extreme happened, such as experiencing depression after a miscarriage or after other unforeseen medical complications arose. Linda, for example, described how her miscarriage had been traumatic and upsetting while Gabby described how she kept blaming herself because she had insisted on a natural cycle without hormonal injections when she had a miscarriage in her third week.

Similarly, Fiona talked about how stressful her miscarriage had been and that it took her a while to process her emotions. Fiona had experienced an easy first part of her pregnancy. She had agreed to have two embryo transfers, had flown to San Diego for the procedure and had to “take it easy for a few weeks.” Both embryos took and later turned out to be one female and one male embryo. During a routine doctor’s visit in week 14 of her pregnancy she found out that she lost the male fetus. Her doctor had noticed no heartbeat, and after additional testing, informed her that the fetus was lost. Fiona said she took the news hard and cried the whole way while driving home. Even though there had not been any physical signs of her miscarriage, such as bleeding or cramps, she felt like she “had failed him.” She spoke to her agency, asking them to call the prospective parent saying she didn’t feel like she had the strength to tell him. Her caseworker ensured her that losses like this were normal during surrogacy pregnancies and that she should not blame herself. Fiona and the intended father spoke the same day, and she told me how surprised she was that he handled the news very well. According to the intended father, a single gay man from Israel, he considered himself to be very lucky that one of the fetuses had survived.

Linda also talked about the emotional toll she experienced after she had a miscarriage, though this time the intended fathers did not sympathize with her:

We lost the baby at around eight weeks. That was a very hard and traumatic experience. I ended up with these health issues afterwards. Food allergies, oddly enough. A bunch of food allergies developed after the miscarriage. And the dad didn't handle the situation well. We kind of went our separate ways. We decided to not move forward and do another one after that, mostly because of the health issues that developed, afterwards. I'm in retirement.

One of the few surrogates, Barbara talked about how difficult it had been to give up her surrogate child. She expressed how depressed she felt after spending six months of her pregnancy on bedrest and how guilty she felt about spending limited time with her own child. Barbara described how difficult it had been to say goodbye to her surrogate child since the intended parents lived in the UK:

The day that they left and flew off with the baby back to England was a hard day. Because it was just like, "Goodbye," and I had the sensation that maybe I had just been used. Not that we were ever friends before, but it was a very hard day as far as, "Am I ever going to hear from them again? There's no guarantee that I will." I just spent six months in a bed. You kind of want to know.

Amy, who had carried a fetus without compensation for strangers though having been reimbursed for medical costs, felt taken advantage of by the intended parents. She experienced extreme emotional strain caused by the abrupt end of communication after the baby was born. While this is one case in which a surrogate had to engage in a lot of emotion work, other surrogates described how they had encountered stigma in one way or another that, in turn, made them engage in emotion work.

Surrogates also talked about having had to deal with stigma at some points during the process; while some women recalled individual instances of stigma, others experienced

prolonged emotional and social consequences due to the stigma associated with surrogacy. Both Emma and Joanne discussed how they had to justify to others that they were “giving away” the child they were carrying. They had to conduct educational mini sessions in order to justify their actions. As Emma explained:

They talk about giving the baby up, and I think that that's a horrible statement, and it's also inaccurate, because the surrogate is not giving up their baby. It was never my baby. I definitely felt a connection to him, I definitely loved him very much, I still do, but there was never a sense of, "Oh, Mommy's here." I was never his mom. I have a little sister who's my love of my life [...]. Loving somebody and caring for somebody that's not my own child is very natural for me. It's very much part of my life. I felt that for him, that I was his big sister, guardian person. But it was never in a maternal way. Which I think is important for people to understand.

Joanne had similar conversations with acquaintances after being accused of giving away her child, to which she responded: "It was never my baby to begin with."

Those justifications, when defending themselves against stigma, was also notable in specific contexts. While many gestational carriers talk about having experienced some negative reaction from either strangers or family members, four women discussed negative reactions and comments based on the person's religious beliefs. The arguments against surrogacy practices based on religion concerned different aspects of surrogacy arrangements. Multiple women reported prejudice against surrogacy because it is considered “unnatural” to meddle with infertility through the help of modern technology, and to carry a child that is not biologically related to the birthmother. Two surrogates experienced extreme forms of stigma based on religious beliefs: one was ostracized from her church after church members compared her arrangement to prostitution and therefore considered it to be a sin; for another surrogate, some

in her church recommended she terminate her pregnancy because the intended parents were gay men.

The first instance of religious concerns about surrogacy arrangements involve the use of reproductive technologies and the belief that intervening with what they consider to be the “natural way” of conception and procreation goes “against God’s plan.” When I asked Joanne, my very first interviewee, of the possible stigma attached to surrogacy, she outlines the religious arguments as follows:

A lot of religious groups kind of feel like, "If you can't have a baby, then it's probably not God's plan and don't force it or don't push it." A lot of things I heard were, "Don't mess with the natural cycle of the Earth. Don't force this scientific creation of a child. It's not natural." Stuff like that.

While describing instances in which she had difficulties justifying why she was a surrogate to others, Joanne mentioned how a friend of her mother, who is Catholic, is completely against surrogacy and holds the view that if a woman cannot get pregnant without any help, it is not “meant to be.” Becoming a surrogate and helping another couple to become parents through a gestational carrier is meddling with God’s plan and thereby surrogacy interferes with how things ought and should be.

Similarly, Linda’s in-laws are Catholic and considered her surrogate arrangement to be an “abomination.” Even after she had explained to them that the egg was not biologically hers (in her case, both intended mother and father were the biological parents), she had to further educate her in-laws that by only providing her ovum she was not required to have sex with the intended father. Linda was confused both by the “rude and dumb questions” her in-laws had, based on their misunderstanding on how reproduction works, and as a result they considered it

to be morally wrong. However, she decided to challenge their understanding of what one ought to do: "Instead of snapping back, I said 'Well, you could look at it as doing God's work. Because this woman can't have any more children. I'm doing something good, here.' They came around a little bit." Linda's experience also exemplifies that surrogates have to do a lot of educational work to explain to others how surrogacy-pregnancies work, the role IVF plays, and that they were not the biological mothers of the children they carried.

One of the women in my study faced severe social repercussions after she disclosed her surrogacy arrangement in her bible study group. As a result, Barbara was cast out of her church. In response to my question, what did she think about her church's issue, she stated that: "I think they felt like it was meddling with God's plan, I guess. That I was allowing my body to be used for ... They thought it was for purely monetary gain. That's just not what it was about for me. I guess that was the main issue there." Not only were some members in her church against surrogacy, they compared surrogacy to prostitution since she was accepting money for allowing someone to "use her body":

I was very religious at that time. I was very ostracized by the church. They basically called me a whore, like I was letting people use my body for monetary gain. Just basically said that that was no different than being a prostitute. I really didn't expect that.

In Barbara's understanding, she was doing something "good" and "noble" by "bringing a life into the world that would not have otherwise existed" and helping another couple to have a family. The members of her church, and mainly the pastor's wife, compared her surrogacy to prostitution. Barbara, who grew up in a religious family and considered herself to be religious as

an adult, was not only shunned from her church, but also never went back to any other church. In spite of that her family remained supportive of her.

Gabby, who had two very positive surrogacy journeys with her two best friends, recalled one unusual situation with an acquaintance when I asked her if she had ever encountered any stigma. She had run into an acquaintance at a bar who noticed that she wasn't drinking, and her pregnancy came up. During that conversation, Gabby mentioned that she was not pregnant with her own child but that she was carrying a child for her gay friends:

Gabby: Anyways, the conversation started and I said, "Well, actually, I'm a surrogate. I'm having a baby for my friends." And then she started inquiring about it and in less than a minute into the conversation it came up that it was two guys, and she was [inaudible], "What? You need to abort this child right now. That is against the work of God. Blah-da, blah-da, blah-da, blah-da." I was like, "[inaudible]. No, thank you. Keep your comments to yourself." And that was pretty much it.

Interviewer: So it was not against you being a surrogate, but about you having kids for a gay couple?

Gabby: Yeah.

Gabby's acquaintance saw her surrogacy arrangement as an affront and argued that it was "against the work of God." However, the acquaintance did not object to Gabby being a gestational carrier, but that she was a surrogate for gay men. Her friend's solution was the sin of aborting the child was acceptable in order to avoid a much greater sin of allowing two men involved in a same-sex relationship to start a family.

(iii) Relational labor

Navigating, negotiating, and/or maintaining relationships with intended parents constitute an important aspect of invisible bodily care work. Some of the women described how they had

to attend to the needs of the intended parents which, in turn, required relational labor. Barbara found, for example, that attending to the emotional needs of the intended parents who lived overseas and would communicate via phone or email was exhausting at times:

I was a little overwhelmed with how much they were wanting to know how I was doing. I think I felt a little bit more like an employee at that point, having to check in, having to go to the doctor, having to do this, having to have these people in my house, having to eat this food that I didn't know what it was like.

Monica told me that she had to remind herself to be patient with the intended mothers asking a lot of questions:

I mean, obviously, my intended moms kind of drove me crazy sometimes. But I was pregnant, and they don't know what it's like to be pregnant, so they asked five hundred questions, or they asked questions of the doctor. So little things like that but that was a non-issue.

As an example, Monica described that her first intended mother wanted to know the exact date of the birth and wanted to schedule the delivery day in advance, even though Monica had tried to explain to her that was not how births worked: "So, I did a lot of self-checking like okay, I have to explain this more. I have to be compassionate. Which was kind of a cool experience on my end to learn to step back and learn patience."

Emma, who had different opinions on necessary medical treatments than the intended parents also said she understood the emotional stress they were going through because someone else was carrying their baby:

But, again, I very much understood throughout the entire time that this is their baby, they're scared. I'm taking care of their newborn that isn't even born yet. So, I tried to be as considerate as possible, and do everything I could do to be supportive for them and do whatever they wanted.

