Birthing Bodies, Pregnant Selves

Gestational Surrogates, Intended Mothers, and Distributed Maternity in Israel

By Elly Teman

One of the primary issues theorized in academic and policy debates about surrogate motherhood is the deconstruction of the perceived unity of the maternal role into at least three potential mothers: genetic, gestational, and social. This ambiguous definition of maternity has challenged policymakers in determining whether surrogacy contracts should be legalized and enforced (Cook, et al. 2003; Markens 2007). The case of gestational surrogacy in Israel is particularly interesting because Israel is one of only a handful of countries that has legalized the practice, and because it is the first in the world to pass a specific state law that allows for a state-appointed committee to supervise each and every surrogacy agreement carried out between its citizens. This committee screens all applicants both psychologically and medically and oversees the contract; any arrangements that do not go through the committee's approval are criminalized.

The law, passed in 1996, is a fascinating cultural artifact as it was significantly influenced by government interests in preserving national boundaries, as well as rabbinical interests in keeping the practice in line with Jewish law. In contrast to the global commercial market of international surrogacy, the Israeli law permits contracts only between Israeli citizens and aims to keep surrogacy extremely limited in practice. The patriarchal law does not encourage the establishment of alternative families but allows only the creation of nuclear, patrilineal families with heterosexual, married partners, in which the husband is necessarily fertile and the intended mother can prove that she has strong medical grounds for hiring a surrogate. While donor ova can be used, the intended father in the surrogacy contract must provide the sperm.

Neither single women and men nor homosexual couples can apply to hire a surrogate. The committee has made its criteria so strict over the years that it has become increasingly difficult for couples to find a surrogate who will not be disqualified. A potential surrogate can currently be disqualified if she has been a surrogate twice before, has given birth twice by Cesarean, has given birth to four babies, has gestational diabetes, has experienced early-term births, has taken antidepressants, or has received certain types of plastic surgery in the past. Intended parents are medically and psychologically screened as well and must prove that surrogacy is their last resort. In order to gain the committee's approval, the intended mother must provide medical documents proving that she does not have a uterus, that her life is endangered by pregnancy, that she has undergone at least eight failed attempts to become pregnant through in-vitro fertilization (IVF), or that she has had at least seven miscarriages. In this study, all of the intended mothers had been trying to have a child for a long time. Because IVF is subsidized by the state, it was not uncommon for the intended mothers to have undergone many more rounds of IVF than the committee requires before giving up that avenue and turning to surrogacy.

Religious concerns about the illegitimacy of the child according to Jewish law led to the requirement that surrogates be single, widowed, or divorced even though the intended parents must be married (some rabbis could

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consider a child born by a married surrogate to a married man who is not her husband to be the product of adultery). Because Jewish law sees the religion of the child as determined by the religion of the birth mother, the surrogate must be of the same religious denomination as both intended parents, and the committee will consider an interreligious agreement only if all the parties are not Jewish. And since some rabbis may consider a surrogate carrying an embryo created from her brother's sperm to be incest, the surrogacy law does not allow any genetic relation between the surrogate and the intended parents. The surrogacy law also prohibits traditional surrogacy, in which the surrogate is the genetic mother of the baby, instead allowing only gestational surrogacy that is dependent on IVF technology.

The Israeli surrogacy law and its relationship to Jewish law is a fascinating subject for anthropological analysis, but it has been elaborated elsewhere (Kahn 2000; Teman 2010b; Weisberg 2005). Here I wish to explore the experiences of persons immediately involved in the surrogacy agreements that have resulted from that law. In particular, I draw on anthropological fieldwork I conducted in Israel between 1998 and 2006, which included qualitative interviews with twenty-six gestational surrogates and thirty-five intended mothers involved in gestational surrogacy arrangements, some of whom were repeatedly interviewed throughout the surrogacy process. This chapter explores the ways in which surrogates and intended mothers resolved questions of ambiguous maternity by drawing on symbolic practices, their bodies, technology, and their relationships with one another.