Surrogates have to balance interests in order to maintain a good relationship with the intended parents; this allowed them to advocate for themselves without causing permanent conflict when they disagreed with each other. In extreme situations of disagreement, agencies can step in to communicate bad news, and if needed, to facilitate mediation sessions.

Most surrogates who worked with heterosexual couples mainly talked about the intended mothers when describing relational labor; intended fathers were mentioned less often during all phases of the journey. I followed up by asking Monica whether she experienced similar communication problems with the intended fathers. Monica, who had been a surrogate three times, described the relationships she had with each of the intended fathers:

Well, yeah. My [first] family, I didn't really deal or have a huge relationship with the intended dad. He was always there. But it was kind of, I don't know. I think it was awkward for him. So we just never really had a relationship.

Same with the [second] family. We were very cordial. We knew each other. They were involved.

My [third] dad was really involved and would call me and check on me. And that was weird to me because I had never had that and I am like, "Okay. This is bizarre." I have a relationship with [the third intended mother]. We talk all the time but to get a phone call from him out of the blue, I would hesitate to pick up my phone because I'm like, "Oh my God. What does he want? And even now, he adores my kids. He takes my kids out when they're in town and he's a great guy. But it was just-- that was different for me was to have a guy that was so involved in wanting to know and actually have a conversation with me and be like, "How are you feeling? Do you need anything?" Usually that comes from the moms. So that was different and kind of unexpected. So yeah.

While commercial surrogates Barbara, Monica, and Emma clearly described the relational labor involved, this aspect of work is even more important for women who carry for people they knew prior to becoming a surrogate. In the case of April and Gabby, both of whom carried for their best friends, both described lengthy conversations they had with the intended fathers in advance of

their decision to become their surrogate. It was important to negotiate the terms of their arrangement in advance, to be on the same proverbial page to ensure their journeys would not jeopardize their existing friendship.

Throughout the interview April had mentioned that she has a deep commitment to feminism, and that open and honest communication centering around equal power relations had been something that was important to all parties when making the surrogacy arrangement with her friends. I asked her how her feminist perspective and activist background had played out during and after her journey. She detailed her views on equal power in a surrogacy relationship:

But I think, for me-- I mean, here's the thing. There's something inherently unequal about a relationship in which one person is, literally, using their body to grow something for someone else. Right? And I've experienced pregnancy before. And pregnancy in and of itself, I think, is just really challenging around the ways in which-- people talk to you differently. People make different assumptions about you. The ways in which you're sort of gendered in the world are differently inflected. And so all of that is true, period, when you're pregnant, and was certainly true during my surrogacy, as well as, during my own pregnancies. But I think that what I actually took away from the whole experience, more than anything else, was a just really deep commitment and appreciation for consensus decision-making. And these communication processes that were explicitly feminist in sort of their conception and structure. And that, I think, it gave me, well, an appreciation for my friendship and my relationship with the two of them, but also in some ways became this model for what I want relationships to be, right? Here's this incredibly hard thing that I did with two people, and two people who are not my intimate partners, right, who I'm not having sex with, who I'm not married to, who I don't have to do this work with, and yet we did it. And we figured out how to do it and how to do it around such an incredibly fraught issue. That was actually easily exhilarating and exciting to me in some ways, right? Like, oh, I have the capacity to do this and these sorts of models can exist in the world. And that sort of gave me hope for lots of things.

April's case stood out because she and the intended fathers consciously and carefully engaged in relational labor; power hierarchies remained as equal as possible throughout the journey. Their

deep commitment to egalitarian communication becomes apparent as April described how they discussed potential points of conflict prior to and in the early stages of their journey:

Before we even started the sort of process of trying to get pregnant, we made contingency plans for how will we make decisions if we disagree about something? What are the what ifs where we can imagine having points of conflict, and how do we establish ahead of time processes for resolving them? Like, what do we do if we're in labor, in delivery, and the midwife says, "I recommend that we start thinking about a C-section at this point," and I'm like, "Hell, no," and they're like, "Well, we don't want the baby--" if it was the best for the baby, right? How do we decide on processes for making each of those decisions at these different decision points? But I think that spending the time ahead of time talking about these things was really helpful in letting each of us feel like we had trust in one another and we're feeling the process was one that each of us felt respected in throughout. [...]

But that kind of working through those different places of challenge, talking to- - just trying to think some of the other potential points of conflict that were not conflict, but challenge points that we had identified. Language was a big one, right? Making sure that we were on the same page about how we were going talk about the pregnancy to friends and social media. It was really important to them and to me too. But it was something we needed to talk about that I wasn't mom anywhere, essentially because there is no mom in their family, right? I think it would have been really easy for people to put me in that category. And so we worked out what is our language going to be, what's our response to each of these things?

April stressed how important it had been for them to discuss every possible scenario in terms of what could happen throughout the pregnancy and the delivery, but also in terms of how being the gestational carrier for her friends could affect her relationship with the intended parents. Open communication with the goal of creating and maintaining an egalitarian relationship had been the driving factor throughout their journey, one which eventually influenced April's fond memories of her surrogacy arrangement. April recognized the physical labor involved but emphasized the relational labor performed with her friends. She saw this work as an achievement: "Seeing that I was capable of doing this other kind of work, right, having

relationships with people where we were in fact communicating really well and sharing power and sharing agency really well was really inspirational to me.”

While this reveals the intensive and extensive relational labor informed by April’s feminist commitment to create an egalitarian surrogacy relationship, generally friends or family members approach gestational surrogacy in a similar way. For example, Gabby’s intended fathers flew her out to their home-state and threw a baby shower so their own friends and family could celebrate the woman who was carrying their surro-child. While she was there, they also had a professional photographer take pictures of all three of them together to commemorate Gabby’s role. Lastly, even though Gabby was very outspoken about how laborious pumping milk was, it was important she continue to have a good relationship with the intended fathers, and reported her intended fathers’ excitement to receive breastmilk to feed their newborn: “They were very confident and excited that I was willing to put that much work into helping not only grow their baby but feed their baby.”

Relational labor can occur as a result of the entanglement of contractual and friendship relationships. Elizabeth, the intended mother, and her surrogate, a friend prior to the journey, encountered lots of disagreements throughout the journey. In this case, Elizabeth expected that the commercial arrangement set up a “clear exchange” of payment for surrogacy services. At one point, Elizabeth hired a mediator to resolve a disagreement over breastfeeding:

I was powerless virtually, because yeah, we just, our baby's inside of her body and she was a very opinionated, very strong-willed individual with a real powerful sense of self. Right? So talking to her about things in general, it was difficult. It felt like we were on eggshells a lot.

Relational labor was important for all women in my study. All the women spoke about how they regularly communicated with the intended parents, but it was April and Gabby, carrying for their friends, who spent more time to maintain a personal relationship with the intended parents prior to, during, and after their surrogacy pregnancy.

Payment – hard earned compensation for pain or “more like a tip”?

The issue of compensation elicited different perspectives from surrogates. Even when women admit being motivated by financial compensation, they softened the pecuniary connotation using the frame of a “win-win” situation. They rationalized compensation for surrogacy in the gender register of helping others. Compensation raised one of the more troubled discussions of surrogacy as work. To acknowledge pecuniary motivation conflicts with the dominant altruism framing of surrogacy and with a caring ethos shaping views on surrogacy arrangements. Monica, through her participation in the twin community, stumbled across many parents who had struggled with issues of fertility. Monica coupled monetary compensation with “giving back” to those in need:

I will be very honest. The money was a factor. It allowed me to stay home with my kids. So, I do consider it work. That’s kind of my stance on that. To me it’s a win-win. I was able to give back and I was able to help my family earn some income by doing it. So, I think it’s positive on both ends.

Fiona also utilized the win-win language of receiving payments as a surrogate. As a single mother, she viewed the compensation as a means for buying herself a house. Like Monica, Fiona justified the payment as fulfilling mutual “dreams.”

So, I feel like now is a good time for me to take on this massive project in my life. And in return, I'll get something out of it as well. I'm looking to get a down

payment on a house out of this. So, it's like I'm helping him reach his dream of having a family. And he, in turn, is helping me reach my dream.

On the other side of the surrogacy relationship, the intended mother Elizabeth stressed on multiple occasions that the payment maintained the contractual terms of their agreement. Though not explicitly acknowledged as work, Elizabeth emphasized that financial compensation should ensure her gestational carrier had no further claims for the services the surrogate rendered. She would say: "There's a very clear exchange happening here. We are hiring her. She's carrying our child." At the same time, Elizabeth described that both parties benefitted from this arrangement; her surrogate used the money for a down payment on a house. Beyond, the contractual agreement, Elizabeth added a small gift of appreciation by sending her coconut water and paying for massages. Surrogacy blurs the perception of a work relationship carried out in purely commercial terms.

Even when not discussing compensation or pay directly, multiple women in my study stated that if one tried to determine an hourly rate for being a surrogate the work would be underpaid. For example, Monica, who had three surrogacy arrangements, talked about how the monetary incentive played a big role in her decision-making process, and called her surrogacy arrangement a "win-win." Yet later on in the interview also talked about how the compensation is minimal if one considers that once you are pregnant, you cannot take time off – you are constantly in the role of being a surrogate:

I wasn't in it to make money. Because when you break down what we made per hour it really, really makes you sad when you're very, very pregnant. You're like, "Really? This is what I'm making per hour?" Because you don't get your weekends off or your-- it's 24/7, so yeah.