Without elaborating here on the full methodology and background to the study, which included additional sites and methods (see Teman 2010a for full details), it is important to first outline some of the major characteristics shared by the surrogates and intended mothers. All of the surrogates and all of the intended mothers were Israeli citizens and all were Jewish. All of the surrogates were single or divorced, yet they were raising at least one child of their own. All of the surrogates had chosen to do this for the money, but most of them were not desperately poor. All of the couples hiring surrogates were married or were legally heterosexually paired. Most of the couples were from the Israeli middle class and were able to afford surrogacy only because all of the medical aspects, including unlimited embryo transfers, were paid for through Israel's compulsory national health insurance. Most of the couples financed the surrogate's fee and other expenses by taking out loans, selling their car, or mortgaging their house.

Birthing a Mother

What connects the intended mother and the surrogate in this cultural realm is that they are part of what has been called the Jewish-Israeli cultural "obsession" with motherhood (Kahn 2000). It has been suggested that this "cult of fertility" is rooted in a variety of factors, including the biblical directive of Jewish tradition to "be fruitful and multiply," the "demographic race" between Jewish and Palestinian birthrates, the drive to replace the 6 million Jews murdered in the Holocaust, and the emotional needs of a people in a permanent state of war (Yuval-Davis 1989). Others view the social pressure on women to reproduce as the result of pronatalist state policies in which reproduction is celebrated as the Jewish-Israeli woman's "national mission," and in which women enter into symbolic relations with the state specifically though their roles and wives and mothers (Rapoport and Elor 1997). What is clear is that motherhood goes pretty much unquestioned in Israel. Even today, when being child-free by choice has become a legitimate social option in many other societies, non-natalist voices are seldom heard in Israeli public and private arenas (Donath 2010b).

In line with this cultural attitude toward childbearing, there was no question among the Israeli surrogates that what they were doing—making another woman into a mother—was about the biggest mitzvah, or good deed, a woman could do. It also went almost completely unquestioned by the intended mothers that they would do anything to have a child. Some of the intended mothers had gone through up to thirty IVF attempts before turning to surrogacy. Two intended mothers only agreed to resort to surrogacy after dramatic events in which they "died" (their hearts stopped and they were revived) on the surgery table during a routine ova extraction procedure; one of these incidents occurred during the intended mother's twenty-sixth IVF attempt.

This background partially explains where intended mothers were coming from when they arrived at surrogacy and the high stakes of investment they had in this process. They wanted to be part of everything: from the moment they met their surrogate, they wanted to go through any and every aspect of the process of pregnancy with her, to transition to motherhood through her. And because Israel is such a small country, this could and did happen; the interactions between the intended mothers and the surrogates were far more frequent and intense than what would be possible in transnational surrogacies and even in US surrogacies, where surrogates and intended parents usually live in different states (Berend 2012). It also partially explains the amazing patience of many of the surrogates I met; they painstakingly tried to include their intended mothers in the process because they knew how important it was to them (Teman 2010a).

Surrogacy as Innkeeping

In a society where motherhood is so socially important, however, the imputations of giving away a child you bore are problematic. Surrogates did not want to be viewed in any way as the mother of the child they birthed through surrogacy. It was only by redefining the process as one of "birthing a mother"—making another woman into a mother—that they could align their reproductive work with the pronatalist goals of Israeli society (Teman 2010a). Indeed, the word *mother* never crossed their lips in connection to the surrogacy-born child, and they never called themselves "carrying mothers," as the surrogacy law addresses them. Instead, they used the popular Hebrew idiom *pundekait*, which translates to "innkeeper." This conceptualization of surrogacy as innkeeping matched their view of their role perfectly: they viewed themselves as merely hosts of this baby and this family, these weary travelers, on their journey.

Intended mothers, on the other hand, were very preoccupied during the pregnancy with making sure that they, and only they, would be recognized as the mother of the child born of the arrangement. Even though surrogates did not want the title of *mother* and often told them so, intended mothers still took actions to claim their own entitlement to this social label. In the following, I examine the interactions between surrogates and intended mothers and the way they distributed maternity between them so the social label of *mother* became attached to the woman who would raise the child and was distanced from the surrogate. Playing a central role in these interactions is technology, which Elizabeth Roberts (1998) suggests works as an agent of connectedness in surrogacy narratives.

In gestational surrogacy, the technology of IVF becomes the first link in the distribution of maternity, as medical procedures that are usually performed on one woman's body are divided between the surrogate and intended mother's bodies. Both women underwent hormone treatments to synchronize their menstrual cycles with one another. The intended mother's ovaries were hyperstimulated to produce multiple ova, while the surrogate's uterine lining was closely monitored and ovulation suppressed. Within a forty-eight-hour window of time, the intended mother's eggs were extracted, fertilized with her husband's sperm, and implanted in the surrogate's uterus (Teman 2009, 52). This separation of the conceptive process into stages was interpreted by surrogates and intended mothers in ways that aligned with their agenda of maternity allocation.

Surrogates, for their part, viewed the technologically assisted conception process as distinguishing this pregnancy from those they had conceived before. Sima, a surrogate, spoke of the technology suppressing her body, "Before [the embryo transfer] you get ten days of injections, every day, in order to suppress your system, ... your biological system. To suppress it and prepare your womb for absorption of something else, [something] strange, in an artificial way." Surrogates consistently narrated the technological conception process as neutralizing and controlling their bodies. This "artificial" process was contrasted to the "natural" body that they inhabit regularly and was called upon to explain their lack of "natural" maternal feelings toward the fetus in this "artificial pregnancy" (see Teman 2003b and 2010a for further discussion).

The embryo implantation procedure was embedded with special significance as well. Surrogates expected intended mothers to accompany them to all doctor appointments. Although no surrogates attended the intended mother's egg retrieval, they all viewed the intended mother's presence at the embryo implantation as crucial, even

insisting that the doctor wait to begin the procedure if the intended mother was running late. Sarit, an intended mother, recalled how this procedure, although carried out on the surrogate's body, generated her own first maternal feelings: "I saw how they inserted the embryos into her womb, and that was really the first time that I felt like a mommy. I got there a little late, and they had already laid her down on the bed. Then the doctor said, here comes the mommy. And when he said that I got very excited, because I really did feel right then like a mommy."

The Body-Map

Once pregnancy was achieved, surrogates engaged in multiple techniques for preserving their presurrogacy sense of identity and selfhood. Whereas Jewish law has historically privileged the womb in establishing kin ties (Kahn 2000), the surrogates downplayed the contribution of gestation and used metaphors such as incubator, oven, and hothouse to describe their carrier role. Using a strictly biomedical definition of kinship, they singled out genetics as the sole constituent of kinship. As one surrogate explained: "I have no connection to this child. It is just like it's called, a literal inn [*pundak*]. I am a guesthouse [*achsania*] for nine months … the innkeeper [*pundekait*] only. It is not my egg, and I have no connection to this child."

Surrogates' cognitive distancing from the pregnancy depended upon mapping the body into strictly defined areas with clear boundaries where their personal self ends and their distanced parts begin. As Rinat, a surrogate, explained:

> Some [neighbors] said, "Oy vey, she is giving away her children." They just couldn't digest that it wasn't mine. … Nothing, nothing is mine here. It is only theirs [the couple's], … nothing of him, not my blood. No. It is all theirs, … what was put into me is a whole baby. It is ready. A baby that is formed from the sperm and egg together and was created as a baby and only then inserted into my belly. And then what is attached to me is just in the placenta and the umbilical cord. But nothing else is mine. Nothing, nothing is mine. … And that is why I am telling you that you don't have feelings [for the baby] like you would expect.