This illustrates how gestational carriers are very different from most workers. While most other care workers can take time off from their jobs, whether on weekends or after their shift has ended, a surrogate whose pregnancy has been confirmed becomes a surrogate 24/7 and is unable to distance herself from her “job.”¹⁴ When I further probed and asked Monica if she calculated her hourly rate, she indicated she had done the math. In 2010, the first time she was a surrogate, her compensation was around \$24,000. According to her calculations this ended up being a rate of “two dollars and some cents” an hour. Monica then switched agencies and by the third time she received \$45,000 as compensation for her experience as a surrogate. She told me that a few years later, her friends who are surrogates now make \$60,000-\$70,000.

Compared to other countries, US surrogates receive higher payment with rates varying by the surrogate’s state of residence. According to West Coast Surrogacy, an agency advertising they are offering among the highest “base-pay” to gestational surrogates, the compensation amount can range from \$50,000 to \$80,000, depending on both the experience of the surrogate and any special circumstances, such as carrying multiples, having a c-section, or sustaining bedrest during the surrogacy (West Coast Surrogacy Inc. 2020).¹⁵

Gabby agrees with Monica’s sentiment that the financial compensation is minimal, and would amount to slave labor, but concludes that surrogacy is different: “And it’s not like you’re getting paid per hour to do this. Really, if you were to divide it per hour, it would be slave work.

¹⁴ Live-in care workers are subject to a 24/7 labor regime, but potentially can carve out time on- and off-the-job.

¹⁵ Most surrogates who work with agencies receive their compensation in installments, starting when the heartbeat is first confirmed. In order to ensure that the intended parents have the financial means necessary to cover costs throughout the journey, agencies usually work with escrow services (Surrogate.com 2020b).

You know what I mean? It's not comparable." When I follow up with Gabby asking whether she considers surrogacy to be work (she does not consider "surrogacy in itself as a job") or pumping breastmilk as work (nor does she consider that to be work), she adds: "But it's not like you're getting paid per hour for womb rental which is what a lot of people end up calling it, womb for rent type of things. Which I think they're completely unsavory when people share things like that."

The following longer exchange with Joanne, a two-time surrogate, illustrates the common rhetoric used when discussing payment: it's a win-win for both families, one family gets a child while the other family can afford something nice due to the money they receive. By framing it that way, they can down-play the payment they receive in front of other people, and consider the payment received to be fair. Joanne had just told me how she had experienced a lot of religious stigma and I had followed up by asking her if she had experienced any other kind of stigma, to which she replied:

Joanne: The financial aspect because we do get paid for what we do, and a lot of people think that's crazy. But I look at it as a way of, I'm helping my family out while helping another family. "We're helping each other out. I'm able to carry a baby for you and complete your family." And yes, I do get paid for that, but that also helps finance my child's education or whatever the money goes to. So, a lot of people were like, "Oh, you're going to be paid for it." [inaudible], "Yeah, I am [laughter]." It's a year of your life. It's a lot on your body. And even if you have a healthy pregnancy, healthy delivery, that's a lot for your body to deal with. So yeah.

Interviewer: So how did you navigate those kinds of accusations?

Joanne: Yeah, I would just kind of-- I would just try to be as nice as I could and say, "This is a decision my husband and I made, and this is what we want to do." So--

Interviewer: So, you said you just see the whole process of helping each other out and the financial incentive is kind of not nice to have another.

Joanne: Yeah, it's kind of a bonus. I didn't go into surrogacy for the money. That was not my number one reason. But, yeah, it's a nice perk.

Interviewer: So, would you say it was fair how much surrogates get compensated for you-- as you said, it's a 10-month journey, sometimes longer depending on how many cycles to go through before you do get pregnant. Do you think the financial compensation is fair in the United States or how much you received?

Joanne: Yeah. Personally, I think it is very fair. Yeah. [inaudible] the agency that I went through, you get paid a bulk amount, and then, for every cycle you go through, you get paid. You get paid for maternity clothes. You get paid for-- they pay for your vitamins. You get an X amount, a small little amount for just general things. Whether you put that towards groceries or multivitamin-- whatever you put that toward-- and they pay for every medical expense, every blood-- everything is covered. Nothing comes out of your pocket.

While discussing if surrogacy constitutes work, Fiona debates how to classify surrogacy. Even though she thinks it is work, she does not want to claim her compensation when she files taxes:

Fiona: I would say it's work. Do I want to claim this on my income taxes? No [laughter].

Interviewer: Do you have to? No?

Fiona: The lawyer has to advise you that it would be legally in your best interest, but my lawyer also told me that she has not known a single surrogate to claim it on their income taxes.

Interviewer: Okay. So, it's considered to be what then? If it's not considered to be income and you're not claiming it on your income tax, what is your compensation considered to be?

Fiona: Like a tip, maybe [laughter]. A really big tip.

Interviewer: Like a really big tip.

Fiona: I don't know. It's like babysitting, right?

Interviewer: Yeah.

Fiona: You get paid cash for babysitting and you don't have to claim it on your taxes, so I'm like a glorified babysitter [laughter].

Like Gabby, Fiona similarly argues that even though she is financially compensated, it's not enough to warrant taxation. Despite her arguments that surrogacy is indeed a form of work, she contends that the compensation received compares more to a tip than a salary and that she is a "glorified babysitter" instead of a worker. Surrogacy is comparable to other forms of informal work neither reported nor taxed. However, unlike other forms of informal work, surrogates are not necessarily hiding the activity from tax authorities, and usually have written contracts that lay out the details of their labor as well as their financial compensation.

"No. Surrogacy is more than a job – It's a journey"

Not all surrogates believed what they did constituted work. Common explanations why centered around three themes that align with the initial motivations some women became gestational carriers in the first place: Surrogacy, a long time commitment comparable to a journey, could not be viewed as a job because it was too physically straining to do permanently, and it was more than a business transaction since long-lasting relationships are forged by the experience. I asked the women directly if they considered surrogacy to be a job, to which Joanne replied:

I would not describe it as that. [...] Even though I am being compensated financially, I would not consider it a job. It is something that you do for 10 months, or up to a year in some cases. But as a job? I wouldn't consider it that. It was something I loved to do. I love to be pregnant and giving these people a healthy baby was awesome. It was a journey. I wouldn't consider it a job. It was just a journey. It was something I did in my life, and I'm very proud of, and I loved it.

Similarly, Linda did not think surrogacy was a form of work. However, she did talk about the long “process” and time commitment of the surrogacy arrangement, and about the toll it takes on the woman’s body using the vivid analogy of “a clown car.” Linda described why she did not consider surrogacy to be work:

No. Not really. It’s just a huge commitment for basically a year and a half. Not just the pregnancy itself, but recovery, postpartum, during, after, all that stuff. It’s a process. It’s not like I had to take off work for it. I was still working, for the most part. I’m still very active. But I don’t think it’s a form of work. I think this is not something that you can do more than a few times, and not have substantial damage to your body. You’re not a clown car. You can’t just keep reproducing without there being health ramifications.

Linda kept stressing how much a woman’s body is impacted by both pregnancy and delivery, and that being a gestational carrier ultimately comes with an expiration date since one cannot consider being continually pregnant like one would continue holding other jobs:

It’s not something that is a job, because it’s not something that you can continue to do throughout your fertile years. You’re lucky if you can get this done three times. I know people who have done it more, and they just think it’s crazy. [...] It’s just not a healthy idea to do for your body. Quite frankly, doctors who are allowing women to do it more than that, I think they’re doing them a disservice. I don’t think that’s ethical.

She again stressed the physical strain surrogacy causes and argued that it should not be done more than three times. It is not something that one “can continue to do,” and so it does not qualify as a job even when surrogates are being paid.

Some women in my study were careful to point out that even though they were receiving financial compensation for being a gestational carrier, they wanted to continue a relationship with the intended parents and their surro-child post-delivery. Joanne talked about how important it was for her to feel socially and emotionally connected to her intended parents:

As a family, as my family and my surrogate family, we developed such a good bond. We go to birthday parties and we've [crosstalk] done holiday stuff together. Yeah. That was important to me. I didn't want to just-- I didn't want it to just be a business transaction like okay, I'm pregnant with your baby. Here you go. Have a nice life. I was looking for a nice relationship because it's a big part of their life. It was a big part of mine as well. That was important to me and that is something that some surrogate parents look for.

Forming a relationship with her "surrogate family" was important to many women in my study.

When I asked Joanne if she knew whether some surrogates or intended parents were not looking for that kind of relationship but rather viewed it as a business deal, she responded:

[...] we had support group meetings within our agency that the surrogates had to go to. So, there was actually a couple of surrogates that were just having a baby for somebody and really didn't have any interest in having a relationship with them at all, post-delivery. And then I have a friend of mine that's a surrogate with a different agency. And, while she was going through the matching process, there was an intended couple that was looking for just that, like, "I just want you to have a baby for us. We don't want to have any contact. We don't care to learn anything about your family." And she just didn't feel like that was a good fit for her. So, she opted not to match with them. Yeah, so it does happen.

Similar to other forms of care work, having an established friendship/familial relationship between employer and employee makes it more likely that the work performed is either not recognized as such or considered to be an act of service instead of work. What the women in my study described aligns with what Jacobson found as well, which she fittingly calls "labor of love" (Jacobson 2016).