These distancing practices led surrogates to develop a sense of having detached the belly into a space that they experienced as disconnected from their body. As one surrogate said of her belly, "[It] wasn't even part of my body. … It isn't connected to me … psychologically. It isn't mine; it doesn't connect." Other women expressed this sense of spatial disconnection by saying, "It was as if the pregnancy moved alongside me," or outlining with hand motions directed to the belly area, "I am divided in three. From here to here is me, from here to here isn't me, from here to here is me." Often this sense of having detached the belly from her body was accompanied by the notion that the intended mother was somehow virtually carrying the belly and pregnancy close to her own body, in a type of shared, disembodied space between them. As one surrogate told me at a surrogacy gathering where her intended mother was also present, "It is like my belly isn't here (*nods toward belly with her head*). It is like for this period that my belly is there, with her (*nods toward where her intended mother stands, a few yards away*)."

Whereas surrogates were focused on disembodying the pregnancy, most of the intended mothers were intent on becoming as involved in the pregnancy as possible. Some women constituted their ability to have children created from their own eggs and carried by a surrogate as filling out a body image that they had considered defective, disabled, and not whole because of their missing reproductive capacity (Teman 2009; 2010a). An intended mother who had lost her womb to cancer recounted her surprise that her husband's family had accepted her so readily, "despite what I represent. Because I represent an empty place. Because I have no womb, no potential to give him children." In contrast, when she spoke about the frozen embryos she had secured before her hysterectomy, she gestured outward with her hands as though encompassing a rounded belly and said, "From the moment that I knew that I had the embryos, I felt like they were right here (*gestures outward from her belly*). It was as though there was

already a pregnancy." She conceptualized her surrogate as the material site of her extension: "I see her as the part of me that is missing. She is my uterus."

The Shifting Body

This shared imaginary of surrogates and intended mothers that the pregnancy exists in a space detached from the surrogate's body and attached to the intended mother's embodied space led to interactions between them concerning the shifting of the pregnant body. Surrogates would communicate any and all bodily sensations to their intended mothers, both as a distancing practice for themselves and in order to defer them onto their counterpart. Surrogates would verbally share everything from nausea and vomiting to cramping. For surrogates, this channeling effort aided in separating and delineating boundaries between what they deemed their personal body and the bodily occurrences they deemed "not me." Yet at the same time it encouraged their intended mothers to identify with the pregnancy. As one intended mother conveyed:

> She passed everything she felt on to me. She didn't want to feel it. Not the pregnancy, not the nausea, not the vomiting. ... She would call right away and transfer them to me. ... And she gave me the feeling and the sensation that "It is you! It is you!" ... I felt pregnant. I felt everything that she felt. On the same day that her stomach hurt, my stomach hurt. ... Now she, even when she had even the smallest [bout with] nausea, she would call me and I would feel it. I would say to her, you know what, I feel like it is me.

The shifting body was described by surrogates and intended mothers alike in terms of telepathy between the two women during surrogacy. Surrogates reported how their intended mothers would call them and seemingly know that the baby inside her had just kicked, or that she was feeling cramps on the left side. In six cases, intended mothers told me that they had gained between five and fifteen kilograms during the surrogacy pregnancy while their surrogate had gained a minimal amount of weight. Surrogates often noted during postbirth interviews that their bodies had not produced milk, while in two cases intended mothers spontaneously secreted milk after seeing their newborns.

Some intended mothers described physical symptoms including sensitized nipples, aching breasts, cramps in the side, stirrings in the stomach, stomach bloating, general puffiness, and "emotional contractions." In one case an intended mother who was also a nurse reported that her blood test results indicated an elevated level of hormones in her body during the pregnancy. Alongside these spontaneous symptoms, some intended mothers took intentional steps to embody the pregnancy: two wore padded pregnancy costumes to which they added stuffing as the pregnancy developed, and several undertook lactation production regimens so they could breast-feed.