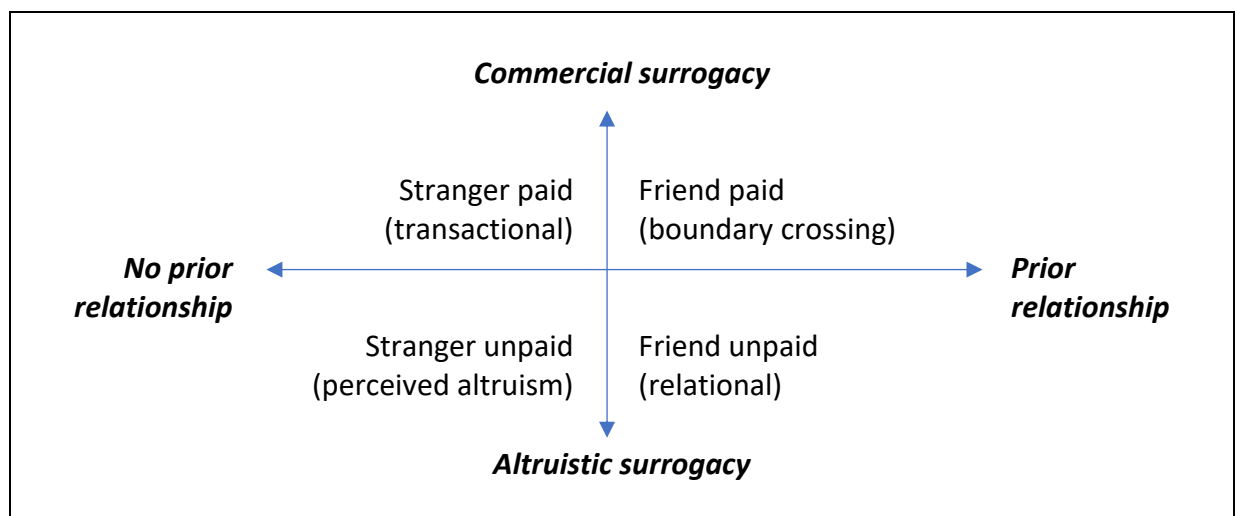
The Significance of Context for Considering Surrogacy as Work: The Types of Surrogacy

Arrangements and the Relationship with the Intended Parents

The main difference my interviewees identified about whether, how, and when surrogacy is considered to be work is mediated by the context of their journeys. The experiences of the

women differed along the following axes: a) the type of surrogacy arrangement made (commercial or altruistic) relative to b) the kind of relationship between the surrogate and the intended parents before the journey begins (no prior relationship or prior relationship). What follows teases out how and when they categorize surrogacy as work (see **Error! Reference source not found.**).

Figure 1: Surrogacy spectrum based on type and relationship



Among the six women interviewed who were **commercial surrogates** with **no prior relationship** to the intended parents (“stranger paid”), two women (Fiona and Monica) conceptualized surrogacy as a form of work; three said surrogacy did not constitute work (Barbara, Joanne, and Linda); while one woman (Emma) did not take a clear position on how she would categorize surrogacy. However, all of these women describe their surrogacy arrangements as work-like in one way or another.

Fiona and Monica both stated that they consider surrogacy to be a job and that money was an important factor in their decision-making process, drawing parallels to how surrogacy is

similar to other jobs: commercial surrogates have to apply to agencies, undergo a screening process, and have to be physically and psychologically qualified. Both also talked about all three elements of invisible bodily care work gestational carriers perform, especially the recognition of the physical labor involved in the surro-pregnancy as compared to being pregnant with their own children. They discussed elements of emotional and relational labor, but in qualitatively different ways. Fiona experienced more emotional labor due to her miscarriage and less relational labor with the intended father since he lived in another country; and the two only interacted sporadically once they had been matched. Monica, on the other hand, focused more on descriptions that involved relational labor during and after her journeys; she is still in regular contact with all three families and has become friends with one of the families.

The other commercial surrogates – Barbara, Emma, Joanne, and Linda –similarly describe aspects of their journeys as laborious. Even though their descriptions align with one or more of the three categories of invisible bodily care work, they do not conceive the surrogate activity as work. Similar to other care work that involves reproductive labor, the activities of pregnancy and childbirth is noticed and valued, but simultaneously downplayed and not recognized as “real” work.

Elizabeth was the one case in my study that involved a **commercial surrogacy** arrangement in which the parties involved had a **prior relationship** (“friend paid”). Financial compensation was the mechanism for valuing her friend’s surrogacy. However, their friendship coupled with compensation created unforeseen pressures for more relational labor both at the

beginning of the journey to ensure her surrogate perceived the arrangement to be fair, and later during the journey when conflicts between them arose.

The emphasis on relational labor also occurred in the other two cases in which the women already had a **relationship prior** to their arrangements but were not compensated (“friend unpaid”). April and Gabby recognized and described the relational labor that went into navigating their friendship while negotiating the surrogacy agreement. As friends, they discussed the importance that everyone was satisfied with how their journeys would unfold in order to not jeopardize their prior relationships. Interestingly, both Gabby in her role as a doula and April as a self-identified feminist fully recognized the labor that is required for both pregnancy and childbirth, but for them being a surrogate was a gift to their best friends and therefore not considered work.

The **altruistic surrogate** (“stranger unpaid”), Amy, mainly focused on the emotional and relational labor she had performed as a surrogate, even though she also talked about the physical labor involved. Interestingly, Amy entered the surrogate relationship hoping to form a deep, personal friendship with the intended parents. The relationship turned sour once Amy’s pregnancy had been confirmed and the intended parents started ignoring her; Amy attempted to put even more energy into maintaining the relationship with the intended parent. Her relational labor did not create the level of reciprocal friendship she had envisioned. The asymmetric power relations of the arrangement became apparent to Amy and she experienced severe emotional distress as a result. Despite both the emotional and relational labor she had invested in her journey, Amy still does not consider surrogacy to be work. Like April and Gabby,

who had become gestational carriers as a personal gift for their friends, Amy had envisioned that being a surrogate also would be a labor of love as she wanted to form a long-lasting relationship with the intended parents.

While all surrogates in my study described aspects of all three dimensions of invisible bodily care work, commercial surrogates tended to emphasize the physical labor dimension. By comparison, altruistic surrogates placed more emphasis on the relational labor. Emotional labor became a more central part of the interview in instances when something “went wrong” in a journey, such as experiencing physical problems (for example, miscarriage, bedrest, or fertility issues after the surrogacy arrangement) or adverse social consequences (stigma, disagreement with the intended parents). Commercial surrogates were more likely to clearly delineate surrogacy as either work or non-work. Altruistic surrogates were more likely to stress that they were engaging in a “labor of love” when becoming surrogates out of the intrinsic desire to help others to have a family.

Discussion

As this analysis chapter has shown, the surrogates in my study held complicated views on if they considered what they do to be work. They further had sometimes contradicting understandings of what aspects of surrogacy, if any, qualifies as work. The women understood their reproductive labor to be both easy and difficult. While some insisted that what they did as surrogates was very much job-like (applying, going through a background check), others insisted that surrogacy was much more than a job – it was a journey. However, in all cases, the women in my study described in one way or another some or all dimensions of invisible bodily care work.

Very similar to other forms of feminized care work, the labor involved in a surrogacy arrangement is naturalized and, in some cases, downplayed while simultaneously highlighting the selflessness of helping others. While two out of the three altruistic surrogates who had become gestational carriers for their friends highlighted their relational labor, the altruistic surrogate who carried for strangers focused entirely on her emotional labor after she felt she was tremendously taken advantage of by her intended parents. The paid surrogates talked about all dimensions of invisible bodily care work and argued that the reproductive physical labor of carrying babies for others was worth compensation while concurrently attempting to destigmatize the fact that they had received payments. These commercial surrogates highlighted the physical labor over the other two dimensions, while the altruistic surrogates highlighted relational labor.

Commercial surrogates who carried for strangers and altruistic surrogates who carried for friends overall reported the most positive experience when their roles were clearly established at the outset of their journey. By contrast, women who encountered atypical journeys that involved "boundary crossing," reported a more difficult experience. When the bond between the parties is damaged or broken, surrogates do perform extensive relational labor in an attempt to mend the relationship.

Commercial surrogacy arrangements are typically among strangers, while altruistic surrogacy arrangements usually involve unpaid arrangements among friends and family members. Elizabeth, the intended mother who paid her friend the common rate for surrogates, and Amy, the altruistic carrier for a couple she did not know prior to her journey, both reported

difficult experiences. These difficulties might have been caused by blurring the boundaries of friendship and payment in Elizabeth's case, or, "giving the gift" of carrying for someone without compensation for people with whom she did not have an already established relationship in Amy's case. Both of these scenarios required extensive relational labor when initial expectations were not met.

Stigma is still associated with surrogacy: Relinquishing any parental rights for a child they carried coupled with receiving payments for their "natural" reproductive labor infringed on the gendered expectations of motherhood. Surrogates expressed some ambivalence despite general acceptance of surrogacy arrangements (Berend 2012, 2016; Jacobson 2016; Ziff 2017). The women I interviewed tried to justify that they are not bad "mothers" since the children they carry weren't theirs to begin with and, at least the paid surrogates, justified accepting payment as an acceptable compensation for pain suffered or as a tip because the compensation is minimal relative to the time and effort that goes into a surrogacy journey.

The surrogates walked a thin line: they acknowledged how strained, and at times risky, was the labor they engaged in for a prolonged period of time and indeed described many elements of their arrangements as physical labor, emotional labor, or relational labor. However, while a few women labeled what they did as work, many women remained hesitant to call their whole journeys "work" per se.

CHAPTER 6 – DISCUSSION & CONCLUSION

If we think of surrogacy as a form of work, it doesn't look that different from many other jobs in our increasingly casualised and precarious global economic context, like selling bodily substances and services for clinical trials, biomedical research or product testing, or working as domestic staff and carers (Dow 2016:n.p.).