As in the pre-conception process, technology played an important role here as well. The fetal ultrasound, in particular, became a site for the allocation of maternal interest. All the surrogates interviewed saw importance in having their intended mother accompany them to every ultrasound appointment. Ultrasound provides visual access to the fetus in utero, enabling the intended mother to conceptualize the fetus as an individual entity, alone on the screen, as if removed from the surrogate's body. Thus, whereas ultrasound has been critiqued for opening the inside of women's bodies for visual inspection, leaving their bodily boundaries thoroughly transparent (Van der Ploeg 1998; Teman 2003a), here is the same transparency is used by the women to define the maternal subject.

Through ultrasound the surrogate is able to promote the intended mother's bodily and visual experience to a privileged place of significance and to support her own emotional disconnection. Surrogates rarely mentioned their own participation in ultrasound, focusing instead on the intended parents and their excitement at seeing the image on screen. Most surrogates claimed they were not particularly interested during ultrasound appointments, saying, "Mostly he [the doctor] would talk to her [the intended mother]. I didn't really need to know." The intended mothers regularly kept ultrasound photos, and it was common for them to display these photos on their refrigerator door or carry them around in their purse during the pregnancy in a way that kept the image of the fetus close to

them, even as it developed in another woman's womb. As surrogate Masha explained, "I have ultrasound photos of my own kids. I don't need one of hers. And when I know that the doctor needs to look at them, I just call her [the intended mother] to bring them along."

Embodying Maternity

In the postbirth period, surrogates would often point out how quickly they "returned" to their prebirth body in comparison to their "own" pregnancies and how they had "erased" the pregnancy or "forgotten" it. Surrogates described losing weight quickly, being up out of bed wearing jeans two hours after giving birth, and having an overall feeling of suddenly "returning to themselves." One surrogate described her feeling after delivering twins for her couple by Cesarean thus: "I felt like I had been through surgery, not that I had given birth to children. … I mean, the only thing I felt was that I had completed the mission."

In some instances, the shifting body culminated in the intended mother's performance of a couvade-like birth simultaneous with the surrogate's delivery. Intended mothers also often discussed the birth retrospectively, having so identified with the shifting body that they "forgot" that they had not given birth themselves. As one intended mother said, "I guess that … today I don't even remember that I didn't give birth to him. I mean, my body, if I would have given birth to him, I would have felt the same thing happening. … I feel as though I did give birth to him."

Conclusion

What we are seeing here might be understood as a reaction to the classificatory challenges that surrogacy presents not only to persons theorizing about motherhood but also to the actors intimately involved in surrogacy agreements. It is one thing for us to discuss how surrogacy splits the unitary social category of motherhood into two or more potential mothers, or for policymakers to try to figure out which woman to recognize as the official mother in a surrogacy arrangement. It is another matter entirely for the surrogates and intended mothers who take part in this process to make sense of these classificatory challenges when one of them is pregnant with the other woman's child and with the other woman's maternity.

I suggest that we view the women's interactions surrounding the shifting body as the practice of a particular form of maternity—a "distributed maternity." This maternity is achieved, flexible, highly medicalized, technologically constructed, and fractionally embodied. It is distributed through the surrogate's differentiation of body parts and through a complex, joint orchestration of serial moves of embodiment, disembodiment, and vicarious embodiment. Surrogates carefully distance maternity and transfer and append it to the intended mother, who then encompasses and embodies it, incorporating it into her own identity. In this distribution of maternity between the two women, they perform an embodied critique of naturalistic and essentialist assumptions about pregnancy as a state in which a woman "naturally" develops a maternal identity. Their performance of the shifting body suggests that maternity is an achievement and that interactive, dyadic body-work can be used to distance maternity from the biologically pregnant body and to inscribe it onto the pregnant self (Teman 2009). Their joint project conveys that maternity cannot be given by the state, by technology, by doctors, or by men. Indeed, it is only women as active, creative agents undertaking pseudo-procreative rituals—not as inanimate wombs—that can uphold the classificatory categories that surrogacy sets in motion.