This dissertation argues that surrogacy is a form of invisible bodily care work and reveals the extensive work effort expended by surrogates through their long journey. The initial impulse motivating this study was the contrast between surrogates in India and the less well-known experience of surrogates in the US. Research on the Indian case painted a picture of extreme exploitation of surrogates, resembling the dystopia found in Atwood's *The Handmaid's Tale*. I designed a project to investigate surrogacy in the US, asking whether surrogacy is considered work by the gestational carriers themselves. I anticipated that surrogates are workers regardless of the type of their surrogacy arrangement, their social location, or their country of origin. In public comments and academic debates both the social position and the physical location of a woman determine whether surrogacy is considered to be exploitative and a form of work, or whether it should be considered a voluntary and altruistic act. Important factors in deciding where a surrogate "fits" into this binary (exploitive work or voluntary altruism) include her race, class, and nationality/ethnicity. There is often an assumption that it is easy to determine the surrogate's potential vulnerability and her ability to choose the terms of her surrogacy arrangement unconstrained by financial hardship. While the bodily act itself remains the same in all cases, I find that the context matters when determining the conditions of this care work and the perceptions held of surrogates on what constitutes the work performed.

Invisible Bodily Care Work

As described in more detail in chapter 2, surrogacy entails all five dimensions of body work found by Brents and Jackson in their study of sex workers (Brents and Jackson 2013). Even though their framework can be directly applied to the theoretical conceptualization of surrogacy as body work, the qualitative and quantitative difference of the work surrogates and sex workers perform, make some of the dimensions more important and others less important in the context of surrogacy. My conceptualization of surrogacy combines Brents and Jacksons' categories of physical labor, bodily labor, and relational or interactive bodily labor into one composite category that I call "physical labor." This composite builds on but differs from the extant literature on body work and care work that constitutes the category of bodily care work (Brents and Jackson 2013; Cohen 2011, 2015; Waldby and Cooper 2008). Drawing on previous research, I utilized the category of emotional labor (England et al. 2002; Hochschild 2009, 2011), to that I added the dimension of relational labor found to be present in altruistic surrogacy arrangements (Toledano and Zeiler 2017; Waerness 1984). Finally, I chose to not include the category of aesthetic work for the purpose of my dissertation since this dimension is only tangentially present at the beginning of the surrogacy journey. For example, aesthetic labor – the labor involved in making themselves marketable by altering their physical appearance to standards of beauty or to self-brand themselves – is more crucial for sex workers seeking to acquire new clients or to maintain regular clients.

Aesthetic labor for surrogates, to the degree that it matters, is most important in the beginning stages of their journeys when they have to portray themselves as potentially a "good

pregnant woman” and a trusting carrier by credibly promising that she will conform to the expectations ascribed to pregnancy. This labor is an essential part of the initial matching process whereby the intended parents first review the surrogate’s profile and then interview her to determine whether they trust her to carry their child according to the parent’s exercise, diet, and self-care expectations. The details of these expectations, that is the results of any aesthetic labor, are negotiated during the initial matching phase and which are finally agreed upon in the contract.

Table 6 identifies each dimension of invisible bodily care work and the elements associated with surrogacy arrangements.

Table 6: Dimensions of invisible bodily care work of gestational carriers

Dimension of work	Definition	Elements
Physical labor	Consist of physical labor, bodily labor, and interactive bodily labor under the umbrella of care work.	<ul style="list-style-type: none"> - Medical treatment - Embryo transfer - Pregnancy - Delivery - Other physical impact
Emotional labor¹⁶	<ul style="list-style-type: none"> a) Attending to the physical need of a customer. b) Attending to the emotional needs of a customer. c) Managing and modifying one’s own emotions. 	<ul style="list-style-type: none"> - Attending the emotional needs caused by stigma - Processing traumatic experiences - Managing negative interactions - Depression
Relational labor¹⁷	Navigating, negotiating, and/or maintaining relationship with IP(s).	<ul style="list-style-type: none"> - Checking in during journey - Spending social time together, either socially or by attending medical appointments

¹⁶ Emotional labor as conceptualized as one the five dimensions of body work in the framework proposed by Brents and Jackson in their research on sex workers (Brents and Jackson 2013).

¹⁷ Toledano and Zeiler (2017) identified “relational work” to be necessary for gestational carriers in their research with seven altruistic surrogates in Canada, the USA, or Australia who carried for friends or family members. Relational work, which is called relational labor for the purpose of this analysis, reflects the labor required by surrogates to maintain the relationship with intended parents throughout the surrogacy journey.

The surrogates in my study engaged in three dimensions of invisible bodily care work:

- **physical labor:** the physical labor required of surrogates before and during the pregnancy, as well as during and after the delivery of the surro-child,
- **emotional labor:** attending to the physical and emotional needs of the intended parents and managing her own emotions related to or caused by the surrogacy arrangement,
- **relational labor:** navigating, negotiating, and/or maintaining the relationship with the intended parents.

This dissertation identified the less visible aspects of labor involved before the pregnancy, which includes psychological and medical testing, the matching process, any hormonal treatments, and egg transfer. Both emotional and relational labor starts way before the surrogacy pregnancy even begins. When one imagines a surrogacy arrangement, the first things that come to mind are both pregnancy and delivery, but an actual surrogacy journey is much longer than that – this surrogacy work starts with the process leading up to getting pregnant and at times continues well after the surro-child has been delivered.

Surrogacy as Work: The Context of Surrogacy

What, then, might obscure the conceptions of surrogacy as work in the US? It is easier to notice the working conditions of, for example, surrogates in India who are under 24/7 surveillance in surrogacy hostels, have very clear instructions on how to structure their lives during the pregnancy, and who consider their “services” to be a form of body work (Pande 2014; Rudrappa 2012). The asymmetries between surrogates and intended parents are more clearly delineated in India than in the US. By contrast, surrogates in the US are under less obvious

surveillance, and a dominant altruistic frame shapes the perception of surrogacy as work (Berend 2012; Jacobson 2016; Ziff 2017).

The types of relationships US surrogates develop with their intended parents when both surrogate and parents were strangers before the journey stands in stark contrast with the types of relationships Indian surrogates have with the intended parents. While Indian surrogates perform the same invisible bodily work and emotional labor, relational labor between surrogates and intended parents is less important in the Indian context; there is minimal interaction with each other. In the US, however, establishing a positive relationship with the intended parents was important to all of the surrogates in my study and, therefore, as a result all of them engaged in relational labor to maintain those relationships.

The surrogates in my study normalized and naturalized the reproductive work they perform. Even when they recognized the work-like aspects of surrogacy, they tended to minimize their work effort. Like mothers more generally, surrogates defaulted to the language of love to negate any work that was required, and generally framed their experiences in terms of altruism. Those women I interviewed struggled to label the labor they performed as “work,” even though they fully recognized the laborious dimension of physical labor, emotional labor, and relational labor required. This struggle between work activity and how it is identified showcases the way gender informs understandings of surrogacy: surrogates exhibited pride in their reproductive capacities while simultaneously downplaying the actual labor expended. In much the same way, unpaid care work is oftentimes not considered to be work by those who perform it. Surrogates naturalized and normalized their activities by downplaying the labor involved in childbearing. In

so doing, the surrogates are unconsciously complicit in downplaying the gendered work of childbearing and childrearing more generally.

This dissertation adds to the already existing literature on surrogacy and care work by showing how blurry are the lines of this labor continuum; the labor required is ongoing and oftentimes invisible to the gestational carrier in the performance of this labor. This invisibility of labor to the surrogate who performs that labor has parallels to other forms of care work that remains unnoticed by the workers. Because the work is ongoing and long-term, similar to other care work, it becomes normalized and thus invisible to the worker herself.

This dissertation also helps us to understand the nature of surrogacy in more depth, especially how altruistic and commercial surrogates experience the same bodily act differently based on their relationship with the intended parents. The social relationship between surrogates and intended parents before, during, and after a surrogacy journey greatly influences what aspects of a journey are recognized as laborious and whether surrogacy is conceptualized as work by the surrogate herself. The commonly used distinction between commercial and altruistic surrogacy does not paint an accurate picture of the similarities and differences women experience in these two types of relationships. By including cases of both commercial and altruistic surrogates in this study, as well as juxtaposing cases in which surrogates carried for strangers when compared to women who became gestational carriers for friends, my research expands the existing general literature on surrogacy, and advances our understanding of the “surrogacy as work” literature more specifically. The conditions of a surrogacy arrangement, and therefore the labor regime, matter in order to identify differences in the emotional and relational

labor required of and performed by surrogates. The context of a surrogacy arrangement influences how the actors involved interpret that arrangement as well as their views about the quality and quantity of the work that goes into being a surrogate.

However, recognizing the work involved in surrogacy has important consequences for protecting surrogates as workers prior to, during and after their journeys are over. A surrogacy journey is not a trivial undertaking and poses several risks. Potential physical harm to the surrogate can occur due to complications during pregnancy or childbirth, surrogates can experience long-term effects from hormonal treatments, and consequences from multiple pregnancies might still be unclear. A surrogate may have mental or physical problems as a result of having been a gestational carrier. While workers' compensation insurance covers potential damages experienced in other types of work, surrogates have to negotiate the conditions of any coverage with the intended parents, and that coverage ends when the surrogacy arrangement is completed.

As we have seen, a relationship between surrogates and intended parents can be both altruistic and exploitative. Defining surrogacy as a legitimate form of work instead of simply an altruistic act has important consequences for recognizing and establishing workers' rights for surrogates. Though this dissertation narrowly focuses only on surrogacy, there are broader implications for questions of redefining care work. For example, what rights are workers in intimate industries entitled to expect, especially those who are not recognized as workers? We should look more closely at the interplay of the worker's race, class, gender, and nationality as well as the locale where the intimate labor is performed. In this dissertation the prior relationship

between gestational carriers and intended parents matters. In this way we can begin to understand how to acknowledge the agency or self-determination of women who decide how to use their bodies.

The complicated and interwoven power relations between surrogates and intended parents are determined by class, race, ethnicity, locale, and nationality, and these factors immediately expose potentially vulnerable work relationships (for example, in the Global South, with commercial and/or transnational surrogacy). Power relations can also be masked by highlighting a women's choice as altruistic or framing surrogacy within the ideology of motherhood. The class of the intended parents also plays an important role in this surrogacy relationship; the high costs of surrogacy (treatments, agency fees, health care regimens) precludes most intended parents from seeking this option to start a family. This economic difference manifests power inequities in almost every surrogacy arrangement. The more affluent enter into a contractual relationship with a less affluent woman who will carry their child. Even in the case of an altruistic surrogacy,¹⁸ the surrogate is in a less powerful position giving up part of her freedom by following the wishes of the intended parents. Whether or not the surrogate is paid, the parents ultimately take on the role of employers. All women in my study engaged in invisible bodily care work. The unpaid surrogates focused on the emotional labor and relational labor over physical labor, while compensated surrogates discussed all three elements of invisible bodily care work.

¹⁸ See Sharmila Rudrappa (2017) for a discussion of the dangers of outlawing commercial surrogacy and the likelihood that "altruistic surrogacy" will a) heighten the potential of exploitation, and b) push surrogacy into the shadow economy.

Gendered expectations related to reproduction practices have either minimized the labor required of surrogates or have labeled that activity as a “labor of love.” If few of the surrogates recognized that the labor they perform should be viewed as work, why should others more generally, such as intended parents or lawmakers, recognize the work performed by surrogates? As I have shown, since the relational and work boundaries are not clear cut in surrogacy arrangements, surrogates would need legal workers’ rights that protect them and mandate that intended parents have obligations toward them.

Even if the women who become surrogates do not consider what they do as work, recognizing surrogacy as a form of labor has important consequences. Surrogates can be protected as workers, which in turn can enhance the bargaining power of surrogates as individuals and collectively. Surrogacy, as a practice, reveals previously hidden economies of pregnancy and childbirth. Elderly care, childcare, and in this instance, reproductive labor, are indeed laborious. While these types of invisible care work occur behind closed doors in the private sphere or in the shadow economy, they are necessary to keep our society running. The debates whether surrogates are workers who can claim rights and social protections apply to all forms of invisible care work performed in the name of social reproduction.

Study limitations and suggestions for future research

The focus of this dissertation was to examine whether and how US surrogates consider what they do to be work. It is based on interviews with both commercial and altruistic surrogates. However, the sample size was small, and it would be premature to generalize these findings to all US-based surrogates. Nonetheless, these findings can be indicative and offer directions for

moving forward. Based on this dissertation research, I recommend three areas for future research on surrogacy in the US: (i) research on non-mother surrogates,(ii) research on surrobabies for intended parents who are transgender, and (iii) research on the experiences of altruistic surrogates who carried for strangers without receiving financial compensation. Undertaking this proposed research can broaden our understanding of care work in general by asking:

- What are the experiences of women who are non-mothers and became surrogates? Only one woman in my study fits into this category and this population has not been adequately researched. However, this group of surrogates is an even harder to reach population since US agencies usually select women as surrogates who were already mothers, and therefore first-time mothers might only enter into private arrangements with prospective parents. Why do childless women decide to become surrogates? Are their journeys different?
- How do intended parents in relationships in which one or both partners are transgender and who already have biological children experience navigating surrogacy journeys? The language around surrogacy in the US assumes heteronormative relationships and bodies and therefore excludes the intended parents and/or the biological relationship as “intended mother” and “intended father.” We need to more adequately capture the experience of queer intended parents. What unique challenges do queer intended parents experience? What language do they use to capture their lived experience and hurdles encountered throughout the journey?
- Even though altruistic surrogacy has been studied, the research usually focuses on cases in which surrogates carry for friends or family members. Why do women decide to carry for

strangers without compensation? How do they perceive their journeys to be similar to or different from work?

In addition to these three specific areas, it is likely that the COVID-19 pandemic will have an impact on those who were already in the middle of their surrogacy journeys, especially in cases in which surrogates are part of transnational surrogacy arrangements and surro-children cannot be united with their intended parents.

APPENDIX A: CALL FOR PARTICIPANTS**Do you know people who would like to share their surrogacy story?**

My name is Anabel Stoeckle and I am a doctoral student in the Sociology Department of Wayne State University. As part of my dissertation, I am currently seeking

- 1) **surrogates** to interview in person or on the phone *and/or* to answer an online survey, or
- 2) **individuals** who have worked with a surrogate to interview.

In this research study, I explore the perceptions and experiences of people who are/have been in surrogacy arrangements.

If you know someone who is interested in telling their surrogacy story, please contact me via email at [email] or at [phone number]. I am more than happy to provide more information!

Please contact me with any questions you might have or feel free to send this email to others that you think might be interested.

Thank you so much for your help and consideration!

Best regards,

Anabel Stoeckle

APPENDIX B: INTERVIEW GUIDE FOR SURROGATES

Title of Study: Surrogacy as a New Form of Intimate and Embodied Labor

- Thanking for participation
- Introduction (person & project): Name, university affiliation, dissertation to find out more about the changing ideas about families, parenthood through surrogacy
- Procedure: in-depth interview, interested in interviewee's experience in order to understand her point of view
- Duration approximately 45 min – 1.5 hrs.
- Anonymity and confidentiality: tape recorder (show recorder and stop button), transcribed, & analyzed for dissertation
- Questions?
- Talk through consent

Overall Topic of Interview: What are your experiences as a surrogate?

General/Introduction

1. Tell me about your experience as a surrogate

Decision Process

2. Tell me how you decided to become a surrogate...
 - a. Did you know another woman who was a surrogate?
 - b. Where did you get information? (Internet? Books? Pamphlets?)
 - c. Did you get recruited?
 - d. How did you find the agency?
 - e. How often have you been a surrogate?
3. What was the main reason for you to become a surrogate?
4. How did you find the intended parents (IP)?
 - a. How did you choose them?

- b. What criteria did you consider in your decision-making process?

Stance on motherhood/parenthood

5. Generally speaking: How do you see your role as a surrogate?
6. What does it mean for you to be a mother?
 - a. Has the way you think about motherhood changed during/after this experience?
 - b. What is your relationship to the child now?
 - c. Do you think about the child you carried?

Support system

7. Do you have a partner?
8. What does your partner think about this?
 - a. What about your family? (Spouse/Children)
 - b. What about your friends?
9. Has surrogacy been an issue of discussion?
 - a. Did you have to justify your decision in front of others?
10. How open are you talking about this experience with others?
 - a. With family?
 - b. With friends and acquaintances?
 - c. With strangers?

Opportunity

11. Is it important for you to have/have had a relationship
 - a. With the couple/intended parent?
 - b. With the child?
12. Did you feel like you would be able to help the receiving couple?
13. What was the relationship with the intended parent(s) like
 - a. Before you signed the contract?

- b. During the artificial insemination phase?
 - c. During your pregnancy?
 - d. After the baby was delivered?
14. When you talk about the child, what do you call it?
15. How would you describe the relationship to the child?
- a. During your pregnancy
 - b. After the baby was delivered

Limitations

16. Did you experience any uncomfortable side effects?
- a. During the phase of hormonal injections?
 - b. During pregnancy?
 - c. During labor?
 - d. After you had given birth?
 - e. At any other point?
17. How did you feel when you handed the child to the IP?

Conceptualization of surrogacy as work

18. How do you think becoming a surrogate is similar to or different than other jobs?
- a. Were there problems or issues that you did not anticipate?
19. Do/Did you have a contract?
- a. b. Do you consider the contract to be fair?
 - b. Were there problems or issues that you did not anticipate?
 - c. Were there aspects in the contract that bothered you?
20. Were there any conflicts with IP about decisions regarding pregnancy or delivery?
- a. e. Were there problems or issues that you did not anticipate?
 - b. f. Were there instances in which you had a disagreement?
21. How important was the financial incentive?

22. Would you say the financial compensation was fair?

Closing

23. Looking back: How do you feel now about the decision to become a surrogate?

24. Would you do it again? Why/Why not?

25. What would you recommend to other women who consider becoming a surrogate?

- a. Possible pitfalls
- b. Unexpected medical issues
- c. Unexpected emotional issues
- d. Unexpected positive aspects

26. Is there anything else you would like to discuss that we haven't talked about yet?

APPENDIX C: INTERVIEW GUIDE FOR INTENDED PARENTS

Title of Study: Surrogacy as a New Form of Intimate and Embodied Labor

- Thanking for participation
- Introduction (person & project): Name, university affiliation, dissertation to find out more about the changing ideas about families, parenthood through surrogacy
- Procedure: in-depth interview, interested in interviewee's experience in order to understand her point of view
- Duration approximately 45 min – 1.5 hrs.
- Anonymity and confidentiality: tape recorder (show recorder and stop button), transcribed, & analyzed for dissertation
- Questions?
- Talk through consent

Overall Topic of Interview: What are your experiences as someone who has hired a surrogate?

General/Introduction

1. Tell me about your experience with surrogacy

Decision Process

2. Tell me how you decided to hire a surrogate...
 - a. Did you know another individual who had hired a surrogate?
 - b. Where did you get information? (Internet? Books? Pamphlets?)
 - c. How did you find the agency?
3. What was the main reason for hiring a surrogate?
4. Why did you choose surrogacy over other options, like adoption or fostering?
5. How did you find the surrogate?
 - a. How did you choose her?
 - b. What criteria did you consider in your decision-making process?

Stance on motherhood/parenthood

6. Generally speaking: How do you see the role of a surrogate?
7. What does it mean for you to be a parent?
 - a. Has the way you think about motherhood/parenthood changed during/after this experience?

Support system

8. Has surrogacy been an issue of discussion?
 - a. Did you have to justify your decision?
9. What does your family think about this arrangement?
 - a. What about your children?
 - b. What about your friends?
10. How open are you talking about this experience with others?
 - a. With family?
 - b. With the child/children?
 - c. With friends and acquaintances?
 - d. With strangers?

Opportunity

11. Is it important for you to have/have had a relationship with the surrogate?
12. What was the relationship with the surrogate like:
 - a. Before you signed the contract?
 - b. During the artificial insemination phase?
 - c. During her pregnancy
 - d. After the baby was delivered
13. How would you describe the relationship to the child?
 - a. During the surrogate's pregnancy
 - b. After the baby was delivered

Conceptualization of surrogacy as work*Work*

14. How do you think hiring a surrogate is similar to or different than other jobs?
 - a. Were there problems or issues that you did not anticipate?
15. Do/Did you have a contract?
 - a. b. Do you consider the contract to be fair?
 - b. Were there problems or issues that you did not anticipate?
 - c. Were there aspects in the contract that bothered you?
16. Were there any conflicts with the surrogate about decisions regarding pregnancy or delivery?
 - a. Were there problems or issues that you did not anticipate?
 - b. Were there instances in which you had a disagreement?

Financial Compensation

17. Did you pay the surrogate?
18. Would you say the financial compensation was fair?

Closing

19. Looking back: How do you feel now about the decision to hire a surrogate?
20. Would you do it again? Why/Why not?
21. What would you recommend to other individuals or couples who consider hiring a surrogate?
 - a. Possible pitfalls
 - b. Unexpected medical issues
 - c. Unexpected emotional issues
 - d. Unexpected positive aspects
22. Is there anything else you would like to discuss that we haven't talked about yet?

REFERENCES

- Almeling, Rene. 2007. "Selling Genes, Selling Gender: Egg Agencies, Sperm Banks, and the Medical Market in Genetic Material." *American Sociological Review* 72(3):319–340.
- American Surrogacy. 2020. "How You Can Protect Your Parental Rights in Surrogacy. Obtaining a Pre-Birth or Post-Birth Order of Parentage." Retrieved (<https://www.americansurrogacy.com/parents/pre-birth-orders>).
- Anleu, Sharyn Roach. 1990. "Reinforcing Gender Norms: Commercial and Altruistic Surrogacy." *Acta Sociologica* 33(1):63–74.
- Anleu, Sharyn Roach. 1992. "Surrogacy: For Love but Not for Money?" *Gender & Society* 6(1):30–48.
- Atwood, Margaret. 1985. *The Handmaid's Tale*. McClelland and Stewart.
- Bazeley, Pat. 2010. *Qualitative Data Analysis with NVivo*. Los Angeles: Sage Publications.
- Berend, Zsuzsa. 2012. "The Romance of Surrogacy." *Sociological Forum* 27(4):913–36.
- Berend, Zsuzsa. 2014. "The Social Context for Surrogates' Motivations and Satisfaction." *Reproductive BioMedicine Online* 29(4):399–401.
- Berend, Zsuzsa. 2015. "Misconceptions about Altruism and Choice in US Surrogacy." *OpenDemocracy*. Retrieved (<https://www.opendemocracy.net/beyondslavery/zsuzsa-berend/misconceptions-about-altruism-and-choice-in-us-surrogacy>).

- Berend, Zsuzsa. 2016. "'We Are All Carrying Someone Else's Child!': Relatedness and Relationships in Third-Party Reproduction." *American Anthropologist* 118(1):24–36.
- Blankenship, Kim M., Beth Rushing, Suzanne A. Onorato, and Renee White. 1993. "Reproductive Technologies and the U.S. Courts." *Gender & Society* 7(1):8–31.
- Borschel-Dan, Amanda. 2017. "4,000-Year-Old Prenup Pushes for Surrogacy in Case of Infertility." *The Times of Israel*, November 12.
- Brents, Barbara G., and Crystal A. Jackson. 2013. "Gender, Emotional Labour and Interactive Body Work: Negotiating Flesh and Fantasy in Sex Worker's Labour Practices." Pp. 77–92 in *Body/Sex/Work. Intimate, Embodied and Sexualized Labour, Critical Perspectives on Work and Employment*, edited by C. Wolkowitz, R. L. Cohen, T. Sanders, and K. Hardy. New York, NY: Palgrave Macmillan.
- Carone, Nicola, Roberto Baiocco, and Vittorio Lingiardi. 2017. "Italian Gay Fathers' Experiences of Transnational Surrogacy and Their Relationship with the Surrogate Pre- and Post-Birth." *Reproductive Biomedicine Online* 34(2):181–90.
- Cohen, Adam. 2010. "A Legal Puzzle: Can a Baby Have Three Biological Parents?" *The New York Times*, January 25.
- Cohen, Rachel Lara. 2011. "Time, Space and Touch at Work: Body Work and Labour Process (Re)Organisation." *Sociology of Health & Illness* 33(2):189–205.

- Cohen, Rachel Lara. 2015. "Crises in Care – Compassion and Body Work." *Discover Society*. Retrieved April 14, 2015 (<http://www.discoversociety.org/2015/01/03/crises-in-care-compassion-and-body-work/>).
- Crain, Marion, Winfried R. Poster, and Miriam Cherry. 2016. "Conceptualizing Invisible Labor." Pp. 3–27 in *Invisible Labor. Hidden Work in the Contemporary World.*, edited by Crain, Marion, Poster, Winfried R., and Cherry, Miriam. Oakland: University of California Press.
- Creswell, John W. 2009. *Research Design. Qualitative, Quantitative, and Mixed Methods Approaches*. 3rd ed. Sage Publications.
- Dill, Janette S., Kim Price-Glynn, and Carter Rakovski. 2016. "Does the 'Glass Escalator' Compensate for the Devaluation of Care Work Occupations? The Careers of Men in Low- and Middle-Skill Health Care Jobs." *Gender & Society* 30(2):334–360.
- Dillaway, Heather E. 2008. "Mothers for Others: A Race, Class, and Gender Analysis of Surrogacy." *International Journal of Sociology of the Family* 34(2):301–326.
- Dodge, David. 2020. "What to Know Before Your Surrogacy Journey." *The New York Times*.
- Dow, Katharine. 2015. "'A Nine-Month Head-Start': The Maternal Bond and Surrogacy." *Journal of Anthropology* 82(1):86–104.

- Dow, Katharine. 2016. "Can Surrogacy Ever Escape the Taint of Global Exploitation?" *Aeon*. Retrieved April 21, 2017 (<https://aeon.co/ideas/can-surrogacy-ever-escape-the-taint-of-global-exploitation>).
- Eidlin, Barry. 2016. "Class and Work." Pp. 52–72 in *The Sage Handbook of the Sociology of Work and Employment*, edited by S. Edgell, H. Gottfried, and E. Granter. Los Angeles: Sage.
- England, Paula. 2005. "Emerging Theories of Care Work." *Annual Review of Sociology* 31:381–99.
- England, Paula, Michelle Budig, and Nancy Folbre. 2002. "Wages of Virtue: The Relative Pay of Care Work." *Social Problems* 49(4):455–73.
- Esterberg, Kristin G. 2002. *Qualitative Methods in Social Research*. Boston: Mc Graw Hill.
- Folbre, Nancy. 2014. "Who Cares? A Feminist Critique of the Care Economy." *Rosa Luxemburg Stiftung* 1–30.
- Fraser, Nancy. 2013. *Fortunes of Feminism. From State-Managed Capitalism to Neoliberal Crisis*. Brooklyn, NY: Verso.
- Geggel, Laura. 2017. "4,000-Year-Old Prenup Mentions Infertility, Surrogacy and Divorce." *Live Science*. Retrieved (<https://www.livescience.com/60950-oldest-marriage-contract-infertility-surrogacy.html>).
- Gimenez, Martha E. 1991. "The Mode of Reproduction in Transition: A Marxist-Feminist Analysis of the Effects of Reproductive Technologies." *Gender & Society* 5(3):334–50.

Gottfried, Heidi. 1996. *Feminism and Social Change: Bridging Theory and Practice*. University of Illinois Press.

Gottfried, Heidi. 2013. *Gender, Work, and Economy. Unpacking the Global Economy*. Cambridge: Polity Press.

Greenfeld, Dorothy A., and Emre Seli. 2011. "Gay Men Choosing Parenthood through Assisted Reproduction: Medical and Psychosocial Considerations." *Fertility and Sterility* 95(1):225–29.

Gross, Peter, and Anne Honer. 1990. "Multiple Elternschaften: Neue Reproduktionstechnologien, Individualisierungsprozesse Und Die Veränderung von Familienkonstellationen." *Soziale Welt* 41(1):97–116.

Harrison, Michelle. 1987. "Social Construction of Mary Beth Whitehead." *Gender & Society* 1(3):300–311.

Hellerud, Emil. 2017. "Protests against the First Surrogate Maternity Conference." *Sveriges Radio*.

Retrieved August 22, 2017

(<http://sverigesradio.se/sida/artikel.aspx?programid=83&artikel=6755423>).

Hochschild, Arlie. 2009. "Childbirth at the Global Crossroads." *The American Prospect* 20(8).

Hochschild, Arlie. 2011. "Emotional Life on the Market Frontier." *Annual Review of Sociology* 37(1):21–33.

- Hochschild, Arlie. 2016. "Invisible Labor, Inaudible Voice." Pp. xi–xv in *Invisible Labor. Hidden Work in the Contemporary World.*, edited by Crain, Marion, Poster, Winfried R., and Cherry, Miriam. University of California Press.
- Imrie, Susan, and Vasanti Jadv. 2014. "The Long-Term Experiences of Surrogates: Relationships and Contact with Surrogacy Families in Genetic and Gestational Surrogacy Arrangements." *Reproductive BioMedicine Online* 29(4):424–35.
- Jacobson, Heather. 2016. *Labor of Love: Gestational Surrogacy and the Work of Making Babies*. New Brunswick, NJ: Rutgers University Press.
- Kaplan Daniels, Arlene. 1987. "Invisible Work." *Social Problems* 34(5):403–15.
- Katz Rothman, Barbara. 2012. "Birthing a Mother: The Surrogate Body and The Pregnant Self." *Sociology of Health & Illness* 34(3):475–76.
- Keppner, Katja. 2014. "Leihmütter: Die 450 Kinder Des Dr. Gupta." *Zeit Online*, September 19.
- Kirkman, Maggie. 1999. "Infertile Mothers: A Perspective from Research and Experience." Pp. 120–24 in *Towards Reproductive Certainty: Fertility and Genetics Beyond 1999*, edited by R. Jansen and D. Mortimer. New York: The Parthenon Publishing Group.
- Kirkman, Maggie. 2002. "Sister-to-Sister Gestational 'Surrogacy' 13 Years on: A Narrative of Parenthood." *Journal of Reproductive and Infant Psychology* 20(3):135–46.

- Kirkman, Maggie. 2008. "Being a 'Real' Mum: Motherhood through Donated Eggs and Embryos." *Women's Studies International Forum* 31(4):241–48.
- Kuczynski, Alex. 2008. "Her Body, My Baby — My Adventures With a Surrogate Mom." *The New York Times*, November 28.
- Markens, Susan. 2007. *Surrogate Motherhood and Politics of Reproduction*. Berkley: University of California Press.
- Markens, Susan. 2012. "The Global Reproductive Health Market: U.S. Media Framings and Public Discourses about Transnational Surrogacy." *Social Science & Medicine* 74(11):1745–53.
- McCorkel, Jill A., and Kristen Myers. 2003. "What Difference Does Difference Make? Position and Privilege in the Field." *Qualitative Sociology* 26(2):199–231.
- Mohapatra, Seema. 2012. "Stateless Babies & Adoption Scams: A Bioethical Analysis of International Commercial Surrogacy." *Berkeley Journal of International Law* 30(2):412–50.
- Nussbaum, Martha C. 2013. "'Whether from Reason or Prejudice': Taking Money for Bodily Services." Pp. 409–40 in *The Philosophy of Sex. Contemporary Readings*, edited by N. Power, R. Halwani, and A. Soble. Lanham, MD: Rowman & Littlefield.
- Pande, Amrita. 2009a. "'It May Be Her Eggs But It's My Blood': Surrogates and Everyday Forms of Kinship in India." *Qualitative Sociology* 32(4):379–97.

- Pande, Amrita. 2009b. "Not an 'Angel', Not a 'Whore': Surrogates as 'Dirty' Workers in India." *Indian Journal of Gender Studies* 16(2):141–73.
- Pande, Amrita. 2010a. "'At Least I Am Not Sleeping with Anyone': Resisting the Stigma of Commercial Surrogacy in India." *Feminist Studies* 36(2):292–312.
- Pande, Amrita. 2010b. "Commercial Surrogacy in India: Manufacturing a Perfect Mother-Worker." *Signs* 34(4):969–92.
- Pande, Amrita. 2014. *Wombs in Labor: Transnational Commercial Surrogacy in India*. New York, NY: Columbia University Press.
- Pande, Amrita, and Ditte Maria Bjerg. 2014. "Made in India: Sketches from a Baby Farm." *Global Dialogue* 4(3).
- Pfeffer, Carla A. 2017. *Queering Families. The Postmodern Partnerships of Cisgender Women and Transgender Men*. New York, NY: Oxford University Press.
- Poster, Winfried R., and Nima L. Yolmo. 2016. "Globalization and Outsourcing." Pp. 576–96 in *The Sage Handbook of the Sociology of Work and Employment*, edited by S. Edgell, H. Gottfried, and E. Granter. Los Angeles: Sage.
- Rogers, Katie. 2017. "Trent Franks, Accused of Offering \$5 Million to Aide for Surrogacy, Resigns." *The New York Times*, December 8.
- Rudrappa, Sharmila. 2012. "India's Reproductive Assembly Line." *Contexts* 11(22):22–27.

- Rudrappa, Sharmila. 2015. *Discounted Life. The Price of Global Surrogacy in India*. New York, London: New York University Press.
- Rudrappa, Sharmila. 2016. "What to Expect When You're Expecting: The Affective Economies of Consuming Surrogacy in India." *Positions* 24(1):281–302.
- Rudrappa, Sharmila. 2017. "Reproducing Dystopia: The Politics of Transnational Surrogacy in India, 2002-2015." *Critical Sociology*.
- Rudrappa, Sharmila, and Caitlyn Collins. 2015. "Altruistic Agencies and Compassionate Consumers: Moral Framing of Transnational Surrogacy." *Gender & Society* 29(6):937–59.
- Schwandt, Thomas A. 1997. *Qualitative Inquiry. A Dictionary of Terms*. Thousand Oaks: Sage Publications.
- Shreffler, Karina M., Arthur L. Greil, and Julia McQuillan. 2017. "Responding to Infertility: Lessons from a Growing Body of Research and Suggested Guidelines for Practice." *Family Relations* 66(4):644–658.
- Smietana, Marcin. 2017. "Affective De-Commodifying, Economic De-Kinning: Surrogates' and Gay Fathers' Narratives in U.S. Surrogacy." *Sociological Research Online* 22(2):163–75.
- Sprague, Joey. 2005. *Feminist Methodologies for Critical Researchers. Bridging Differences*. California: Alta Mira Press.

- Stoeckle, Anabel. 2018. "Rethinking Reproductive Labor through Surrogates' Invisible Bodily Care Work." *Critical Sociology* 44(7–8):1103–16.
- Surrogate.com. 2020a. "Establishing Parentage in Surrogacy." *Surrogate.Com*. Retrieved June 14, 2020 (<https://surrogate.com/intended-parents/surrogacy-laws-and-legal-information/establishing-parentage-in-surrogacy/>).
- Surrogate.com. 2020b. "What Is Surrogate Income? Surrogacy Compensation FAQs." *Surrogate.Com*. Retrieved June 29, 2020 (<https://surrogate.com/surrogates/surrogate-compensation/how-surrogates-are-paid/>).
- Toledano, Sarah Jane, and Kristin Zeiler. 2017. "Hosting the Others' Child? Relational Work and Embodied Responsibility in Altruistic Surrogate Motherhood." *Feminist Theory* 18(2):159–75.
- Turp, Ahmet Berkiz, Ismail Guler, Nuray Bozkurt, Aysel Uysal, Bulent Yilmaz, Mustafa Demir, and Onur Karabacak. 2018. "Infertility and Surrogacy First Mentioned on a 4000-Year-Old Assyrian Clay Tablet of Marriage Contract in Turkey." *Gynecological Endocrinology* 34(1):25–27.
- Twine, France Winddance. 2011. *Outsourcing the Womb. Race, Class, and Gestational Surrogacy in the Global Market*. New York: Routledge.
- Vora, Kalindi. 2009. "Indian Transnational Surrogacy and the Disaggregation of Mothering Work." *Anthropology News* 50(2):9–12.

- Vora, Kalindi. 2010. "Medicine, Markets and the Pregnant Body: Indian Commercial Surrogacy and Reproductive Labor in a Transnational Frame." *The Scholar and Feminist Online* 9(1–2).
- Waerness, Kari. 1984. "The Rationality of Caring." *Economic and Industrial Democracy* 5(2):185–211.
- Waldby, Catherine, and Melinda Cooper. 2008. "THE BIOPOLITICS OF REPRODUCTION: Post-Fordist Biotechnology and Women's Clinical Labour." *Australian Feminist Studies* 23(55):57–73.
- West Coast Surrogacy Inc. 2020. "Surrogate Mother Compensation." Retrieved June 29, 2020 (<https://www.westcoastsurrogacy.com/become-a-surrogate-mother/surrogate-mother-compensation>).
- Wharton, Amy S. 2016. "Interactive Service Work." Pp. 329–47 in *The Sage Handbook of the Sociology of Work and Employment*, edited by S. Edgell, H. Gottfried, and E. Granter. Los Angeles: Sage.
- Wheeler, Emily, and Sharon Horne. 2015. "Sexual Minority Families of Choice and Family Networks: We Are Family." *International Encyclopedia of the Social & Behavioral Sciences*. 21:755–58.
- Wichterich, Christa. 2015. "Sexuelle Und Reproduktive Rechte." *Heinrich-Böll-Stiftung* 11:1–48.

Ziff, Elizabeth. 2017. "‘The Mommy Deployment’: Military Spouses and Surrogacy in the United States." *Sociological Forum* 32(2):406–425.

ABSTRACT**BEARING A BELOVED BURDEN:
SURROGATES, REPRODUCTIVE LABOR, AND CARRYING BABIES FOR OTHERS**

by

ANABEL STOECKLE**August 2020****Advisor:** Dr. Heidi Gottfried**Major:** Sociology**Degree:** Doctor of Philosophy

Surrogacy is – as a result of new reproductive technologies – one of many options to start a family. However, surrogacy is not typically categorized as work. The simplistic taxonomy of forms of surrogacy as either “commercial” or “altruistic” has led to the classification of surrogacy as either “work” in transnational contexts or as “labor of love” in the US. Even when surrogacy is recognized as work in the US – a rare event – altruistic aspects are highlighted while the laboring aspects are downplayed. This dissertation examines how US surrogates describe their journeys and which aspects of carrying babies for others they perceive as invisible bodily care work.

AUTOBIOGRAPHICAL STATEMENT

Anabel Stoeckle was born and raised in Germany and has a Master's in Sociology from Eichstätt University. Before she moved to Michigan to pursue her doctorate, she worked in an ice-cream parlor. As a sociologist, she is interested in reproductive technologies, work, and gender. She now works as a consultant in a teaching center to support faculty to adapt evidence-based teaching methods that help students to be successful in the classroom regardless of the teaching modality. As part of this area of interest, her research focuses on how student feedback gathered via mid-semester assessments informs instructors decisions to enhance their courses.